

THE PROFESSIONAL EXPERIENCES OF EARLY CAREER COUNSELLING
PSYCHOLOGISTS IN SOUTH AFRICA: A MIXED METHOD STUDY

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requirements for the degree of

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Abstract

Counselling psychologists represent a considerable proportion of psychologists in South Africa (SA), yet knowledge on the discipline's workforce is limited. In addition, professional lifespan issues have received inadequate attention, inclusive of the early career stage, identified as an exceptionally vulnerable segment of the professional lifespan. Undergirded by an interpretative phenomenology research paradigm, this mixed method sequential explanatory study, consisting of two distinct phases, aimed to explore the professional experiences of early career counselling psychologists (counselling ECPs) in SA, inclusive of employment trends, challenges and support needs. The quantitative phase ('First Phase') comprised of an online survey questionnaire ($n = 512$) to investigate the employment trends of counselling ECPs in SA. A qualitative phase ('Second Phase') followed, comprising of online semi-structured interviews with ten counselling ECPs. The rationale for this was that the preliminary quantitative data provided a broad understanding of the research problem, whereas the qualitative data sought to expand on the quantitative data by exploring the participants' experiences in depth. Moreover, the collection of quantitative data provided a strong justification and phenomenological orientation for the second, qualitative, phase. The data from the two research phases were combined within a joint discussion to ensure a level of methodological complementarity and a more holistic understanding of the data captured. Trends from the first, quantitative, phase demonstrated that counselling ECPs differed across various domains from more senior generations. In the second, qualitative, phase, Interpretative Phenomenological Analysis of the data revealed three Group Experiential Themes: i) Complexity of finding and securing work, ii) Navigating an array of personal, professional and systemic challenges, and iii) Support as self-acquired. Overall, the findings suggest that counselling ECPs in SA face a variety of challenges upon entering the workforce, enhanced support is thus needed for this new, more diverse cohort of practitioners. Actionable recommendations are offered at various levels.

Keywords: early career, experiences, counselling psychologist, South Africa, mixed method, interpretative phenomenological analysis (IPA)

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DECLARATION

I, Phillipa Haine, declare that 'The professional experiences of early career counselling psychologists in South Africa: A mixed method study' is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before in any other degree at any other institution.



SIGNATURE**(Phillipa Haine)****25 May 2023**

DATE

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Publications Drawn from this Thesis

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Working Drafts

Haine, P., Young, C., & Booysen, D. Across the professional lifespan: Comparing the employment trends of counselling psychologists in South Africa

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List of Abbreviations

APA	American Psychological Association
BHF	Board of Healthcare Funders
CP	Counselling Psychology
CPWAR	Centre for Psychology Workforce Analysis and Research
DA	Discourse Analysis
EC	Eastern Cape
ECP	Early career psychologist
F	Female
FS	Free State
GP	Gauteng
HPCSA	Health Professions Council of South Africa
HWSETA	Health and Welfare Sector Education and Training Authority
IPA	Interpretative Phenomenological Analysis
KZN	KwaZulu-Natal
LP	Limpopo
M1	Master's degree year of psychology training
M2	Internship year of psychology training
M	Male
MP	Mpumalanga
NGO	Non-governmental organisation
NH-REC	National Health Research Ethics Committee
NHI	National Health Insurance
NIHSS	National Institute for the Humanities and Social Sciences
NPO	Non-profit organisation
NC	Northern Cape
NW	North West
PhD	Doctor of Philosophy
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PsySSA	Psychological Society of South Africa
RPERC	Rhodes University Research Proposals and Ethics Review Committee
RU	Rhodes University
RUESC	Rhodes University Ethical Standards Committee

RU-HEC	Rhodes University Human Ethics Committee
SA	South Africa
SAHUDA	South African Humanities Deans Association
SASH	South African Stress and Health Study
SoP	Scope of Practice
SU	Stellenbosch University
UCT	University of Cape Town
UJ	University of Johannesburg
UK	United Kingdom
Wits	University of the Witwatersrand

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CHAPTER ONE

Introduction

1.1 Introduction

This study explores the professional experiences of early career counselling psychologists in South Africa, inclusive of employment trends, challenges and support needs. To begin, the present chapter offers a brief background to the research problem and outlines the significance and rationale of the research topic. The research aim, question, and objectives of the study are then provided. A structural synopsis of the remaining eight chapters in this thesis will then be presented.

1.2 Background to the Research Problem

Over the course of their professional lives, psychologists face varying professional demands, resulting in a need to explore and understand their career experiences across the professional lifespan (Dorociak et al., 2017; Smith et al., 2012; Super, 1990). Dorociak et al. (2017) propose that the experiences of psychologists in their work may evolve as they acquire more experience, commit to additional responsibilities, and progress in their career trajectories. For example, studies on practicing psychologists report a trend toward enhanced career satisfaction and functioning, as well as reduced risk of burnout as one's career progresses (Blustein, 2001; Rupert et al., 2015). Although attention to professional lifespan development is limited, there is some international literature examining issues faced by psychologists at key career stages: early, mid- and late career.

Specific calls, however, have been made to enhance understanding of psychologists in the early career stage, defined as psychologists within ten years of graduation (American Psychological Association (APA), 2013; Good et al., 2013). An enhanced focus on the lives of early career psychologists, or ECPs, follows as a result of the unique challenges ECPs face as they register as independent practitioners, enter the workforce, and take on new professional and personal responsibilities and identities (APA, 2008; Arora et al., 2017; Dorociak et al., 2017; Green & Hawley, 2009; O'Shaughnessy & Burnes, 2016). Globally, authors suggest this makes the early career stage a particularly vulnerable segment of the professional lifespan; which is also generally characterised by high attrition rates of practitioners from the workforce (Bangasser et al., 2016; Kaslow et al., 2018).

To date, however, there is a scarcity of research utilising a lifespan or career-stage perspective to understanding the professional lives of counselling psychologists in South

Africa. Specifically, limited local literature is available exploring the professional lives of *early career* counselling psychologists. This is noteworthy, as according to international literature, *counselling* psychologists who are in the early stages of their careers (counselling ECPs) encounter several challenges that are specific to their career phase and registration category. These challenges include, for example, implementing the scientist-practitioner model, identifying with counselling psychology, dealing with feelings of incompetence, achieving career satisfaction, and maintaining their energy and enthusiasm (e.g., Good, 1992; Smith et al., 2012). Furthermore, international literature suggests that counselling ECPs grapple most with work-life balance as well as gender and racial discrimination (Fouad & Carter, 1992).

Yet, no local literature can be found that examines the characteristics and experiences of counselling ECPs in South Africa. Indeed, only ten peer reviewed articles could be found focusing on the counselling psychologist profession in South Africa (see Table 1, Chapter Three). This is concerning as counselling psychologists represent a large proportion of the psychologist workforce within the country (Leach et al., 2003). In addition, counselling psychologists in South Africa face a multitude of professional challenges including the delivery of “accessible, relevant, far-reaching and evidenced based” psychological services, the necessity to meet the burgeoning mental healthcare needs of the nation, the necessity to improve racial diversity and cultural responsiveness of the profession as well as the need to navigate ongoing controversy over issues of Scope of Practice (SoP) (Bantjes et al., 2016, p.10).

Attention to the professional experiences of counselling psychologists at key career stages in South Africa, and specifically at the early career stage, is therefore essential. Without understanding the professional experiences unique to counselling ECPs in South Africa, misguided notions on how to provide optimal support for this specific group can negatively impact the effective delivery of mental healthcare services in the nation.

1.3 Rationale for this Research

To date, no research can be found exploring the professional experiences of counselling ECPs in South Africa. The current research is thus imperative to addressing this gap in the literature. Second, it is essential to study the professional lives of early career psychologists (ECPs), given that ECPs are the future leaders of the profession (Green & Hawley, 2009). As such, ECPs play an essential role in determining the longevity, ethos and future direction of the profession. Moreover, studying the professional experiences of ECPs is vital to soliciting novel and diverse perspectives on the field.

Third, it is imperative to study the professional lives of *counselling* psychologists, given counselling psychology's internationally recognised focus on aspects of prevention, diversity, social justice, and strength-based interventions (Berkel et al., 2019). In this regard, counselling psychologists are well positioned to make a meaningful contribution within South Africa's healthcare context (Young, 2013), including in addressing devastating social ills such as poverty, unemployment, interpersonal violence, prevalence of disease and entrenched inequalities.

Then finally, it is crucial to study the professional lives of counselling ECPs within the context of *South Africa*, given the country's unique historical and socio-political context. The contextual setting in which counselling ECPs practice will be discussed in Chapter Three. However, the professional landscape in which counselling ECPs practice includes, for example, acknowledgement of the country's large treatment gap (Jack et al., 2014; Long, 2017), high lifetime prevalence of mental health disorders (Herman et al., 2009), and the ensuing and devastating repercussions of the apartheid era. Gaining an enhanced understanding of the professional experiences of counselling ECPs within the rich, textured post-apartheid context of South Africa is thus of utmost importance in providing meaning and direction to individual practitioners, training programmes, professional organisations and the profession as a whole in the provision of vital mental healthcare services.

1.4 Significance of the Study

The primary significance of this study is that it offers a platform for counselling ECPs in South Africa to give voice to their unique professional experiences. Consequently, this study holds the potential to make novel theoretical contributions to understanding the professional lives of counselling ECPs in South Africa. Specifically, this study is likely to illuminate original knowledge on the employment trends, challenges and support needs of counselling ECPs within the country. In this manner, the current study has the potential to reveal factors that may exacerbate issues of relevance, credibility and accessibility to vital psychological services within South Africa. As secondary, or indirect consequences of this study, the research further holds various practical and methodological benefits.

Practically, the significance of this study involves its potential to serve as a direct guide to individual counselling ECPs, training programmes, professional organisations and the workforce in terms of bolstering early career experiences and thus optimising the psychological service provision by the country's new, committed and vibrant mental health workforce. Consequently, the findings from this study hold the potential to reduce the

attrition of vital counselling psychologist practitioners within a particularly vulnerable segment of the professional psychology lifespan. In addition, the results of this research have the capacity to add to forthcoming mental healthcare policies, management, regulation and funding.

Methodologically, this study is significant as it may be used as an exemplar for future research studies intending to adopt a mixed method sequential explanatory design to gain both breadth and depth of understanding of a phenomenon as well as to ensure topical relevance within a single study. In addition, this study is significant as it offers an example of an innovative approach to using interpretative phenomenological analysis in a mixed methods research design.

1.5 Research Aim, Question and Objectives

The aim of this study was to gain knowledge and understanding on the professional lives of early career counselling psychologists in South Africa. The research question guiding this study was: “What are the lived professional experiences of early career counselling psychologists in South Africa, inclusive of their current employment trends, challenges and support needs?” In order to accomplish the research aim and to attend to the research question, the following objectives were selected to form the foundation of this study:

- i) To investigate the current employment trends of counselling ECPs in South Africa. This objective was explored across a number of domains including: demographic profile (career stage size, gender, age, race, highest professional degree, languages and geographical location), work settings, roles and activities, career satisfaction, impact of the perceived Scope of Practice regulations, and the degree to which the values associated with counselling psychology are endorsed;
- ii) To compare the employment trends of counselling ECPs with more established counselling psychologists in South Africa;
- iii) To explore the lived professional experiences of counselling ECPs in South Africa with a focus on their specific needs and challenges.

1.6 Structure of this Thesis

This thesis comprises a total of nine chapters. The next chapter, Chapter Two, outlines a narrative review of the literature available on ECPs globally. This includes a discussion of relevant international literature available on international ECP employment trends, challenges and support needs.

Then, focusing in on the counselling psychologist category within the context of South Africa, Chapter Three provides a scoping review of published literature available on South Africa's counselling psychologist workforce. Chapter Three thus maps the available peer reviewed literature on the counselling psychologist workforce in South Africa and identifies pertinent gaps to be addressed in this study.

Chapter Four follows, presenting a comprehensive discussion of the research design and methodology employed in this study. Specifically, the mixed method sequential explanatory design will be presented, which includes clarification and motivation for choosing the particular research design. In addition, Chapter Four provides a discussion of the interpretivist phenomenological research paradigm which informs the ontology and epistemology of the current study. The potential impact of the researcher's positionality and reflexivity in relation to the present study will also be addressed in Chapter Four.

Chapter Five then provides the results from the 'First, quantitative Phase' of this study, namely the data obtained from the online survey questionnaires. Presenting this breadth of data will assist in addressing the first and second research objectives of this study (see section 1.5).

Following on, Chapter Six then outlines the research findings from the 'Second, qualitative Phase', namely, the data elicited from the in-depth semi-structured interviews. In particular, Chapter Six will outline the rich, intricate professional experiences of ten counselling ECPs in South Africa, with a focus on their specific support needs and challenges. Delineating this depth of data will assist in addressing the study's third research objective (see section 1.5).

Then, in order to ensure a level of methodological complementarity and a more holistic understanding of the professional lives of counselling ECPs in South Africa, Chapter Seven provides a joint discussion of the quantitative and qualitative findings from the first and second research phases, respectively. In addition, Chapter Seven will situate and augment the discussion of the findings by citing relevant literature on the topic.

Chapter Eight then reflects the theoretical and practical implications of the research at individual, training programme and workforce levels. In addition, Chapter Eight will offer pertinent and actionable recommendations for support of counselling ECPs at the individual, training programme and workforce levels. In addition, Chapter Eight presents the study's limitations and proposes avenues for future research to be conducted.

Finally, Chapter Nine offers a conclusion to the current study by presenting a

structural overview of the study and a summary of the main findings. A final personal remark is also offered by the researcher in Chapter Nine.

1.7 Scope of the Research

As suggested by Akanle et al. (2020), social science research is an endeavor which generally affords researchers the necessary freedom to investigate issues which they deem to be problematic, or which require enhanced understanding. However, while social issues and relevant questions are infinite, research resources are not. For this reason, researchers are required to set the parameters within which their research will be conducted (Akanle et al., 2020).

The present study thus places emphasis on exploring the professional lives of *current* counselling ECPs registered with the HPCSA. In other words, no information was collected from former HPCSA registered counselling ECPs who permanently left the profession. While it would have been useful to gain information from previously registered counselling ECPs in South Africa, the scope of this study offers a unique opportunity to focus efforts on understanding, and thus supporting, the *current* cohort of counselling ECPs in the country. In addition, given the current study's focus on the professional lives of *early career* counselling psychologists, an in-depth investigation into *trainee* counselling psychologist experiences and training programme factors that precede, and most likely impact on, the early career professional experiences of counselling psychologists was deemed to fall beyond the scope of this research. Similarly, given the current study's focus on the *professional* experiences of counselling ECPs in South Africa, focus on non-work affiliated experiences by counselling ECPs in South Africa was viewed as falling outside the scope of this research.

Finally, it should be noted that while both quantitative and qualitative data were collected through the survey questionnaires in the 'First Phase' of this research project, only the quantitative data have been analysed and presented within this PhD thesis. The decision to exclude the qualitative data collected from the 'First Phase' was to ensure alignment with the mixed method sequential explanatory design, which was adopted in this study (Creswell & Plano Clark, 2007) (see section 4.3.1, in Chapter Four). In addition, the follow-up semi structured interviews that were conducted in the 'Second Phase' of this study explored all the necessary qualitative items from the survey questionnaire, but to a much greater depth. Moreover, the researcher intends to utilise the qualitative data collected from the survey questionnaires for future purposes that extend beyond the scope of this PhD thesis (see section 4.4.1.7.2 in Chapter Four).

1.8 Conclusion

Chapter One has offered a brief background to the current study and highlighted the significance and rationale for exploring the professional experiences of counselling ECPs in South Africa. The following chapter, Chapter Two, provides a narrative review of the literature available on ECPs globally, and highlights gaps in the extant research.

CHAPTER TWO

Literature Review

2.1 Introduction

This chapter offers a narrative review of the literature available on early career psychologists (ECPs) globally. The chapter starts with a succinct description of the literature search strategy that was utilised. The chapter goes on to broadly describe the key characteristics of psychologists at two career phases in the professional pipeline, namely, at the early career stage as well as at the more established career stage. Given the focus of the current study, the chapter then elaborates on the current global employment trends, challenges and support needs of psychologists within the early career stage. The chapter goes on to briefly discuss variables, including individual psychologist characteristics, training programme variables and systemic variables, that are expected to influence the experiences of early career psychologists as they enter the workforce. Towards the end of the chapter, a brief summary is presented. The chapter concludes by highlighting the importance of the current study in light of the pertinent international literature available on ECPs. It is important to note that the following chapter, Chapter Three, outlines a scoping review of the extant literature available on counselling psychology as a professional psychologist category within South Africa.

2.2 Literature Search Strategy

This is a narrative literature review, which as proposed by Bryman (2012) and Jesson and Lacey (2006), is less distinct and broader ranging than a systematic review. As suggested by Gopalakrishnan and Ganeshkumar (2013), systematic reviews aim to identify, evaluate and summarise all relevant individual studies that exist on a particular issue. This, in turn, allows all available evidence to be more conveniently accessed by individual and public policy decision makers (Gopalakrishnan & Ganeshkumar, 2013). Schlesselman and Collins (2003) propose that systematic reviews are thus generally more suitable for clinical studies and involve rigorous search methods. By contrast, narrative reviews aim to cover a broad range of themes within a research area and do not generally follow stringent rules in searching for evidence (Collins & Fauser, 2005). Conducting a narrative review was thus deemed more appropriate, since it aligns with this chapter's purpose to report more widely on the research available on the professional experiences of ECPs globally. Furthermore, a narrative review was chosen since it aligns well with the exploratory aims of this study.

It should be noted that, while a narrative review was conducted in this chapter, a systematic search strategy was followed, as described by Galvan and Galvan (2017). Specifically, literature searches were executed across numerous databases subscribed to by Rhodes University, as well as Google Scholar, EBSCOhost® and Sabinet®. Four key words and phrases formed the foundation of a Boolean search query: (i) ‘professional’; (ii) ‘experiences’; (iii) ‘early career’; and (iv) ‘psychologist’. Expanding on these key words, lists of synonyms and associated phrases were identified and then thoroughly search for, including, for example, ‘professional development’, ‘professional socialisation’, ‘professional lifespan’, ‘recently qualified’, ‘newly qualified’ and ‘novice psychologist’. Despite not being exhaustive, the review sources included peer-reviewed journal articles as well as professional organisation and international reports. It is important to note that literature searches were periodically conducted by the researcher, from the beginning to the end of the research process and during the writing up of this thesis. This was done in order to keep this review up to date as well as to identify emerging scholars in the field.

While, to date, limited literature on counselling ECPs in the context of South Africa exists, a wealth of relevant literature is available when the scope of the literature search is expanded to include international studies and studies focusing on ECPs from a variety of professional psychologist categories. While it is likely that findings from this literature may not necessarily apply to counselling ECPs in the context of South Africa, it is both beneficial and crucial to include global studies and studies on various psychologist categories in an attempt to fully understand the professional experiences of counselling ECPs in South Africa. Furthermore, while it is possible that there are experiences unique to counselling ECPs in South Africa, it is also likely that there may be experiences commonly shared with ECPs globally, irrespective of country or professional psychologist category. This review thus includes a focus on global literature and on ECPs in various professional psychologist categories. Where they exist, however, literature from local and developing countries, as well as literature focusing on ECPs, specifically within the category of counselling psychology, is prioritised.

Prior to presentation of the narrative review, three points should be illuminated on the literature predominantly available on ECPs. Firstly, the extant research on ECPs is mainly quantitative in nature, subsequently omitting ECPs’ experiential accounts. Secondly, the existing empirical studies on ECPs focus primarily on academic psychologists; thus, enhanced knowledge and understanding on the professional experiences, challenges and support needs of practitioner ECPs are needed. Thirdly, no research could be found

investigating the lived professional experiences of counselling ECPs in South Africa. In particular, no research could be found taking a mixed method approach to investigating the professional experiences of counselling ECPs in South Africa. This is the gap in the literature that the current study seeks to address. To provide an overview of various areas of relevant literature available on ECPs in this chapter, literature was drawn and reviewed under four main themes, namely: 1) Marking the professional lifespan of psychologists; 2) Global employment trends of ECPs; 3) Challenges faced by ECPs; and 4) Supporting the needs of ECPs. Each of these themes will now be discussed in more detail.

2.3 Marking the Professional Lifespan of Psychologists

The succession of professional development for psychologists from student to established professional represents a remarkable phase of professional and personal growth (Kaslow et al., 2018). The knowledge, skills and attitudes that are attained at the various stages of the professional lifespan are set to advance individuals in a developmentally appropriate manner and to establish and maintain a competent mental healthcare workforce (Bangasser et al., 2016). Yet, the sequence of transitions across the professional psychologist lifespan remains under-researched (Kaslow et al., 2018). This is significant considering that a variety of barriers continues to hinder the progression and retention of psychologists as they advance through their careers (Bangasser et al., 2016; Dorociak et al., 2017; Kaslow et al., 2018; Sim et al., 2016).

According to Smith et al. (2012), an enhanced focus on the early career stage within the professional psychologist lifespan is essential since “ECPs represent an important untapped resource” (p. 4), due to their motivation and vitality, recent training knowledge and skills, and being most knowledgeable about recent technological advancements (Good et al., 2013). Furthermore, as indicated by Smith et al. (2012), prioritising research on early career psychologists is essential given that ECPs represent the future spirit of the profession and are likely to share different training experiences as well as more diverse personal, cultural and historical experiences than more senior generations of psychologists. Prioritising the exploration of ECPs within the early career stage of the professional psychologist lifespan is therefore both justified and crucial.

Professional lifespan research on psychologists extending across the lifespan predominantly includes work by Wise et al. (2011), Sim et al. (2016) and Dorociak et al. (2017). Wise et al. (2011) critically discuss issues of stress, ethics and self-care by psychologists at each of the three career stages. Similarly, Sim et al. (2016) examine thriving, burnout and

coping strategies of counselling center psychologists in the early and late career stages, while Dorociak et al. (2017) compare work life, well-being and self-care across the three career stages of the professional lifespan.

Traditionally, counselling psychologists have pioneered the scientific exploration of career development, yet few empirical research studies have examined the career progression of psychologists in South Africa. Rather, the few studies on professional lifespan development on psychologists in South Africa have focused on psychologists' experiences prior to graduation, including a focus on different aspects of professional psychology training and curricula, internship and community service years and the undergraduate and Master's degree levels (for example, Booysen & Naidoo, 2016; Booysen & Nel, 2019; Duiker & Booysen, 2022; Kottler & Swartz, 2004; Knoetze & McCulloch, 2017; Pillay & Harvey, 2006; Pillay & Johnston, 2011; Pillay et al., 2013). While these research studies explore diverse facets of psychology selection and training procedures for psychology students and trainees, they do not explore the experiences of psychologists as they become independent practitioners and transition into the work force.

Research studies by Du Plessis et al. (2013) and Haine and Booysen (2020) are identified as the prominent exceptions. While Du Plessis et al. (2013) qualitatively explore the early work experiences of a small sample of clinical psychologists on entrance into the field of academia, Haine and Booysen (2020) qualitatively explore the professional experiences of a small, integrated, group of four early career clinical and counselling psychologists. Findings from the study by Du Plessis and colleagues (2013) highlight the practical aspects of starting a career in academia, the difficulty of merging a professional and academic persona, and the individualised nature of the journey towards career development. By contrast, findings from the study by Haine and Booysen (2020) suggest that employment opportunities within the South African healthcare system influence the professional socialisation of ECPs and that systemic factors appear to illuminate why ECPs would be pushed to practice privately. Although this literature provides some insights into the experiences of ECPs in South Africa, this research is limited due to the small sample sizes used and thus the inability to generalise findings to the broader ECP population. Furthermore, this literature available does not specifically explore the experiences of *counselling* ECPs as a unique group in South Africa. Research employing a lifespan or career-stage approach to understanding the professional experiences, employment trends, challenges and support needs of psychologists in South Africa and, specifically, within the category of counselling psychology, is therefore clearly needed.

2.3.1 Early Career Stage

The American Psychological Association's (APA, 2008) Committee on early career psychologists defines an early career psychologist (ECP) as a person who has received a professional degree in psychology within the past seven years. More recently, however, this definition has been extended to include individuals who are within ten years of graduation (APA, 2013). This decision was made given that it was found that many ECPs continued to settle into the workforce at the seven-year mark (APA, 2013).

For most psychologists, these years are experienced as the most intense and challenging in the professional psychologist lifespan (Bangasser et al., 2016; Dorociak et al., 2017). Early career psychologists in the United States, for example, encounter several challenges, including, managing high educational debt (APA Center for Psychology Workforce Analysis and Research [CPWAR], 2007), investing significant time in start-up activities such as finding employment or setting up their own practice (Green & Hawley, 2009), lack experience in maintaining a work-life balance (Solem & Foote, 2006), and must concentrate on building a professional identity (Mistler, 2007).

Furthermore, ECPs are faced with a new environment, with high expectations to be successful, ethical and employed (Kaslow et al., 2018). Other developmental tasks and challenges identified at the early career stage include: (i) associating with and establishing a commitment to the profession; (ii) adjusting from relying on supervisors to being independent psychologists; (iii) establishing a supportive network of colleagues and mentors; (iv) processing feelings of disillusionment; (v) exploring and defining one's long term career goals; (vi) securing employment; and (vii) navigating the process of licensure, credentialing and becoming a new member of professional organisations (Good et al., 2013; Green & Hawley, 2009; Karel & Stead, 2011; Magaletta et al., 2016; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003).

Given the numerous developmental tasks that must be navigated in the early career stage, it is no surprise that ECPs often experience feelings of dissatisfaction as they enter the workforce (Braxton et al., 2004; Rønnestad & Skovholt, 2003). This aligns with work by Scalise et al. (2019), who note compelling narratives by ECPs in the United States, which highlight the unexpected financial and emotional challenges that the early career years bring. Furthermore, given the numerous stressors facing psychologists at the early career stage, it is not uncommon for ECPs to feel unprepared for some aspects of their professional practice, question their skills, doubt the value of their training, and wonder if they have made the right

career choice (Rønnestad & Skovholt, 2003; Silva et al., 2016). This notion is supported by Kolar et al. (2015) and Rønnestad et al. (2019), who suggest that ECPs from a variety of categories and countries often feel overwhelmed early in their careers. This is significant since, according to Scott et al. (2000), the developmental tasks and challenges that characterise the early career stage are rarely discussed within professional psychology training programmes. This is, moreover, significant given that ECPs are at a greater risk of burnout and emotional exhaustion than more established psychologists (Craig & Sprang, 2010; Rupert et al., 2015). According to Wise et al. (2011), this is most often because self-care becomes a lower priority for psychologists in the early career stage.

2.3.2 Mid- to- Late Career (Established) Stage

Mid-career psychologists are generally defined as those with between ten to twenty years of experience (see, for example, Dorociak et al., 2017). At the mid-career stage, psychologists are more likely to trust their professional judgments, wield the support of professional affiliations, and feel more professionally competent (Rønnestad & Skovholt, 2003). Sanders et al. (2010) suggest that mid-career psychologists have reached a point in the lifespan where they have accomplished several significant career milestones and developed, to some degree, the abilities of self-confidence, resilience, and support. In other words, according to Sanders et al. (2010, p. 322), mid-career psychologists have "arrived" in their professional careers. At the mid-career stage, psychologists are more aware of their professional boundaries, strengths and limitations and engage in more realistic setting of career goals (Stevanovic & Rupert, 2004). Furthermore, psychologists at the mid-career stage learn through reflection on both professional and life experiences, and report their personal lives to significantly influence their professional functioning and development (e.g., learning through their own children and partnerships) (Rønnestad & Skovholt, 2003).

A central developmental task for mid-career psychologists involves establishing a professional role that is well-aligned with one's self-image, including values, interests and attitudes, and that allows for authentic professional practice (Rønnestad & Skovholt, 2003; Super, 1990). Rønnestad and Skovholt (2003, p. 20) refer to this process as "throwing out the clutter". According to Super (1990), achieving this developmental task at the mid-career stage is important since mid-career psychologists generally face novel expectations affiliated with heightened professional responsibilities (e.g., supervisory, leadership and administrative roles), as well as new personal obligations (e.g., caring for children and aging parents) (Wise et al., 2011). Yet, according to Rønnestad and Skovholt (2003), mid-career psychologists are

generally better equipped to regulate emotions and face professional challenges at the mid-career stage. Furthermore, mid-career psychologists are said to have better acquired skills in balancing their professional and personal lives and have established an appropriate level of emotional involvement and boundaries with clients (Lee et al., 2009; Skovholt et al., 2004). Skovholt et al. (2004, p.137) refer to this learnt skill as “boundaried generosity”, which is crucial for individuals in professional psychology to develop in order to reduce the risk of burnout. Nevertheless, Wise and colleagues (2011) propose that self-care may still be a lower priority for mid-career psychologists at the mid-career stage than what it should be.

As indicated by Sanders et al. (2010), the risk of career overload is one of the most significant threats to mid-career psychologists since, at this stage, professional demands drastically accumulate in accordance with heightening income demands. Many psychologists at the mid-career stage thus report feeling “spread too thinly” or “overextended” (p. 324). Sanders et al. (2010, p. 324) specifically refer to this phenomenon as “Mid-Late Career Overload”. At some point in the mid-career stage, however, the balance shifts and mid-career psychologists realise that they are afforded the luxury of choice and shift to sifting through career options more cautiously (Sanders et al., 2010). Fortunately, this occurs at a time in the professional lifespan in which psychologists are more likely to be conscious of which career options will make the most significant contributions to the field while harnessing optimal personal rewards (Sanders et al., 2010).

Late career psychologists, by contrast, are generally defined as professionals with over twenty years of experience in the field (see, for example, Dorociak et al., 2017). At this stage of the professional lifespan, psychologists are acknowledged as well-established professionals (Sim et al., 2016) and are often characterised by their involvement with national associations or organisations (Rønnestad & Skovholt, 2003). Sim et al. (2016) propose that after years of working in the field, engagement in national associations by late career psychologists offers opportunities to establish a sense of advancement, understanding and vigour in the late career stage. This echoes Super’s (1990) lifespan-life space theory of career development, in which more senior professionals look to innovate and offer fresh contributions to their fields. However, according to Rønnestad and Skovholt (2003), it is also possible that late career psychologists experience feelings of intellectual apathy and boredom that may come from routine tasks being completed repeatedly.

Late career psychologists planning retirement may find it difficult to manage the emotional impact of terminating relationships with clients and reducing their workload, as they confront the challenge of transitioning to a new professional identity (Dorociak et al. 2017).

Many late career psychologists thus experience loss at this stage, for example, actual loss of their own professional seniors who have passed on as well as the loss of peers who become less of a prominent professional influence. In contrast, the “loss of innocence” is a term coined by Rønnestad and Skovholt (2003, p. 26) to describe the sense of realism and fading of illusions by late career psychologists in relation to what can be achieved professionally.

In their personal lives, late career psychologists may also adapt to new roles and face challenges, for example children leaving home or health-related challenges (Sim et al., 2016). According to Dorociak et al. (2017), at this stage of their careers, increased professional maturity and experience best act as a means of support for late career psychologists.

Although Wise and colleagues (2011) do not differentiate mid- from late career psychologists in their paper on self-care, late career psychologists were frequently found to engage in greater self-care than ECPs. As proposed by Dorociak et al. (2017), late career psychologists may thus be better prepared to cope with the immanent challenges and expectations of the professional field, are more settled professionally and personally, and are more committed self-care practices than early and mid-career psychologists.

Here, it is important to note that, for reasons of parsimony and clarity, as well as this study’s focus on the lives of psychologists within the early career stage, the mid- and late career stages of the professional psychologist lifespan have been collapsed to form a single career stage, namely the “established” career stage. From this point forward in the study, all mid- and late career psychologists will thus be grouped together and referred to as more “established” psychologists.

2.4 Global Employment Trends of Early Career Psychologists (ECPs)

Rozensky (2014) indicates that trends occurring within and outside of the professional field of psychology can significantly impact the experiences of individual psychologists.

According to Wilhelm et al. (2019), this follows that as employment trends change so, too, do the needs and challenges of the workforce. This is supported by McFall (2006), who highlights that it is vital for the psychology profession to understand and adapt to major forces operating both within and outside of the field. Attention to employment trends within the counselling psychologist workforce is thus essential in gaining a deep understanding of the professional needs and challenges of early career psychologists accordingly. Furthermore, employment trend data can be used to illuminate the employment environment toward which

future ECPs are headed and thus can be strategically be used to guide training curricula and in preparing the next generation of ECPs for the marketplace (Rozensky, 2014). Ongoing exploration of the employment trends of the mental healthcare workforce is thus both justified and necessary.

2.4.1 Demographic Profile

Early career psychologists have been identified as an expanding population in the field of psychology (Scalise et al., 2019; Smith et al., 2012). In South Africa, Ngobeni (2019) highlights that although the majority of counselling psychologists are well established (i.e., possessing more than ten years of experience in the field) (54.8%), almost half of registered counselling psychologists in South Africa (44.3%) are in the early career stage (i.e., having less than ten years of experience in the field). This is significant given that, to date, no research can be found specifically attending to counselling ECPs in South Africa, as a unique group.

Moreover, this is significant since, according to Wilhelmi et al. (2019) and Booysen and Naidoo (2016), increasing numbers of people are pursuing a career in psychology. As a result, the psychology workforce is transforming its demographic identity, including more women, ethnic and sexual minorities than previous years (Green & Hawley, 2009; Pedrotti & Burnes, 2016; Wilhelmi et al., 2019). According to Butt and colleagues (2011), this aligns with global calls to recruit more psychologists who represent the diversity of the clients, research participants and communities they serve.

Smith et al. (2012) and Lichtenberg et al. (2018) specifically highlight a trend in the United States toward greater demographic diversity among counselling psychologists. In particular, Lichtenberg et al. (2018) demonstrate increased proportions of gender, sexual, racial and ethnic minorities among counselling ECPs than more established counselling psychologists. This supports research by the APA CPWAR (2018), which demonstrates that between 2007 and 2016 in the United States, the record of racial or ethnic minority ECPs increased twofold. This is in contrast to findings over ten years ago, when 83% of ECPs identified as White, 5% Hispanic or Latino, 5% Black or African American and 7% Asian (APA CPWAR, 2018).

In a similar manner, findings by Rozensky (2014) and O'Shaughnessy and Burnes (2016) indicate that women represent a growing majority of the ECP workforce. This is further echoed by Goodyear et al. (2008) and Goodyear et al. (2016), who suggest that counselling psychology has shifted from being a male-dominated profession to that of a female-dominated

profession. In fact, in 2009, 75% of ECPs identified as women, indicating an increase of 18% in 20 years (Rozensky, 2014). Ostertag and McNamara (1991) refer to this growing trend as the feminisation of psychology and predict that the trend will continue to rise in professional generations to come. Lichtenberg et al. (2018) suggest that the changes observed in the ECP workforce are likely a result of demographic changes in higher education, where there is now greater representation and access for women, as well as racial and ethnic minorities.

Although psychologists in South Africa continue to underrepresent the majority of the South African population, similar shifts have been noted in the demographic profile of counselling psychologists in South Africa. Young and Saville Young (2019), for example, indicate improvements in the racial representation of counselling psychologists, where in 2019, 72% of counselling psychologists identified as White compared to 92.4% in 1996 (Pillay & Petersen, 1996; Young & Saville Young, 2019). Similarly, Ngobeni (2019) highlights that in South Africa, women represent a growing majority of the counselling psychology workforce (i.e., in 2019, 80.70% of counselling psychologists identified as women).

Interestingly, Young and Saville Young (2019) note that changes in the demographic profile of counselling psychologists in South Africa are occurring at a much slower rate than in clinical psychology, as clinical psychologists are significantly more likely to be Black, and male, than counselling psychologists. Young and Saville Young (2019) attribute this trend to the perceived “hardness” (p. 513) of clinical psychology in comparison to the perceived “softness” (p. 513) of counselling psychology. In other words, Young and Saville Young (2019) attribute this professional trend to clinical psychology in South Africa being viewed as a more acceptable career by Black and male individuals who, for historical reasons and reasons of stereotypical patriarchy, face heightened pressure to pursue more traditionally “respectable” (p. 513) career paths. Taken together with the finding that over half of counselling psychologists continue to practice privately in South Africa (Young & Saville Young, 2019), such trends in the demographic profile of counselling psychologists holds important implications for the provision of psychological services to Black, working-class communities in South Africa.

From the above-mentioned findings, it is evident that entrance into the professional psychology workforce by counselling ECPs, both locally and internationally, is increasingly being marked by varied demographic factors. As a result, it is more than likely that traditional

information and recommendations on how best to serve the needs and combat the challenges of counselling ECPs will not necessarily be relevant to the new and more diverse cohort of psychologists. This argument is supported by Pedrotti and Burnes (2016), who suggest that ECPs from traditionally marginalised backgrounds or unrepresented groups face different challenges in their first few professional years as psychologists. The ongoing collection and analysis of demographic workforce data of psychologists is thus needed to best serve the needs and mitigate the challenges of the new workforce of counselling psychologists.

2.4.2 Work Settings

In a study by Goodyear et al. (2016), counselling psychologists from eight countries around the world (namely, Australia, Canada, New Zealand, South Africa, South Korea, Taiwan, the United Kingdom and the United States) were surveyed on key characteristics, perspectives and professional behaviours including on their professional work settings.

According to Goodyear et al. (2016), only four counselling psychologist work settings were shared across the countries identified, namely: University Counselling Centers, Self-employed/Private Practice, University or Professional School Faculty, and K-12 (primary and secondary school) settings. All other work settings in the study were coded as “other”.

Results indicate that work setting trends of counselling psychologists vary between countries (Goodyear et al., 2016). For example, the proportion of counselling psychologists working in University Counselling Centres range from a high of 28.2% in Taiwan, to a low of 2.1% in the United Kingdom (UK). In contrast, the percentage of counselling psychologists who are self-employed or in private practice range from none in Taiwan and South Korea, to 47.4% and 47.3% in Australia and South Africa, respectively (Goodyear et al., 2016). Similarly, the proportion of counselling psychologists employed in university settings range from none in Taiwan to 55.7% in the United States. Employment in K-12 settings is indicated as relatively low (6.3% or fewer) across all countries, with Taiwan being the exception (28.2%). These results are significant in light of global developments and transformations in healthcare systems, the delivery of health services, efforts to address the needs of an increasingly diverse society, and the push for enhanced collaboration across the wider healthcare industry (Rozensky, 2014). As a result, Rozensky (2014) and Michalski et al. (2011) predict that over time more ECPs should be employed in organised care or institutional contexts, as compared to individual or group private practices.

This is in contrast to findings in the South African context, where according to Young and Saville Young (2019), around half (48.9%) of counselling psychologists continue to

practice privately, and around a third are employed by universities (13.6% at university counselling centres; 15.8% at university psychology departments; and 3.2% in other university departments). This is significant since, according to Bantjes et al. (2016), counselling psychologists in South Africa are able to work in diverse public and private sector settings, including the police services, military, universities, schools, NGOs, community organisations, social service organisations and industry (Watson & Fouche, 2007). Bangasser et al. (2016) propose that such trends in the workforce may demonstrate personal motivations, generational changes in reasons for pursuing professional psychology training, and changing career opportunities in the marketplace that are context specific.

Soliciting first-person accounts by counselling ECPs in South Africa is thus crucial in gaining a deeper understanding of possible reasons for such employment and work setting trends within the South African context.

2.4.3 Professional Roles and Activities

In the study by Goodyear et al. (2016) the authors highlight that 67.4% of counselling psychologists in South Africa identified their primary work role as that of a clinical practitioner, which aligns with findings from other countries in the study. Goodyear et al. (2016) go on to indicate that most counselling psychologists, around the world, identify their key professional activities to include both administration/management and counselling/psychotherapy. Interestingly, New Zealand and Australian counselling psychologists were found to be more commonly involved in the provision of clinical supervision (69.8 and 65.1%, respectively), while in South Korean and the United States counselling psychologists were more likely to be engaged in teaching than was otherwise typical (62.1% and 69.7% respectively).

Furthermore, counselling psychologists in the United States were most likely engage in research (58.4%), and a significantly higher proportion of counselling psychologists in South Korea engaged in personality and intellectual assessments relative to the other countries. In terms of time spent on key activities, on average, counselling psychologists across countries spent 39.1% of their work time conducting psychotherapy/counselling.

Specifically, within the context of South Africa, Goodyear et al. (2016) propose that the activities taking the most time for counselling psychologists include counselling/psychotherapy (48.6%), teaching/training (16.2%), administration/management (16.0%), research (13.3%) and prevention activities (e.g., outreach/programme development) (8.8%). The least time was spent on neuropsychological assessment (5.3%) by counselling

psychologists in South Africa. Overall, the findings from the study by Goodyear et al. (2016) suggest that despite some variations across countries, counselling psychologists generally share commonalities across the globe.

Within the context of South Africa, Young and Saville Young (2019) indicate that the proportion of time counselling psychologists spend on key activities is around 15% for administrative tasks, 44% for psychotherapy or counselling, 8% for assessments and 7.6% for research. Although these findings provide key insights into the professional roles and activities of counselling psychologists in South Africa, the professional roles and activities of counselling psychologists are not explored and compared across key career stages (i.e., early, mid-, and late career). Furthermore, first person accounts, views, perceptions and meanings attributed to such findings would be useful in fully understanding such trends.

2.4.4 Endorsement of Counselling Psychology Values

In terms of professional values, findings by Lichtenberg et al. (2018) in the United States indicate an increased focus by counselling ECPs on values of diversity, social justice and advocacy in comparison to more established counselling psychologists. Findings thus suggest that not only are counselling ECPs more diverse as a group, but also that counselling ECPs consider the values of diversity, advocacy and social justice as more central to their professional identities than more senior generations (Lichtenberg et al., 2018). Taken together, such trends might suggest that counselling ECPs possess views and perspectives that differ substantially from more established generations of psychologists.

Yet, to date, no research has been conducted to compare the endorsement of counselling psychology values across various career stages in the professional lifespan in South Africa. Rather, research by Young and Saville Young (2019) has explored the endorsement of values by counselling psychologist in South Africa as a group. In this instance, Young and Saville Young (2019) indicate that counselling psychologists in South Africa are more likely than clinical psychologists to endorse the following values: emphasising people's strengths; focusing on developmental issues, career development and brief interventions; drawing on research to inform practice; and focusing on diversity and sociocultural contexts. It would thus be interesting to compare the level of endorsement of a variety of traditional counselling psychologist values by practitioners in diverse stages of the professional lifespan in South Africa.

Given the various trends in the global ECP workforce data, it is clear that in order to wholly understand the professional experiences of counselling ECPs in South Africa, the deliberate collection and analysis of broad scale workforce data is necessary. The present study attempts to address this gap in the literature.

2.5 Challenges Faced by ECPs

Similar to other professionals who are starting out, ECPs encounter numerous obstacles as they move from their role as students to their new role as independent professionals (Karel & Stead, 2011; Kaslow et al., 2018; Smith et al., 2012). O'Shaughnessy and Burnes (2016) suggest that as the ECP workforce continues to expand, understanding the challenges to advancement of ECPs is essential. This is supported by the APA Center for Workforce Studies (2010), which has called for increased investigations into stressors impacting on the lives of ECPs.

Despite attempts to respond to this call in the form of theoretical literature (e.g., Green & Hawley, 2009; Sanders et al., 2010), empirical investigations into the specific professional experiences, challenges and support needs of ECPs are still lacking. Exceptions include, for example, research conducted in the US by Butt et al. (2011), Good et al. (2013), Scalise et al. (2019) and O'Shaughnessy and Burnes (2016). While Butt et al. (2011) quantitatively explore issues faced by 160 ECPs, Good et al. (2013) quantitatively explore concerns of 85 ECPs identified as "junior faculty" (i.e., academic ECPs). Butt et al. (2011) found predominant issues faced by ECPs to include time management, developing a professional identity, networking, gaining licensure and credentialing, gaining mentorship, managing personal finances, applying for grants and funding and the job-search process. In contrast, Good et al. (2013) found the three major challenges facing academic ECPs to include: (i) balancing teaching and research; (ii) meeting tenure expectations; and (iii) dedicating adequate time to both work and family life. Good et al. (2013) observed a striking resemblance between the concerns raised in their study and those identified in an earlier survey from 2007, where challenges related to obtaining tenure, establishing a practice, securing funding, managing the demands of work and family life, juggling multiple job responsibilities, and addressing substantial debt were highlighted as areas of difficulty.

Comparably, Scalise et al. (2019) and O'Shaughnessy and Burnes (2016) qualitatively investigate the career adjustment of 13 women ECPs working in a clinical setting and 22 women ECPs working in an academic setting, respectively. Scalise et al. (2019) suggest ECP concerns related to significant financial burdens, inadequate mentorship, structural difficulties,

difficulty in gaining further academic training, challenges in the licensure process, as well as facing feelings of disappointment upon entering the workforce. By contrast, O'Shaughnessy and Burnes (2016) delineate three spheres as impacting on the professional experiences of women ECPs, namely identity-based variables, experiential- focused variables, and outcome-oriented variables.

Elaboration on key challenges reported by ECPs will be outlined below, including a myriad of individual-, programme-, and system-level challenges that ECPs must navigate as they transition from being students to a practicing professionals. To provide a structured overview of the various challenges faced by ECPs, global literature in this section was reviewed under the predominant themes that emerged, namely: 1) Financial challenges; 2) Work-life balance challenges; 3) Establishing a professional identity; and 4) Licensure, credentialing and professional organisations.

2.5.1 Financial challenges

According to O'Shaughnessy and Burnes (2016), ECPs are susceptible to external influences, just like other professionals, and may be affected by uncontrollable factors such as economic recessions and reduced financial support for mental health services and education. As highlighted by Rozensky (2014), financial limitations are therefore among the major obstacles faced by ECPs on a worldwide scale. Specifically, ECPs in the United States report financial aspects, such as the fees of professional memberships, pressure to become members of numerous professional organisations, student loan debt, costs involving licensure, low starting salaries and limited financial resources as major obstacles in their professional progression (Green & Hawley, 2009; Hall et al., 2007; Smith et al., 2012; Scalise et al., 2019). According to Wilhelmi et al. (2019), this is noteworthy since the combination of financial challenges faced by ECPs may significantly limit their professional opportunities and development (e.g., access to professional conferences and training workshops, work applications and interviews, and opportunity to relocate for work opportunities).

According to Doran et al. (2016), student loan debt has been identified as a major concern for ECPs in the context of rapidly increasing higher education costs. This is supported by Green and Hawley (2009), who indicate that the proportion of time dedicated to studying, in conjunction with tuition fees and living expenses, lead today's ECPs to face debt loads that are substantially higher than what has been previously reported (Michalski et al., 2011). For example, in 2016, Doran et al. (2016) note total graduate debt loans of ECPs to be over

US\$99,000 whereas in 2013, total graduate debt load was reported at US\$82,000, and in 2003 at US\$64,000 (APA, 2015b; Michalski et al., 2011; Wicherski & Kohout, 2005).

While educational debt is generally perceived as a worthwhile investment in one's future, O'Shaughnessy and Burnes (2016) argue that the negative effects it has on the lives of ECPs should not be ignored. For instance, Green and Hawley (2009) indicate that ECPs in the US, who face rising educational debt and lower starting salaries, have less expendable income as compared to previous years. Moreover, according to De Vaney Olvey et al. (2002) and Wiggins (1994), professional psychology offers a significantly lower financial return on the investment in education compared to other professions. For instance, in 1994, the lifetime earnings of a psychologist were only 14.4 times the cost of education, while health service managers (41.3), physicians (26), and nurses (25.2) had much higher returns on investment (De Vaney Olvey et al., 2002; Wiggins, 1994). This is problematic, as ECPs may start to contemplate whether pursuing a career in professional psychology was worthwhile (Braxton et al., 2004).

Fagan and colleagues (2007) found evidence to support this idea, having surveyed 497 psychologists on their overall satisfaction with their career choice and training. The study requested respondents to indicate whether they would opt for a career in professional psychology again, if presented with the opportunity. The findings revealed that a significant proportion of participants who had acquired substantial educational loans perceived that the costs related to psychologist training exceeded the benefits (Fagan et al., 2007). The discovery is particularly concerning as ECPs in the United States today have higher debt and lower earnings upon completing their education compared to previous generations (Arora et al., 2017). This financial burden during their education may have a disproportionate impact on minorities (APA Center for Workforce Studies, 2015b). For example, in the study by Smith et al. (2012), ethnic minority ECPs reported higher debt than non-ethnic minority ECPs.

According to Green and Hawley (2009), most ECPs take on added job responsibilities, such as extra teaching, running a private practice, and academic writing for research funding, in order to meet their financial obligations during the early stages of their careers. Yet, according to Doran et al. (2016), a high debt load and the need to take on multiple roles and responsibilities can lead to attrition of practitioners from the workforce.

Wilhelmi et al. (2019) indicate that financial challenges play an important role in ECPs' concerns surrounding work and family. This is supported by Doran et al. (2016), who indicate that many professionals hold-off starting a family based as a result of the financial risk. More specifically, Doran et al. (2016) found that 40% of ECPs report delaying having

children or getting married as a result of training debt. This finding is significant since this experience may negatively impact the number of individuals who choose a career in professional psychology. According to Doran et al. (2016), this is because the decision to delay starting a family may be viewed by ECPs as a requirement for a successful career path in psychology (Wilhelmi et al., 2019).

Belasco et al. (2014) propose an interesting finding that ECPs who have at least one dependent are more likely to accumulate higher educational debt. This is particularly relevant given that Hamp et al. (2016) identified 53.4% of psychologists as having dependents and 77.4% being married or in a partnership. Low starting salaries may not be sufficient for those who are primarily responsible for supporting their families, as noted by Wilhelmi et al. (2019). On the other hand, ECPs who temporarily reduce their work hours or leave the workforce to care for their family may encounter significant challenges in returning to the workforce and obtaining adequate income (Wilhelmi et al., 2019).

It is evident from the abovementioned findings that the nature and amount of financial support international ECPs receive significantly influence their early career trajectories and professional experiences (Doran et al., 2016; Kaslow et al., 2018). It is thus crucial to explore the nature and extent of financial barriers facing counselling ECPs within the context of South Africa. Further elaboration on work-life balance challenges faced by ECPs is outlined below.

2.5.2 Establishing a Work-life Balance

The majority of psychologists acknowledge family as a major factor in strategising their professional goals and development (Cassin et al., 2007; Lee et al., 2009). Given this and the finding that work-family interactions play a significant role in psychologists' professional advancement and experiences (Wilhelmi et al., 2019), it is important to examine issues of work-life balance. For example, while those in the early career stage tend to encounter obstacles such as the timing of purchasing a home and starting a family, those in the mid- and late career stages tend to face stress related challenges in caring for elderly parents and young children (Karel & Stead, 2011).

Rizzolo and colleagues (2016) propose that the pursuit to establish a work-life balance is never-ending for practicing professionals. Lee et al. (2009) define work-life balance as the fulfilment of job roles without losing aspects of a personal life. More specifically, Lee et al. (2009) propose that work-life balance is the ability of those in the workforce to maintain relationships, recreational activities and sports as well as to engage in religious and

volunteering communities. Work-life balance thus extends beyond meeting mundane chores and expectations, and rather refers to an individual's ability to be meaningfully involved in diverse roles (Lee et al., 2009). This is noteworthy, given that Green and Hawley (2009) argue that today's ECPs in the United States juggle more roles than any previous generation of psychologists. The new roles and expectations of ECPs must thus be navigated while balancing the demands of a personal life (Karel & Stead, 2011; O'Shaughnessy & Burnes, 2016). Founding these concerns is often a broad lack of institutional support, where most organisations require the individual psychologist to advocate work-life balance for themselves rather than to mandate increased support through policy change at the institutional level (Wilhelmi et al., 2019).

Work-life balance challenges appear to be a major issue for ECPs working specifically in higher education settings. The major concerns reported by ECPs in academia involve, for example, trying to balance the different facets of an academic career (teaching, research and service) with maintaining a fulfilling personal life (Good et al., 2013; Karel & Stead, 2011). These findings are supported by Devine (2015, p. 1015) and Sanders et al. (2010), who indicate that academic ECPs face heightened pressures to embody the triple threat (i.e., an outstanding clinician, researcher and teacher) by taking on increasing professional roles and responsibilities while still maintaining a healthy personal life. This is especially evident at the beginning of ECP careers, where they face challenges in establishing themselves in the workplace, and particularly for those ECPs with families who also experience stigma and discrimination due to their caregiving responsibilities. Parent et al. (2015) suggest that this bias is often hidden, stemming from the fear that family obligations may impede professional development. This creates further stress for ECPs who fear being labelled as problematic or even pathological for discussing work-life balance difficulties with their more experienced colleagues (Pedrotti & Burnes, 2016).

On the other hand, practitioner ECPs report their work to be emotionally taxing, which, in turn, negatively impacts their personal life (Kolar et al., 2015; Lee et al., 2009). This aligns with work by Springer et al. (2009) and Volpe et al. (2014), who suggest that careers in professional psychology often entail significant emotional labour, long work hours, unpredictable schedules, excessive administrative demands, and high levels of stress, which may increase the likelihood of work-family conflict and burnout. Thériault et al. (2009) indicate that this is compounded for ECPs who continue to ruminate about their clinical work well beyond the counselling hour. Similarly, Kolar et al. (2015) indicate that ECPs report excessive concern over complex and chronic clients. Skovholt and Rønnestad (2003) attribute

this challenge to the practitioner ECP's inability to self-other differentiate; this is a process where, with increasing professional experience, a more established psychologist is able to differentiate between client and practitioner responsibilities and to establish effective emotional boundaries (Devine, 2015; Sanders et al., 2010). Skovholt and Rønnestad (2003) thus suggest that without full awareness, the ECP often is more hopeful about the impact of their efforts than is warranted, adding to the mounting stressors experienced.

Regardless of work setting, however, the demands of being a psychologist as a profession can cause stress that heightens the risk of negative outcomes, including burnout, decreased well-being, and poor job performance (Dorociak et al., 2017). Indeed, research has consistently found that work demands, such as long working hours, extensive administrative paperwork, negative client behaviours and decreased opportunities for professional progression are related to burnout (Dorociak et al., 2017; Rupert et al., 2015). According to Volpe et al. (2014), burnout is a stress-related syndrome that frequently impacts mental health professionals, and it can have significant effects on both personal well-being and the quality of psychological care that is delivered. Volpe et al. (2014) suggest that early-career mental health professionals are at a heightened risk of experiencing burnout due to factors such as lack of supervision, limited experience, professional isolation, ambiguous roles, and inability to implement systemic changes within healthcare settings (Driller et al., 2011; Kumar, 2007; Riese et al., 2013). This is demonstrated in a study conducted in Italy by Volpe et al. (2014) where the presence of burnout among 100 early career mental health professionals was indicated. More specifically, early career psychiatrists were found to present with a lowered sense of personal accomplishment, while non-medical mental health professionals were found to present with depersonalisation and higher levels of depression.

As proposed by Wilhelmi et al. (2019) and O'Shaughnessy and Burnes (2016), gender is intricately linked to work-family challenges. This follows work by Lee et al. (2019), who suggest that despite changing gender roles and enhanced responsibilities for family care activities by men, women continue to carry the predominant responsibility for childcare, housework and elder care, resulting in women being more vulnerable to work-life imbalance and conflict. This is supported by Gasser and Shaffer (2014), who indicate that women psychologists are confronted with higher attrition rates due to culturally sanctioned heteronormative personal milestones (such as having children and/ or caring for an elderly parent) threatening their overall career development and experiences. Furthermore, according to the APA Center for Workforce Studies (2015b), women psychologists in the US continue to receive a median salary of \$11,000 lower than male psychologists. As a result, women

psychologists tend to experience greater levels of personal exhaustion, gender role strain, lack of mentorship and social marginalisation (Ward & Wolf-Wendel, 2004; Wolfinger et al., 2008). This is significant considering that the majority of the psychologist workforce is represented by individuals identifying as women (APA Center for Workforce Studies, 2015a).

Wilhelmi et al. (2019) propose that individuals identifying as men are not immune to challenges in balancing family life and a professional career in psychology. For example, years of working for limited pay during professional psychologist training and lowered starting salaries are in contrast to longstanding gender stereotypes that men should provide financial stability for the family (Wilhelmi et al., 2019). Furthermore, heteronormative assumptions suggest that male psychologists must manage everything without the assistance from others and that emotional distress from work-family conflict is non-existent (Wester & Vogel, 2002). Although beyond the scope of this thesis, it is thus evident that gender inequality continues to shape psychologists' professional development and experiences in how caregiving roles are amalgamated and balanced in conjunction with a professional life (Nadal & Haynes, 2011). That being said, it is important to acknowledge that this discussion is limited in its focus to cisgender psychologists' experiences, when of course further discussions are needed on how gender-related challenges are experienced by those who represent transgender, non-binary and gender diverse identities.

It is clear that work-family interactions play a significant role in psychologists' professional development and experiences. An exploration of how work-life balance challenges might impact the professional experiences of counselling ECPs in South Africa is thus due.

2.5.3 Establishing a Professional Identity

The intersection and overlap between the demands of psychologists' personal and professional identities are highlighted in section 2.5.2, indicating that these identities are not mutually exclusive (Wilhelmi et al., 2019). Du Preez and Roos describe this intersection of personal and professional identity as being “woven into the texture of being human” (p. 706). Various models have been proposed that specifically focus on the process of professional identity development (Cinoğlu & Arıkan, 2012; Torres et al., 2009). These models share three key commonalities, namely that: (i) professional identity is socially constructed and reconstructed; (ii) professional identity is a lifelong, evolving process and is progressive; and

(iii) the context within which an individual is embedded is crucial to consider in understanding professional identity development. Yet, Kaslow et al. (2018) and Magaletta et al. (2016) suggest that the construction of a professional identity by ECPs has been identified as a major challenge and has been linked to premature career abandonment.

During the development of a professional identity in the early career stage, ECPs often explore preferred roles and responsibilities and gain an increased awareness of their professional strengths and limitations (Karel & Stead, 2011). The development of a professional identity at this stage might also involve gaining licensure, securing a niche, gathering professional resources and decoding the unspoken rules and expectations of the workplace (Devine, 2015; Green & Hawley, 2009; O'Shaughnessy & Burnes, 2014). As ECPs strive to establish themselves professionally, they may start to assert themselves on interdisciplinary teams and evaluate their effectiveness in various work-related roles. Furthermore, they may contemplate the most effective ways to present themselves to potential employers while searching for employment (Karel & Stead, 2011). Therefore, ECPs may experience mixed emotions, including apprehension and enthusiasm, as they attempt to define their professional identities and determine how to make meaningful contributions to the mental health field (Karel & Stead, 2011).

Common challenges that arise for ECPs during the establishment of a professional identity, however, involve feelings of anxiety and self-doubt, as well as difficulty in being recognised by senior colleagues as a professional and not as a student (Green & Hawley, 2009; Thériault et al., 2009). This puts ECPs at a greater risk of imposter syndrome, a condition marked by constant self-doubt and an ongoing worry of being revealed as a fraud (Cohen & McConnell, 2019). For instance, a study on career adaptation found that imposter syndrome and self-doubt were major obstacles to establishing a professional identity as a psychologist and in adjusting in the early career phase (Earle-Reybold & Alamia, 2008). The imposter effect experienced by ECPs may be exacerbated by the isolation that the early career years bring as well as the inability of ECPs to effectively contextualise their experience (Thériault et al., 2009). Early career psychologists thus naturally conclude that the insecurities that they experience are unusual and indicative of flawed practice (Thériault et al., 2009).

According to O'Shaughnessy and Burnes (2016), the label of "early career professional" can also be a hindrance and cause of stigma, leading to increased work expectations and a sense of inadequacy compared to more experienced colleagues (Olson et

al., 1986; Smith et al., 2012). Unrealistic expectations held by ECPs, compounded with unequal workloads, can result in feeling “behind” colleagues, thus heightening feelings of insecurity (Pedrotti & Burnes, 2016, p. 145). In contrast, ECPs may be perceived as a source of new energy in the workplace and are often assigned to less preferred tasks or underrepresented areas within departments and organisations (O’Shaughnessy & Burnes, 2016, p. 66). This puts ECPs at a greater risk of being overused in professional settings, and subsequently experiencing burnout, fatigue, and reduced career satisfaction when compared to their more experienced colleagues, as suggested by O’Shaughnessy and Burnes (2016) and Craig and Sprang (2010).

Early career psychologists with diverse cultural backgrounds may face various challenges in developing their professional identity due to the intersection of their ECP identity with their cultural identities and values (O’Shaughnessy & Burnes, 2014; Pedrotti & Burnes, 2016). Cultural identities such as gender, race, ethnicity and class can have a significant impact on the formation of a professional identity, as proposed by Pedrotti and Burnes (2016). For instance, a female ECP of African descent may experience racism from other female psychologists, sexism from other African psychologists, and both racism and sexism from other ECPs, thus highlighting the unique impact of power differentials and forms of bias and oppression on the professional experiences of ECPs (O’Shaughnessy & Burnes, 2014). This concept of intersecting identities is known as intersectionality, first introduced by Crenshaw in 1989 to critique the one-dimensional approach to race and gender issues as they applied to Black women (Crenshaw, 1989). However, Brah and Phoenix (2013) offer a more comprehensive definition of intersectionality as the complex, irreducible, and variable effects that result from multiple aspects of identity, such as economic, political, cultural, psychic, subjective, and experiential, intersecting in historically specific contexts.

This implies that different dimensions of an individual's life cannot be separated into distinct and pure strands. It is thus important to acknowledge that the professional experiences of counselling ECPs in South Africa will be shaped by the intersection of various individual dimensions. Here, it is important to acknowledge that while other aspects of diversity (e.g., disability status) are inclusive in this notion, elaboration on all aspects of diversity and their potential impact on ECPs’ professional identity and professional experiences is beyond the scope of this thesis.

According to Langrehr et al. (2017), receiving encouragement from senior professionals to become a member of a professional psychology organisation has been associated with a stronger sense of long-term professional identity by counselling

psychologists. However, studies indicate numerous challenges faced by ECPs in the licensure, credentialing and professional organisation membership process. The following section thus aims to delineate such challenges.

2.5.4 Licensure, Credentialing and Professional Organisations

During their early career years, psychologists engage in independent practice for the first time and, as such, are involved in activities including applying for licensure, entering into third party insurance companies and becoming members of professional organisations (Elman et al., 2005). Yet, in 2005, a total of 3835 graduate students were surveyed about their familiarity with licensure, credentialing and professional organisations in psychology in the United States and Canada (Hall et al., 2007). Results indicate that although the majority planned on applying for a licence, a substantial number of trainees was not familiar with licensure requirements or the licensure process, and almost half were unfamiliar with available credentialing and professional organisations (Hall et al., 2007). It is thus no surprise that the processes of gaining licensure, credentialing and joining of professional organisations have been identified as major challenges by ECPs upon entering the workforce (Scalise et al., 2019). More specifically, ECPs report challenges in becoming members of professional organisations due to high costs, followed by insufficient knowledge of organisations' mission statements as well as time constraints due to busy work schedules (Hall & Boucher, 2008).

Here it is worth noting that the specific requirements and regulations for becoming licensed and credentialed as a counselling psychologist differ between South Africa and other countries. Specifically, within the context of South Africa, a nationally registered counselling psychologist is required to have successfully completed a four year degree in psychology, a one year Master's degree in counselling psychology, a one year internship, and passed the Board Examination (Bantjes et al., 2016).

Professional organisations offer many benefits to psychologists, including, providing a professional home as well as providing opportunities to interact with leaders in the field, gain mentoring and access to awards, grants and various other resources (Dodgen et al., 2003; Smith et al., 2012). Other resources offered by professional organisations include, for example, access to specialised knowledge such as journals and other publications, opportunities for training and continued professional development, and opportunities to be involved in advocacy and public policy activities (Bauman, 2008; Smith et al., 2012).

Moreover, being affiliated with more than one professional organisation has been shown to hold important implications for interdisciplinary growth and collaboration (Langrehr et al.,

2017). Professional organisations thus offer a wealth of opportunities to enhance the professional experiences of early career professionals (Smith et al., 2012).

For psychologists, the largest professional organisation in the world is the American Psychological Association (APA) (Singh & Dickey, 2016). Despite the various benefits the APA affords ECPs, Smith et al. (2012) indicate that ECPs are underrepresented in the APA's membership and governance. For example, in 2011, although ECPs comprised approximately 21% of the APA's full members, less than 1% of APA governance comprised ECPs (Ogawa & Suzuki, 2016). In 2004, Fouad et al. hypothesised some of the reasons for the low number of ECPs becoming members of professional organisations. These included that the organisations did not engage in adequate socialisation of ECPs, that the organisations lacked relevance to ECPs and that there was a disconnect between training and real-world demands faced by ECPs. In contrast, Green and Hawley (2009) suggest that the latest technological approach to learning and connecting with professional peers could be potentially associated with the trend of ECPs declining to join professional organisations. In the study conducted by Smith et al. (2012), the authors interestingly note that ECPs are divided in their views and perceptions of professional organisations. Specifically, Smith et al. (2012) note that academic and practitioner ECPs hold largely different views and levels of satisfaction with available professional organisations. For example, Smith et al. (2012) found that practitioner ECPs experienced professional organisations to be less useful to their careers, in terms of finding mentors, role models and networking, than academic ECPs. Furthermore, practitioner ECPs felt that mentors, role models, peers and employers were less supportive of their membership and that they were less satisfied with the social interactions, compared to academic ECPs (Smith et al., 2012). The survey findings by Smith et al. (2012) further indicate that ECP members have limited knowledge of the professional organisations available to them and do not feel as though their voices are heard by leaders and senior colleagues.

That being said, more wide-ranging attempts toward understanding and supporting the unique experiences of ECPs have been championed by the APA. For example, the Committee on Early Career Psychologists (CECP) was established by the APA in 2005 to construct connections across divisions within and outside of APA to promote, advocate, and establish resources for ECPs (Smith et al., 2012). The CECP went on to develop a strategic plan to bolster ECPs. This plan involved four goals, namely: (i) to increase ECP engagement; (ii) to utilise ECPs' talent; (iii) to give voice and increase ECP representation in the APA governing and advisory bodies; and (iv) to support professional and personal development of ECP members (Ogawa & Suzuki, 2016).

In South Africa, licensure of psychologists is regulated by the Health Professions Council of South Africa (HPCSA), a body that comprises 12 Professional Boards, one of which is the Professional Board for Psychology (Health Professions Act 56, 1974). The Professional Board for Psychology recognises various categories of psychologists including the category of counselling psychology and, until recently, mandates separate scopes of practice for each (Government Gazette, 2011). Unlike compulsory membership with the HPCSA, voluntary membership with the Psychological Society of South Africa (PsySSA) is available to psychologists in South Africa. As indicated by Bantjes et al. (2016), PsySSA has several divisions, one of which is the Association for Counselling Psychology. Another professional organisation available to counselling psychologists in South Africa involves the Counselling Psychology Society of South Africa (CPSA). The CPSA is a non-profit organisation (NPO) which is dedicated to representing the interests of counselling psychologists in South Africa.

To date, however, no research can be found exploring the professional experiences of counselling ECPs in relation to the process of licensure, credentialing and membership with professional organisations in South Africa. Furthermore, no evidence can be found indicating attempts to attend to the recruitment, retention and representation of ECPs in professional organisations in South Africa in terms of membership, leadership and governance. As there is a lack of research specifically on ECPs in South Africa, and considering the decline in ECP membership and their underrepresentation in professional organisations worldwide, it is crucial to address this gap by giving it due attention.

2.6 Influence of Individual Psychologist Characteristics

A comprehensive look at factors that may influence the professional experiences of ECPs suggests that individual psychologist characteristics, training programme variables and systemic factors and their interactions must be considered (Kaslow et al., 2018). Graham and Kim (2011), for example, conducted an investigation to identify the factors that contribute to favourable early career encounters among psychologists. These authors examined individual attributes and variables associated with universities and training programs. The authors' findings suggested that high-standard, accredited internships, exceptional board examination scores, and being perceived by colleagues as becoming board certified are the most significant determinants of favourable professional results for ECPs. Consequently, exploring how these factors might impact the professional experiences of counselling ECPs in South Africa is crucial.

According to Kolar et al. (2015), psychology is a unique and challenging profession irrespective of career stage. As a result, even though psychologists are experts in mental health, research indicates that psychologists are not immune to stress, burnout and poor mental health. For example, a study found that around 36% of counselling psychologists suffer from depressive symptoms (Gilroy et al., 2002) and around 7% have substance abuse problems (Elliot & Guy, 1993). Moreover, research in the United States suggests male psychologists hold the highest suicide rate of all professions (Ukens, 1995).

According to Myers et al. (2012), several aspects of self-care, including proper sleep habits, emotional management, social support, and mindfulness-based acceptance, play a crucial role in shaping the early career experiences of ECPs. This perspective is supported by Ausbrooks (2011) and D'Souza et al. (2011), who emphasise the importance of individual strategies and attributes, such as coping skills, personality traits, perseverance, and use of support services, in shaping a positive early career experience. In addition, Kolar et al. (2015) propose several strategies that are particularly beneficial to ECPs and that generally result in positive early career experiences, including reducing workloads and establishing clear work-life boundaries, engaging in continued professional development, utilising peer support networks, practicing individual cognitive strategies like relaxation techniques and reflection, and making time for personal activities such as exercise, hobbies, and spending time with loved ones outside of work.

Kolar et al. (2015) go on to suggest that academic accomplishments during professional training years are generally predictive of a positive transition from trainee to independent practicing professional. Specifically, the qualities of intelligence, hard work, persistence and motivation are linked to positive experiences in the early career stage (Bair & Haworth, 2004; Forehand, 2008). Kaslow et al. (2018) and Kolar et al. (2015) thus propose that personality factors play an essential role in the early career experiences of psychologists. Specifically, openness, conscientiousness and extraversion have been associated with positive early career experiences (Callahan et al., 2014; Poropat, 2009), as well as self-reflection and self-awareness, emotional intelligence, professionalism and sound relationships (Bair & Haworth, 2004; Ginkel et al., 2010). Similarly, Judge and Hurst (2008) suggest that higher levels of “core self-evaluations” (p. 850) by ECPs are associated with both higher levels of early career success and more rapid career success trajectories of psychologists.

2.7 Influence of Training Programme Variables

Given that the present study focuses on early career psychologists who recently completed their professional training, it is important to consider how education and training variables may influence their early career professional experiences (Kolar et al., 2015).

Kaslow et al. (2018) suggest that a myriad of programme variables influences the early career experiences of ECPs. More specifically, these authors suggest that transitioning out of a training programme and into the workforce is easier for trainees who graduate from programmes with smaller cohorts, have access to quality resources and educators, have access to diverse opportunities and have access to appropriate financial support (Bair & Haworth, 2004; O'Meara et al., 2014; Sharpless & Barber, 2009; Smith et al., 2006). Graham and Kim (2011) and Schaffer et al. (2012) suggest that the quality and reputation of a training programme can play a crucial role in the success of ECPs in terms of securing internships, passing licensure exams, and finding employment. Additionally, Smith et al. (2007) propose that training programmes which prioritise professionalism, social support, ethical practice, respect for diversity, and integration of trainees into the programme's social and professional environment, and provide opportunities for potential future employment, are associated with positive early career experiences for psychologists.

As proposed by Rozensky (2014), the challenge is to develop training programmes that adequately prepare trainee psychologists both academically for their careers and also help them to develop requisite knowledge for successful entry into diverse professional environments. This aligns with work by Magaletta et al. (2016), who suggest that a key developmental task for ECPs involves understanding the nuances of new practice environments. However, according to Fuhrmann et al. (2011), training programmes do not typically include formal instruction on how to apply psychology competencies to a wide range of emerging career paths. Consequently, graduates may find the job market overwhelming and struggle to effectively market their skills for their desired careers, as noted by O'Meara et al. (2014) and Sauermann and Roach (2012). This lack of preparation, described by Kolar et al. (2015) as poor work readiness, may leave ECPs feeling underprepared, overwhelmed, and lacking the practical skills needed to succeed in their work. Similarly, O'Shaunessy and Burnes (2016) indicate that ECPs feel inadequately prepared in terms of leadership, business management and supervision skills upon entering the workforce.

According to Bangasser et al. (2016), these factors can impede the process of identifying and preparing for a fulfilling early career experience for psychologists. As a result, the career paths of ECPs often show a noticeable discrepancy between the education and training they received and the careers they desire or have access to (Bangasser et al., 2016).

In this manner, Skovholt and Rønnestad (2003) propose that the majority of ECPs

experience disillusionment with their education and training programmes when they realise that their acquired skills are insufficient and that the practice world varies from what is demonstrated in academic models. In fact, Skovholt and Rønnestad (2003) suggest that there is almost a universal criticism by ECPs towards their curriculum, educators, or entire training programmes, upon entering the workforce. Langrehr et al. (2017) thus propose that more attention to professional socialisation in graduate training programmes may help to mitigate such feelings of disillusionment by ECPs upon entering the workforce and more adequately prepare ECPs for practice in the mental healthcare field.

As proposed by Kaslow et al. (2018), educator factors in training programmes may also have an important influence on the experiences of early career psychologists. For example, educators may facilitate ECPs' development when they are competent in their own careers and in the activities central to the training they provide (Bair & Haworth, 2004). According to Lunsford (2012), educators who are not just teachers, supervisors or advisors, but who are also committed to serving as mentors, positively contribute to ECP early career experiences. Further exploration of the relationship between professional psychologist education and training programme variables and early career experiences is beyond the scope of this thesis.

2.8 Influence of Systemic Factors

As indicated by O'Shaughnessy and Burnes (2016), ECPs encounter the same uncontrollable systemic forces as all other professions and thus as systemic realities shift, so too do the needs, challenges and experiences of the workforce. A comprehensive look at systemic factors that may influence the professional experiences of ECPs globally is thus necessary (Kaslow et al., 2018).

Firstly, as indicated in section 2.5.3, sociodemographic factors significantly influence the experiences of early career professionals. Sociodemographic factors are categorised here as systemic since institutional and cultural elements, as well as policy and professional practices interact with such factors to influence ECP experiences (Kaslow et al., 2018). Thus, in order to fully understand the professional experiences of counselling ECPs, one must consider systemic factors such as the social context, the institutions, and the structures in which ECPs find themselves and how they play a role in influencing their experiences. For

example, according to O'Shaughnessy and Burnes (2016), although women represent a growing majority of the psychology workforce, women in psychology continue to grapple with discrimination in the form of unequal pay, funding disparities and opportunities for professional advancement in the psychology workplace (Rozensky, 2014). Furthermore, as suggested by Pedrotti and Burnes (2016), discrimination related to race and ethnicity continue at each career stage. Gibbs et al. (2014) and Kaslow et al. (2018) thus propose, for example, that ethnic and racial minority women are more likely than their male and nonminority counterparts to stall early in their careers and experience difficulties in achieving positions of high rank and status. While other sociodemographic factors exist (e.g., socioeconomic status and disability status), talking about all sociodemographic factors and their potential impact on ECPs' professional experiences is beyond the scope of this thesis.

Secondly, imbalances between the number of available psychologists in one career stage and the number of available positions in the next often make career transitions problematic (Kaslow et al., 2018). For example, Kaslow et al. (2018) suggest that while bottlenecks can occur at all career stage transitions, two transitions in the US have been identified as particularly problematic, namely: (i) graduate training to internship; and (ii) graduation to first job. In other words, the number of applicants in search of an internship and a job exceeds the number of posts available (Doran & Cimbora, 2016; Hatcher, 2014). According to Kaslow et al. (2018), this imbalance remains a significant barrier to ECPs entering the workforce and is responsible for significant attrition of psychologists from the workforce.

Thirdly, organisational and management challenges have been indicated to influence the experiences of ECPs, as noted by Kolar et al. (2015). Early career psychologists often report negative professional experiences when working with other professions in multidisciplinary teams who do not understand their role and try to overrule their contributions. According to Kolar et al. (2015), ECPs face challenges such as organisational politics, understaffing, toxic work environments, and workplace bullying, which can have a negative impact on their early career experiences. Additionally, managers who micromanage, do not appreciate or understand the work of a psychologist, and have poor decision-making skills are also identified as contributing factors to negative career experiences. Other organisational constraints and barriers, such as inadequate funding for psychological interventions and slow implementation processes, can further exacerbate negative early career experiences for ECPs (Kolar et al., 2015).

Fourthly, it is crucial to acknowledge the recent global crisis of the SARS-CoV-2,

COVID-19 pandemic, which meant an unknown and fear-driven scenario for the world's population (Martínez-López et al., 2020). According to Martínez-López et al. (2020), the COVID-19 pandemic, beginning in Wuhan (China) in December 2019, was designated a “public health emergency of international concern” by the World Health Organisation (WHO) on the 30th of January 2020. The pandemic resulted in the changing of lives and behaviours of all people (e.g., habits, customs, ways of relating, confinement, use of digital technology etc.) and healthcare professionals (e.g., health protocols, health alerts, isolation measures and individual and community preventative measures) (Rudnicka et al., 2020; Sułkowski, 2020; Vieira et al., 2020) and has required individuals, organisations and nations to take necessary steps to adjust and cope (Guan et al., 2020). It is thus crucial to consider how the global pandemic may contribute towards the professional experiences of counselling ECPs in South Africa and the likelihood of future public health emergencies.

2.9 Supporting the Needs of ECPs

Challenges encountered by ECPs upon entering the workforce may be mitigated by exploring and supporting their professional needs (Green & Hawley, 2009; Rozensky, 2014). Yet, despite extensive theoretical literature available offering recommendations on how best to support the needs of ECPs (e.g., Green & Hawley, 2009; Sanders et al., 2010; Bangasser et al., 2016; Kaslow et al., 2018; Wilhelmi et al., 2019), limited empirical investigations exist to bolster such claims by directly sampling ECPs. Moreover, existing recommendations refer to ECPs more generally and are neither category nor context-specific (Arora et al., 2016; Troisi et al., 2015). Exceptions include the studies by Kolar et al. (2015) and Scalise et al. (2019). While Kolar et al. (2015) qualitatively investigate 96 ECPs practicing in Australia in terms of factors and strategies that best supported them in being resilient in their early career years, Scalise et al. (2019) qualitatively investigate 13 women ECPs practicing in clinical settings in terms of challenges faced and factors that best supported them in their career adjustment. In the study by Kolar et al. (2015), participants report manageable workloads, continued professional development, utilisation of peer networks, reflective activities, exercise and socialising to significantly support them in their early career years. According to the participants, professional organisations and training programmes can provide valuable support by placing a greater emphasis on certain aspects such as work placements, supervision, job-relevant coursework, work-integrated learning, education on self-care, development of critical thinking skills, career management assistance, and exposure to working within multidisciplinary teams (Kolar et al., 2015). In contrast, in the study by Scalise et al. (2019),

participants reveal the best means of support to include mentors, supervisors, family and training programmes, as well as their own intrapsychic resiliencies and the ability to engage in personal counselling. Although these findings might provide some insights into the support needs of ECPs, the findings refer to ECPs more generally and do not explore the needs of ECPs that are category and context specific, such as in the case of counselling ECPs in South Africa.

To date, no research can be found exploring the support needs of counselling ECPs within the context of South Africa. The present study thus aims to address this gap in the literature. However, before exploring the support needs of counselling ECPs within the country, a comprehensive look at the support recommendations offered in the literature is necessary to decipher the extent global findings overlap with the findings in the current study. The literature in this section was reviewed under the predominant themes that emerged, namely: i) Individual support; ii) Training programme support; and iii) Professional organisational support. Each of these themes will now be discussed in more detail below.

2.9.1 Individual Support

A fundamental means of directly supporting the needs of ECPs and promoting positive early career experiences is through clinical supervision and mentoring (Arora et al. 2016; Burney et al., 2009; Doran et al. 2018; Green & Hawley, 2009; Karel & Stead, 2011; Magaletta et al., 2016; O'Shaunessy & Burnes, 2016; Silva et al., 2016; Smith et al., 2012). In their 2014 work, Bernard and Goodyear define supervision as an intervention offered by a higher-ranking professional to a lower-ranking colleague or colleagues who typically belong to the same profession. According to these authors, the supervisory relationship is both evaluative and hierarchical, and it persists over an extended period of time. The primary aims of this relationship are to improve the professional functioning of the less experienced colleague(s), monitor the quality of the services provided, and act as a gatekeeper for individuals seeking entry into the profession. Consequently, the supervision relationship centers on the examination of clinical cases and primarily serves as a mechanism for quality control. It also serves to maintain and enhance the supervisee's competency and proficiency, as well as to help them work more effectively (Milne, 2007).

On the other hand, mentoring is a more personal relationship in which a higher ranking professional acts as a guide, role model, teacher, or sponsor of a lower ranking professional (Green & Hawley, 2009). Nevertheless, Karel and Stead (2011) suggest that supervisors may serve as both mentors as well as supervisors. Research by Arora et al. (2016) and

Troisi et al. (2015) offers evidence that mentor relationships in the case of academic ECPs, largely result in positive outcomes. These findings provide empirical evidence to support that mentoring is an effective practice for supporting ECPs, but do not offer findings specific to other categories in psychology.

Green and Hawley (2009) suggest that, while mentorship and supervision are often plentiful within the highly regulated context of training programmes, systems for supporting and bolstering career advancement following training are less frequently accessible to ECPs. This can be attributed to time restrictions, a lack of formalised mentorship and supervision programmes, and limited funds available for ECPs to become members of professional organisations (Green & Hawley, 2009). Furthermore, according to Burney et al. (2009), finding appropriate and willing mentors is often challenging for ECPs given the limited time and resources of more experienced psychologists. This is concerning given that ECPs may benefit greatly from the support of mentoring in the early career stage. For example, having a mentor may help ECPs in navigating the numerous professional and personal challenges of the early career stage, setting short and longer-term career goals, engaging in self-reflection for establishing a professional identity, and building confidence (Karel & Stead, 2011; O'Shaunessy & Burnes, 2016). Moreover, as proposed by Lichtenberg et al. (2018), given global shifts in the demographic profile of ECPs (see section 2.4.1), efforts to support the needs of ECPs from diverse backgrounds and marginalised groups is essential in helping diverse ECPs overcome professional challenges specific to their group status (Pedrotti & Burnes, 2016).

As a result of the numerous obstacles, many professional psychology environments may depend more on informal systems of mentoring (O'Shaunessy & Burnes, 2016; Pedrotti & Burnes, 2016) and include various formats, such as peer mentoring (Moss et al., 2008; Sanders et al., 2010); group mentoring (Huizing, 2012); and distance mentoring (Lach et al., 2013). According to Sanders et al. (2010), such an approach may be particularly useful for ECPs who require more than one mentor in facing diverse work-life challenges, for example in managing finances, in navigating the practicalities of starting a practice or in receiving clinical supervision.

In the study by Lorentzen et al. (2011), participants indicate that receiving mentorship and supervision, and engaging in personal therapy were factors that best supported their early career professional development. Grimmer and Tribe (2001) concur with this view and suggest that compulsory personal therapy can have favourable effects on the initial stages of professional development. Such benefits include the development of reflexivity by

experiencing the client's role, becoming familiar with the professional role by undergoing affirmative and normative experiences during therapy, receiving assistance during personal challenges, and improving the ability to differentiate between personal issues and the client's issues.

In an attempt to conceptualise the process of individual psychologist development, Bennett-Levy (2006) presents the DPR model, founded on three principal systems, namely: (i) declarative; (ii) procedural; and (iii) reflective. According to Bennett-Levy (2006), reflexivity is central the development of individual psychologist expertise, as it supports them to improve upon their conceptual (declarative) knowledge and procedural skills. Nevertheless, while Bennett-Levy (2006) emphasises the fundamental role of reflection in individual psychologist development, the author further highlights the crucial role of, and distinction between, the personal self and the professional self. In other words, it can be argued that support for individual ECPs, needs to account for both the personal self and the therapist self. Nevertheless, as outlined in section 1.7 in Chapter One, given that the current study is concerned with the *professional* lives of counselling ECPs in South Africa, focus on support of personal or non-work affiliated aspects of counselling ECPs lives in South Africa was viewed as falling beyond the scope of this research.

2.9.2 Training Programme Support

While it is acknowledged that ECPs are in part responsible for their own professional progress, Kaslow et al. (2018) suggest that such progress depends on the support of training programmes in adequately preparing ECPs for the workforce. This mirrors work by Pedrotti and Burnes (2016) who suggest that increasing training on challenges facing ECPs within graduate training programmes is crucial in supporting the needs of ECPs. Similarly, Bangasser et al. (2016) and Kaslow et al. (2018) argue that training programmes should assist trainees in developing competencies to make a smooth transition into the workforce. This aligns with calls for a “culture of competence” (Roberts et al., 2005, p. 355), where education is expected to go beyond imparting knowledge related to the theory and major principles of psychology and to include an additional emphasis on the development of skills and attitudes for the workplace. This aligns with the DPR cognitive model of individual psychologist development, which outlines three principal systems for ensuring the optimal development of individual psychologist expertise, namely the: (i) declarative; (ii) procedural; and (iii) reflective systems (Bennett-Levy, 2006). In this regard, it is crucial that training programmes support counselling ECPs by focusing on developing theoretical (i.e., declarative) knowledge, without neglecting

critical practice (i.e., procedural) and self-evaluative (i.e., reflective) aspects during the training programme years.

Similarly, Kolar et al. (2015) indicate a need for training programmes to emphasise work-integrated learning, focus on job placements and experiential learning as well as increase opportunities for supervision. In addition, ECPs emphasise the importance of receiving assistance with employability, career management, and financial support during their postgraduate training. Furthermore, ECPs recognise the need to acquire skills from training that can assist them to effectively navigate the challenges of work-life balance, such as self-care, stress management, time management, working in a team, critical thinking, and self-reflection (Kolar et al., 2015; Volpe et al., 2014).

Bangasser et al. (2016) propose the need to expose trainees to a variety of career options in their training years, perhaps through seminars with speakers working in diverse contexts within psychology. In this manner, students may also establish a network of colleagues outside of the university setting (Bangasser et al., 2016). This is important, given that, according to Michalski and Kohout (2011), many jobs are acquired by ECPs through more informal means of networking. Similarly, training programmes are encouraged to actively assist trainees in building strong peer support networks during the training years as well as to assist in organising alumni events to maintain strong peer support networks following training (Kolar et al., 2015). Training programmes may, furthermore, offer networking seminars, fund professional development activities that occur outside of the university, motivate trainees to be involved in such activities and acknowledge trainers who support trainees in these endeavours (Bangasser et al., 2016).

2.9.3 Professional Organisation Support

Devine (2015) indicates that becoming a member of different professional organisations is another effective way for ECPs to network and meet new collaborators and mentors in the field. Magaletta et al. (2016) emphasise the need for ECPs to network, establish and maintain relationships in the field in order to improve social support and decrease social and professional isolation. This follows the notion that social support reduces stress, facilitates coping, promotes competencies, and increases career fulfilment and quality of life (Magaletta et al., 2016; Taylor et al., 2012). According to Smith et al. (2012), professional organisations thus hold a wealth of opportunities to support the needs of ECPs, for instance, by raising the profile of ECPs in the field, offering programmes tailored to their needs, and improving opportunities for ECPs to make connections with more established professionals. Brief

workshops, conferences, seminars, and informal discussions championed by professional organisations may furthermore allow for discussions of pertinent topics, for example pertaining to obtaining licensure, starting a practice, managing finances and reducing debt, networking, developing leadership skills, and maintaining self-care (Arora et al. 2016; Smith et al., 2012).

The development of web-relevant information and online resources may also help to support ECPs in further connecting with peers, mentors, and being recognised by the profession at large (Smith et al., 2012). Moreover, Smith et al. (2012) indicate that professional organisations' websites may be an ideal archive for information relating to the successes, challenges and needs of ECPs. Special awards may also be established by organisations to reward and acknowledge the successes and significant contributions of ECPs and to increase the visibility of ECP leaders to the field (Kolar et al., 2015; Smith et al., 2012). Early career psychologist leaders in the field may also be recognised and supported by professional organisations awarding travel grants to attend conferences (Smith et al., 2012), given that financial constraints are a major challenge facing many ECPs. This suggestion may be particularly useful in supporting practitioner ECPs who generally do not receive financial aid from employers to attend conferences and workshops. Another option, as recommended by Hall and Boucher (2008), involves easing professional organisation application, licensure and credentialing costs for ECPs. For example, in the United States, the National Register reduced the annual renewal fee for ECPs within three years of their first license and also established the Millennium Fund, which actively solicited donations to fund ECP scholarships (Hall & Boucher, 2008).

The needs of ECPs may also be supported through appropriate leadership and governance. For example, Smith et al. (2012) encourage each leadership committee to include at least one ECP among its members. Alternatively, as indicated by Good et al. (2013), a Council composed of ECPs should be established with the idea that ECPs themselves are best able to understand and meet the needs of early career professionals. It is noteworthy that such broad-based attempts toward supporting the needs of ECPs have been pioneered by the APA (Smith et al., 2012), as indicated in section 2.5.4.

Finally, Kolar et al. (2015) suggest that professional organisations may be useful in initiating discussions and addressing underlying issues related to organisational and workplace culture, professional politics and systemic factors that may hinder the progress of psychologists in their early career years. In this manner, professional organisations may be useful in helping to set up guidelines and policies, for example on excessive workloads and hours and

could help in mandating work-life balance and self-care as part of the training curricula. Continuing professional development (CPD) credits may even be offered for participation in self-care activities, as suggested by Porter (1995).

Bangasser et al. (2016) propose that meeting the support needs of ECPs individually, in training programmes, and in the field more broadly, should assist in mitigating challenges faced by ECPs upon entering the workforce. Considering the literature available, any plan to support the needs of counselling ECPs in South Africa will most likely need to be multifaceted.

2.10 Summary

This review demonstrates important ways in which the professional lives of psychologists may change over the course of the professional lifespan. This chapter explores the key characteristics of psychologists at the early, mid- and late career stages and elaborates on the current global employment trends, challenges and support needs of psychologists within the early career stage. Findings suggest employment trends may significantly influence the professional lives of ECPs and demonstrate international trends toward greater demographic diversity of counselling ECPs. Furthermore, this review indicates an international trend toward more ECPs practicing in institutional or organisational settings than in independent or private practice settings. This is contrast to extant work setting trends in South Africa, where almost half of counselling psychologists continue to practice privately. Global trends relating to the endorsement of counselling psychology values, indicate that counselling ECPs increasingly endorse values of diversity, social justice and advocacy in comparison to their more established counselling psychologist colleagues. Yet, it is clear from the literature that employment trends of counselling ECPs in South Africa have not been explored.

The review then demonstrates that, as in the case of most new professionals, ECPs face a variety of challenges while transitioning from being a student to an independent professional. More specifically, the review highlights the predominant challenges faced by ECPs to involve financial challenges, work-life balance challenges, the challenge of establishing a professional identity and challenges involving the process of licensure, credentialing and joining professional organisations. A comprehensive look at factors that may influence the professional experiences of ECPs then followed, including a discussion of individual psychologist characteristics (e.g., personality, academic accomplishments, and engagement with self-care activities), training programme variables (e.g., status and nature of a programme,

programme infrastructure, trainer factors and programme curricula), and systemic factors (e.g. sociodemographic factors, bottlenecks in securing employment opportunities and organisational, workplace and management factors). Given the variety of challenges facing ECPs in the early career stage, it is evident that, in order to wholly understand the professional experiences of ECPs in South Africa personal, situational and contextual factors need to be considered.

In terms of the support needs of ECPs, the review offers a myriad of individual, training programme and professional organisation opportunities to support the needs of ECPs as they enter the workforce. Individual means of support include engagement with supervisors, mentors and personal therapy, while training programme means of support involve increasing training on challenges facing ECPs in the workforce, enhancing work- integrated learning, shifting to a competency-based education framework, increasing teaching of relevant policies, assisting trainees to build and maintain peer and collegial support networks and exposing trainees to a variety of psychology career settings. A wealth of opportunities to support the needs of ECPs through professional organisations is also discussed. This involves, for example, enhancing the visibility of ECPs in the field, offering continued professional development programmes tailored specifically to the needs and challenges of ECPs, and enhancing opportunities for ECPs to network with more established professionals. In addition, professional organisations can support ECPs through establishing an online repository of ECP resources, establishing scholarships and awards to acknowledge ECP leaders in the field, enhancing governance and leadership of ECPs in professional organisation committees and in reducing licensure fees for ECPs.

Given the findings as demonstrated in this review, the present study aims to address three gaps in the literature. Firstly, it acknowledges that no local research utilising a lifespan or career-stage approach to specifically exploring the professional lives of counselling psychologists in South Africa following completion of professional training currently exists. The present study thus intends to initiate discussions on professional lifespan issues, obstacles and support needs of counselling psychologists in South Africa, with an emphasis on counselling ECPs.

Secondly, it acknowledges that the majority of the research available on counselling ECPs is quantitative in nature (e.g., Butt et al., 2011; Good et al., 2013; Smith et al., 2012), inevitably omitting how counselling ECPs perceive and attribute meaning to their professional experiences. Where qualitative studies do exist, samples are small, do not focus solely on the counselling psychology category and are limited to investigating gender-specific

ECPs (i.e., women) and ECPs in specific practice settings (i.e., academia) (e.g., Du Plessis et al., 2013; Haine & Booysen, 2020; Kolar et al., 2015; O'Shaughnessy & Burnes, 2016; Scalise et al., 2019). Furthermore, the professional experiences of ECPs in these qualitative studies are generally investigated secondary to other aims (with the exception of Haine & Booysen, 2020).

The present study will thus make use of a mixed method design within an interpretative phenomenological framework to explore the professional experiences of counselling ECPs, as a primary aim. Given the dearth of quantitative data available on employment trends of counselling ECPs in South Africa, quantitative data will first need to be collected and analysed, after which questions will be formulated that will allow for a more in-depth exploration of ECPs' experiential accounts. Using a mixed methodology will provide a more holistic understanding of counselling ECPs' professional experiences than a quantitative or qualitative method alone. This contributes to the current study's novelty.

Thirdly, in the existing qualitative studies examining ECPs, the methods utilised are not necessarily the most appropriate for exploring lived experiences. For example, in the study by Scalise et al. (2019), the authors make use of a consensual qualitative research (CQR) methodology from a postcolonial feminist perspective. Unlike Interpretative Phenomenological Analysis (IPA), postcolonial feminist perspectives emphasise power relations and the greater societal structures of a phenomenon, in contrast to individual experiences. In a similar manner, O'Shaughnessy and Burnes (2016) make use of postcolonial feminism as the method of investigation in their study of women ECPs, and therefore, may have placed emphasis on the gender proponents of the women's experiences and overlooked various other psychosocial aspects of being an ECP. This study is thus novel in its use of a mixed method sequential explanatory design within an interpretative phenomenological framework to gain an understanding of the professional experiences of counselling ECPs in South Africa.

2.11 Conclusion

The sequence of career stages within professional psychology represents a remarkable phase of professional and personal growth. The early career stage, however, has been recognised as an essential professional lifespan segment for maintaining a healthy and vibrant mental health workforce. The importance of understanding this career stage in the professional lifespan of psychologists thus cannot be overstated. Further exploration on the lives ECPs is, in turn, critical in order to accurately develop usable, practical steps to ease the early-career transition and support the needs of emerging psychologists. The broad patterns uncovered

in this narrative literature review provide a comprehensive view of the employment trends, challenges and support needs of ECPs globally. Although this knowledge is useful in anticipating and meeting the needs of ECPs more generally, more deliberate and focused research is necessary on the diverse categories of psychologists that exist within a variety of contexts around the world. This is a gap in the literature that this study thus aims to address by exploring the professional experiences, needs and challenges of counselling ECPs within the context of South Africa. Chapter Three, which follows, presents a critical review of existing literature available on counselling psychology as a professional psychology category within the South African context.

CHAPTER THREE

Scoping Review of Counselling Psychology in South Africa

3.1 Introduction

Focusing on the experiences of early career *counselling psychologists* within the South African context narrows the focus of a variety of early career psychologist experiences. This chapter thus presents a scoping review of the literature relevant to the counselling psychologist category within South Africa. The purpose of this chapter is to highlight the current state of knowledge of the experiences of counselling psychologists in South Africa, to synthesise and present seminal works, as well as to fully contextualise the current study within the unique context of South Africa. The purpose of this chapter is to highlight further gaps that the current empirical study aims to address. The chapter begins with a brief introduction before describing the scoping review search strategy that was followed. The ten seminal studies that emanated from the extensive literature search are then presented in Table

1. The remainder of the chapter then synthesises and presents the five themes from the reviewed studies. The chapter concludes by highlighting the importance of the current study in light of the pertinent literature revealed on the counselling psychology category in South Africa.

3.2 Background to the Counselling Psychologist Category in South Africa

Counselling psychology in post-apartheid South Africa continues to be a profession in transition. Set within the context of a demographically diverse society that is marked by historical social inequality and a disproportionate allocation of resources (De Kock & Pillay, 2017), the discipline requires the delivery of psychological services that are credible, accessible, relevant, and far-reaching (Bantjes et al., 2016). Furthermore, counselling psychology in South Africa is a profession required to address the burgeoning mental health needs of the country, face ongoing Scope of Practice (SoP) debates, apply psychological knowledge to promote physical health and well-being, and build an evidence base for community interventions (Bantjes et al., 2016). Simultaneously, increased calls have been made for the profession to address issues of transformation and social justice, including, for example, improving racial diversity and congruency with more indigenous forms of interventions (Bantjes et al., 2016). Moreover, counselling psychology continues the need to achieve a more recognisable, coherent, and socially relevant professional identity (Bantjes et al., 2016). Counselling psychologists in South Africa are thus not only working in a

transforming professional landscape but also facing transformation within the profession itself. Counselling psychologists within the country are, in turn, constantly required to evolve and adjust to emerging practice needs and challenges.

However, as indicated by Dorociak et al. (2017), many changes occur over the professional lifespan that may additionally affect a psychologist's practice experiences, challenges, and corresponding needs. For example, international literature suggests that early career *counselling* psychologists face a number of challenges unique to their registration category and career stage, namely, applying the scientist-practitioner model, identifying with counselling psychology, managing feelings of incompetence, obtaining employment satisfaction, and sustaining vitality (e.g., Green & Hawley, 2009; Smith et al., 2012). On the personal side, early career counselling psychologists struggle most with work-life balance, sexism, and racism (Fouad & Carter, 1992). Understanding the experiences of counselling psychologists across key career stages in South Africa, and especially at the early career stage, is thus crucial as it could provide information about specific professional lifespan issues that are important to consider in efforts to promote resilience and bolster functioning of counselling psychologists in South Africa.

Although a small number of studies are available on the counselling psychologist category in South Africa, there have been no scoping reviews conducted on this literature. The present article aims to fill this gap by examining (i) what is known from existing literature about counselling psychology in South Africa and (ii) the extent to which literature is available on counselling psychologists in South Africa from a lifespan or career-stage approach, focusing on early career counselling psychologists. The methodological limitations of existing counselling psychologist studies in South Africa will also be reviewed and directions for future research will be suggested, setting the foundation for the current research study.

3.3 Literature Search Strategy

Scoping reviews are useful to summarise and disseminate research findings as well as to identify gaps in the existing literature (Arksey & O'Malley, 2005). Scoping reviews are similar to systematic reviews in that they follow a structured methodological process (Munn et al., 2018). Scoping reviews, however, are generally used to examine emerging evidence when it is still unclear which specific questions should be posed, and more precisely addressed, through use of a systematic review. Scoping reviews are thus valuable precursors to systematic reviews (Munn et al., 2018). Given that the aim of this review was to map the

available literature, as opposed to answering specific questions, a scoping review was deemed appropriate. Arksey and O'Malley's (2005) five-stage framework for scoping reviews was thus followed: (1) identify the research question, (2) search and retrieve studies, (3) select studies, (4) extract and table the study data, and (5) synthesise and summarise the results.

This ensured the utmost methodological rigour in alignment with a systematic review (Seidler et al., 2018).

3.3.1 Identifying the Research Question(s)

The research questions established to guide this scoping review were the following:

(i) What is known from the existing literature about the counselling psychologist category in South Africa?; and,

(ii) To what extent is literature available on counselling psychologists in South Africa from a lifespan or career-stage approach, focusing on early career counselling psychologists?

3.3.2 Identifying Relevant Studies

The steps detailed in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement were adhered to (Moher et al., 2009). The scoping review was conducted by searching three electronic databases, including EBSCOhost's® Academic Search Premier, PsycArticles and PsycInfo; Sabinet®; and PubMed. The electronic databases were selected as they offer international and African-focused multi- and interdisciplinary academic literature. Reference lists of identified articles were also further manually searched (Arksey & O'Malley, 2005). The following general keywords were searched for while making use of a Boolean Search query to ensure inclusivity and breadth of coverage: 'counselling psychology' OR 'counselling psychologist' OR 'counseling psychology' AND 'South Africa'. The keywords were searched for within article titles, keywords, and abstracts, although some databases also included full texts; a publication date specifier was set at 2000 - 2021.

3.3.3 Study Selection

All search results were saved to Zotero, which is a referencing software. The results were then screened in two phases:

(i) Title and abstract screening; and

(ii) Full-text screening.

Article titles and abstracts were screened using the open access software, Rayyan (see <https://rayyan.qcri.org/welcome>). Full-text articles were then screened by the researcher to ensure that all inclusion criteria were met. Studies selected for inclusion in the scoping review met the following criteria:

- (i) Conducted between 2000 and 2021 (this time frame was chosen to focus on literature in the new millennium);
- (ii) Published as a peer-reviewed journal article;
- (iii) Contextually relevant to South Africa; and
- (iv) Provided a direct linkage to the counselling psychology category.

Grey literature as defined by Laher and Hassem (2020) was excluded from the scoping review, as the researcher deemed peer-reviewed research to be more rigorous. All literature focusing on the professional training of counselling psychologists in South Africa, including the Master's and internship years, was excluded. Furthermore, all literature not providing independent results for the counselling psychology category was excluded. No language restrictions were applied. No discrepancies were experienced between the researcher and her supervisors in terms of which articles should be included.

3.3.4 Charting the Data

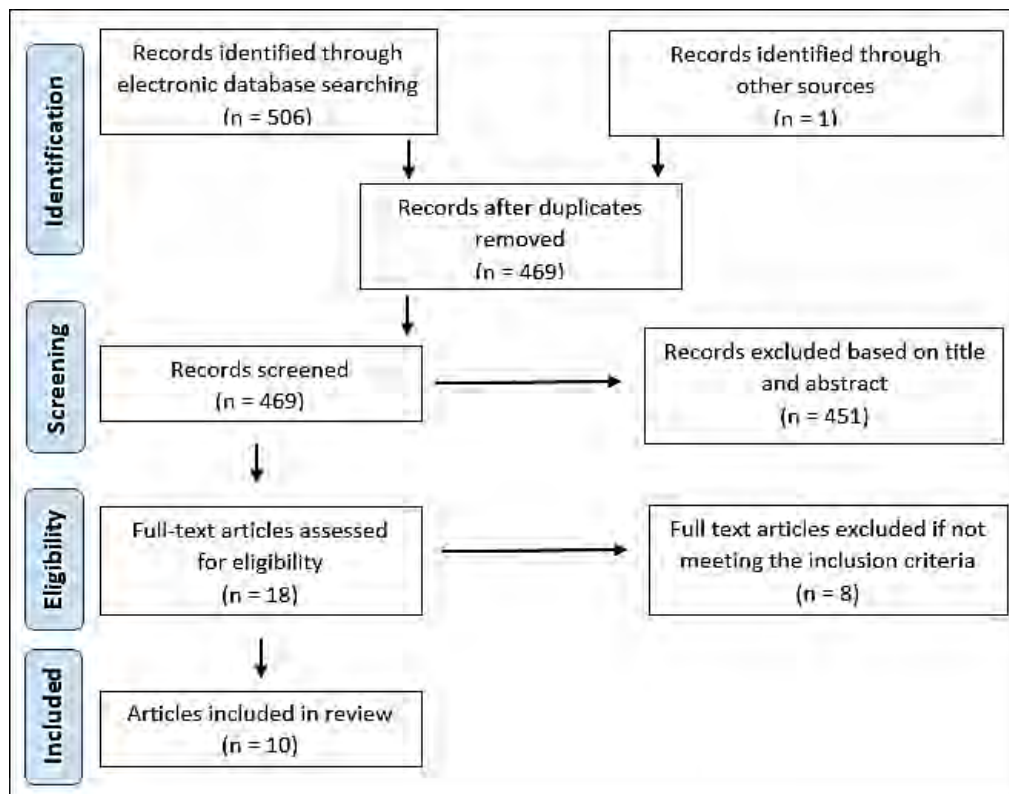
Data were extracted by the researcher and verified by her supervisors to ensure accuracy. The extracted data included author(s) and year, study aim, design, sample, and whether or not a career-stage or lifespan approach was taken.

3.3.5 Collating, Summarising, and Reporting the Results

Given their heterogeneity, the findings of the included articles were synthesised through employing a thematic analysis approach (Thomas & Harden, 2008). First, the researcher read all articles, annotated them, and established a wide range of topic categories through free line-by-line coding. These codes represented recurring phrases across articles. Further articles read were positioned according to previously identified categories and additional categories were included as new topics were revealed. These free codes were clustered into relevant areas of focus or 'descriptive' themes based on their general emphasis. The researcher's supervisor (CY) independently analysed 20% of included articles and established his own categories to enhance trustworthiness.

Figure 1

PRISMA Diagram, Adapted from Moher et al. (2009)



3.4 Scoping Review Results

Through electronic database searches and manual searching of reference lists, a total of 507 articles were identified. After removing duplicates, 469 article titles were screened. The total number of articles excluded based on titles and abstracts amounted to 451, whereas full-text articles excluded totaled eight. Ten articles were identified for inclusion in the study (see Figure 1).

3.4.1 Article Characteristics

The reviewed articles included peer-reviewed commentary or review articles, as well as qualitative and quantitative research. Table 1 presents the full characteristics of each article. The following section provides an outline of this information.

3.4.1.1 Author(s) and Year of Study. All included articles were published between 2000 and 2021; with eight articles (80%) published within the last decade (2011–2021). The majority (50%) of articles were solely authored, first-authored, or co-

authored by Young, whereas Bantjes, Kagee and Leach each first-authored or co-authored the second most number of articles (20%).

3.4.1.2 Study Design. Five articles (50%) did not contain original data and were categorised as a commentary or review. Three articles (33%) employed qualitative methods, whereas two (22%) employed quantitative methods. One article (11%) was a secondary analysis of original quantitative data collected.

3.4.1.3 Sample and Participant Characteristics. In total, the empirical studies reported data on 249 participants. Sample sizes ranged from 2 to 228. Four studies (40%) included a counselling psychologist sample, whereas two studies (20%) included a counselling psychologist-only sample. One article (10%) included a mixed sample of in- training (33%) and independent practicing counselling psychologists (67%), whereas one article's (10%) 'sample' involved official definition statements of counselling psychology divisions, institutes, or colleges of national psychology associations or societies.

3.4.1.4 Career-stage or Professional Lifespan Approach. No studies specifically examined counselling psychologists in South Africa from a career stage or professional lifespan approach, whereas one study (10%) included an exploration of the professional experiences of a combined sample of early career clinical and counselling psychologists in South Africa.

3.4.2 Thematic Analysis of Findings

Thematic analysis of the 10 articles revealed five unique, though interrelated, superordinate themes. These five themes are delineated below.

3.4.2.1 Theme 1: Counselling Psychology as Embedded in the Sociopolitical History of South Africa. Nine articles explicitly made reference to the sociopolitical history of South Africa, in which the present-day counselling psychology category is inextricably embedded. One study (Goodyear et al., 2016) did not comment on the sociopolitical context of South Africa, given that it was a global study on counselling psychology. Of the nine articles, four articles proposed that many of the challenges that counselling psychologists face today reflect the country's colonial past and the sociopolitical and economic consequences of apartheid (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Watson & Fouche, 2007).

Table 1. *Scoping Review Article Characteristics*

#	Author(s) and year	Aim	Design	Sample	Career stage or lifespan perspective
1	Leach, Akhurst and Basson (2004)	To describe the current status of CP within the cultural contexts of both historical and modern day SA	Commentary / review	-	No
2	Watson and Fouche (2007)	To seek a convergent vision for CP from an analysis of divergent perspectives	Qualitative SWOT analysis	<i>n</i> = 19 (combination of practising and in-training CP's) Literature on the CP profession	No
3	Young (2013)	To review the official definition statements of CP in countries (the United States, United Kingdom, Ireland, Canada, Australia, New Zealand, Korea, and Hong Kong) where the profession is formally recognised and well established, to make a contribution to the understanding of CP and point the profession towards future possibilities	Qualitative	Official definition statements of CP divisions, institutes or colleges of national psychology associations or societies, and where they exist, national regulatory authorities	No
4	Bantjes, Kagee and Young (2016)	To provide a portrait of CP in SA, by describing the origins of CP in SA, the current character of CP, the contemporary context in which SA CP's practice and by discussing the challenges facing the profession	Commentary / review	-	No
5	Young, Bantjes and Kagee (2016)	To discuss the professional boundaries and the identity of CP in SA	Commentary / review	-	No
6	Goodyear, Lichtenberg, Hutman, Overland, Bedi, Christiani, Mattia, du Preez, Farrell, Feather, Grant, Han, Ju, Lee, Lee, Nicholas, Nielsen, Sinacore, Tu and Young (2016)	A global study to explore (a) ways in which CP is distinctive within eight participating countries (Australia, Canada, New Zealand, SA, South Korea, Taiwan, the United Kingdom and the United States), as well as (b) that which is characteristic of CP across them	Empirical, quantitative	<i>n</i> = 228 (SA sample)	No
7	Ægisdóttir, Leach, Romano, Tomlinson-Clarke and Canel-Çınarbaş (2019)	To provide examples of sociopolitical, cultural, and historical contexts that influence counselling psychology development and practice in four countries (Iceland, SA, Thailand, and Turkey)	Commentary / review	-	No
8	Young and Saville Young (2019)	To compare clinical and counselling psychologists' practitioner demographics, key activities, theoretical orientations, values, and career satisfaction in SA	Secondary quantitative analysis	<i>n</i> = 228 (CP sample)	No
9	Haine and Booyesen (2020)	To explore the professional experiences of early career clinical and counselling psychologists in South Africa	Empirical, qualitative	<i>n</i> = 2 (CP sample)	Yes
10	Moodley (2021)	(a) To describe relevance as a discursive frame in psychology as an applied discipline and in CP as a registration category; (b) To analyse the trope of a crossroads in CP; and (c) To present an alternative frame and positioning for both psychology and CP	Commentary / review	-	No

Five articles provided a more detailed historical overview of the counselling psychology category, including its genesis within the country (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Watson & Fouche, 2007) as well as the ‘scope-war’ phase (Moodley, 2021, p. 114). Four articles asserted that counselling psychology was initially established as a professional category to better serve the needs of the Afrikaner national government (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Watson & Fouche, 2007). More specifically, these articles claimed that counselling psychology was established in opposition to clinical psychology to focus on promoting the career development and psychological well-being of White Afrikaans-speaking citizens. Three articles highlighted that a minority of counselling psychologists were opposed to such ideologies who focused, instead, on advocating for equality (Ægisdóttir et al., 2019; Leach et al., 2003; Watson & Fouche, 2007). Four articles called attention to the development of counselling psychology in South Africa as mirroring the development of counselling psychology in international contexts, namely, that of the USA (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Watson & Fouche, 2007).

Emphasis was made by three articles suggesting that while the professional training programmes of counselling psychologists were initially inaccessible to the majority of South Africans, today, counselling psychology training programmes are situated at English- and Afrikaans-language universities and are accessible at both historically White and historically Black universities in South Africa (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003).

3.4.2.2 Theme 2: Professional Identity: Values, Domains, and Scope of Practice. All 10 studies made reference to the profession grappling with and addressing its professional identity, including its distinctions in professional values, domains, and SoP. More specifically, nine studies lamented counselling psychology’s failure to achieve a recognisable, coherent, and socially relevant professional identity that differentiates the speciality from the other disciplines of applied psychology. In contrast, one article (Moodley, 2021) questioned whether socialisation into a particular version of counselling psychology professional identity is required.

Although interrelated, the focus of the nine articles somewhat varied with most highlighting the values and foundational domains of counselling psychology practice, including development, strengths, prevention, cultural context (Goodyear et al., 2016; Watson & Fouche, 2007; Young, 2013; Young et al., 2016), and others illuminating issues of

SoP (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Young & Saville Young, 2019). In this regard, seven articles reflected the blurring of professional boundaries between clinical psychology and counselling psychology, suggesting the major distinction to fall along the normality–pathology continuum, with clinical psychology more strongly associated with the latter (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019). Similarly, five articles acknowledged an historical bias in power, status, and opportunities towards clinical psychology, as also reflected in the international context (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young & Saville Young, 2019). According to authors, this comes as a result of clinical psychology’s historical associations with the medical model (Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Young et al., 2016; Young & Saville Young, 2019).

An array of recommendations to resolve disputes over professional identity and SoP was mentioned by all 10 studies. Most notably, however, five articles made reference to the merging of the specialities to create a ‘generalist category’ (Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019). In spite of such suggestions, four articles emphasised the significant and unique strengths of counselling psychology and argued against the merging of the categories (Leach et al., 2003; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019).

3.4.2.3 Theme 3: Contemporary Status of Counselling Psychology in the South African Health System. The majority of articles attempted to provide a contemporary portrait of counselling psychology in the South Africa health system (Bantjes et al., 2016; Goodyear et al., 2016; Young, 2013; Young & Saville Young, 2019). More specifically, most articles discussed the significant burden of mental health disorders and inadequate mental health services in South Africa while also outlining the professions socio-political search for relevance. For example, seven articles discussed issues of relevance pertaining to the misalignment of counselling psychology’s individualistic and Eurocentric-focused psychology within the context of multicultural South Africa (Ægisdóttir et al., 2019; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young & Saville Young, 2019). In addition, three articles discussed issues of relevance relating to the fact that most counselling psychologists in the country do not speak the indigenous languages of the Black majority (Ægisdóttir et al., 2019; Bantjes et al., 2016; Watson & Fouche, 2007). In contrast,

one article (Moodley, 2021) described the search for relevance as a discursive frame in counselling psychology.

Six articles discussed the contemporary employment options and work settings of counselling psychologists in South Africa (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019). More specifically, one article (Watson & Fouche, 2007) suggested that counselling psychologists can be found within a variety of public and private sectors, whereas four articles opposed this notion, suggesting that the range of employment options for counselling psychologists outside of private practice and higher education is limited (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Young & Saville Young, 2019). Four articles indicated that the majority of counselling psychologist in SA currently work in private practice (Ægisdóttir et al., 2019; Bantjes et al., 2016; Goodyear et al., 2016; Young & Saville Young, 2019), whereas two articles demonstrated the demographic profile of counselling psychologists as being dominated by White, females (Goodyear et al., 2016; Young & Saville Young, 2019). Six articles specifically called for the (re-)integration of counselling psychologists into the South Africa primary health care system through the creation of posts (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Young, 2013; Young et al., 2016; Young & Saville Young, 2019).

3.4.2.4 Theme 4: Professional Threats and Challenges. All articles suggested that counselling psychology practitioners face a number of professional threats and challenges. In addition to professional identity challenges, a discussion of the threats and challenges facing counselling psychologists in South Africa included the provision of relevant and effective psychological services (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007), the need to better balance individual-based interventions with broad-based community and public health interventions (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Young et al., 2016), the need to address the mental health treatment gap of the country (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019), the need to respond to the call for racial diversity and congruency with more indigenised interventions (Ægisdóttir et al., 2019; Bantjes et al., 2016; Leach et al., 2003; Watson & Fouche, 2007; Young & Saville Young, 2019), the facing of macro-environmental issues such as the availability of jobs (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al.,

2003; Watson & Fouche, 2007), and the lack of payment from medical aid membership schemes (Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young & Saville Young, 2019).

3.4.2.5 Theme 5: The Future Promise of Counselling Psychology in South Africa. Seven articles made reference to the potential of counselling psychology to be an important influence within South Africa's communities and offered ways in which such opportunities may be seized (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young, 2013; Young et al., 2016). For example, three articles proposed that counselling psychology has the potential to be an important influence within indigenous and underserved communities of South Africa, by adopting advocacy roles, becoming integrally involved in policy formation, and actively working to change oppressive sociopolitical and economic structures that have a negative impact on psychological well-being (Leach et al., 2003; Watson & Fouche, 2007; Young et al., 2016). Furthermore, with its traditional emphasis on health promotion and roots in health psychology, four articles discussed counselling psychology as being well positioned to make meaningful contributions within South Africa's low-resourced medical settings (Bantjes et al., 2016; Leach et al., 2003; Young, 2013; Young et al., 2016) by applying psychological knowledge to promote physical health and well-being.

3.5 Discussion

Counselling psychologists represent a substantial group of registered psychologists in South Africa (Watson & Fouche, 2007). Presented here is a synthesis of the literature available on the registration category within the country. Spanning just over two decades, the current scoping review identified literature diverse in aim, design, and sample, yet demonstrated thematic content that was relatively recurrent in nature. Taken together, the current findings suggest that literature on counselling psychology in South Africa involves a focus on (i) counselling psychology as embedded in the sociopolitical history of South Africa, (ii) counselling psychology professional identity, (iii) the contemporary status of counselling psychology in the South African health system, (iv) professional threats and challenges, and (v) future promise. The themes revealed from the current scoping review correspond greatly, with content afforded in books published in the same era (e.g., Naidoo & Kagee, 2009). The relatively consistent nature of the thematic content can be attributed to the significant number of commentaries and reviews demonstrating an absence of primary data to make empirical

claims. It is more than likely that if these articles involved the analysis of primary empirical data, the limitations of their claims may have been waylaid. Nevertheless, the strength of this review is that, in synthesising the 10 articles, associations were able to be drawn by clustering content consistently discussed on the counselling psychology category in South Africa.

This scoping review reveals that, while in recent years more literature has become available on the counselling psychology category in South Africa, the category within the country generally remains under researched. While the recent increase in research activity on counselling psychology in South Africa is likely linked to the incoherent and idiosyncratic SoP published in 2011, it is imperative that further research activity on the category does not stagnate. Furthermore, while this review reveals limited literature specifically on counselling psychologists in South Africa from a career-stage or lifespan approach, several methodological limitations are also exposed that limit one's ability to draw conclusions about the counselling psychology category as a whole.

First, most of the studies reviewed involve relatively small sample sizes from which the research findings are drawn (e.g., Haine & Booysen, 2020; Watson & Fouche, 2007). The transferability and generalisability of these findings are, in turn, compromised. Moreover, the few studies that attempt to recruit nationally representative samples make use of a snowball, or convenience, sampling method, undermining the representivity of the counselling psychology category and also increasing risk of bias with the use of nonprobability sampling (e.g., Goodyear et al., 2016; Young & Saville Young, 2019). These studies are further limited as they suffer from low response rates. For example, Young and Saville Young (2019), and Goodyear et al. (2016) indicate a 13% representation of the entire counselling psychology population in South Africa. Although these studies arguably succeed in providing some quantitative insights into the counselling psychology population, generalisability of the data to the broader population of counselling psychologists in South Africa remains challenging. Nationally representative studies are thus needed to more accurately examine trends in the counselling psychology category in South Africa.

Second, although online survey questionnaires are advantageous in assessing certain standardised correlates of the counselling psychology category, such as demographic information and work settings, they do not offer the opportunity for counselling psychologists to introduce further areas for exploration, nor do they offer an in-depth understanding of the trends in survey findings (e.g., Goodyear et al., 2016; Young & Saville Young, 2019). Furthermore, the qualitative SWOT analysis conducted by Watson and Fouche (2007) faces

issues of subjectivity where an identified strength may be viewed as a potential weakness and a threat as an opportunity, depending on the reader's perspective. Alternative research methodologies would thus allow for a more systemic exploration of counselling psychologists in relation to their sociopolitical and cultural contexts. Young and Saville Young (2019) and Haine and Booysen (2020) specifically call for future studies to incorporate more qualitative designs.

Third, all existing studies on counselling psychology in South Africa are cross-sectional in nature, as opposed to longitudinal. As a result, it is unclear which variables support or inhibit the practice experiences of counselling psychologists across the professional lifespan. Similarly, although one study has examined the professional experiences of early career clinical psychologists and counselling psychologists in SA (Haine & Booysen, 2020), no studies have specifically explored, nor compared, the experiences, challenges, and specific support needs of counselling psychologists at key career stages across the professional lifespan. This is significant given the ongoing transformation occurring both within the counselling psychology profession and within the professional landscape in which counselling psychologists practice. Furthermore, this is significant given that the early career stage has been identified in international literature as being fraught with professional challenges yet is a critical developmental point for maintaining a healthy and vibrant mental health workforce (Good et al., 2013).

Finally, although it is evident that a number of studies on counselling psychology in South Africa currently exists, much of the literature available is dominated by a small number of authors in the field conducting multiple analyses on the same sets of data. Increasing the number of authors writing on the topic, as well as increasing the collection and analysis of primary data on counselling psychology in South Africa, would increase understanding and develop a more balanced perspective of the field.

3.6 Summary

Despite counselling psychology's fairly brief and exclusionary history in South Africa, as well as the numerous professional threats and challenges that the profession currently faces, increasing literature demonstrates counselling psychology's promise to be an important influence within the country's health care system. This is in alignment with the discipline's emerging professional identity. Although encouraging, the existing literature on counselling psychology in South Africa is small, subject to methodological limitations and dominated by only a few authors in the field conducting multiple analyses on the same sets of

data. Furthermore, almost no literature exists on the counselling psychology category from a lifespan or career-stage approach to explore specific challenges and support needs at key career stages. Future studies making use of different methodologies, involving multiple authors with diverse backgrounds, tracking employment trends, and soliciting first-person accounts of counselling psychologists' experiences at key career stages across the professional lifespan is thus needed to advance knowledge and understanding of the field.

Without doing so, ideas about how best to support and utilise this particular group may potentially be misguided, in turn affecting the successful provision of mental health care within the country.

The current study thus seeks to address a number of the gaps identified from the scoping review. Firstly, the current study provides a large scale, population level, analysis of the employment trends of counselling psychologists in South Africa across a number of domains. These domains include investigating the demographic profile (size, gender, ethnicity and geography), work settings, roles and activities, level of career satisfaction, perceptions of the impact of the SoP regulations, and the extent to which the values associated with counselling psychology are endorsed by counselling psychologists. Second, the current study attempts to qualitatively explore the lived professional experiences of counselling ECPs in South Africa, with a focus on pertinent challenges and support needs.

Finally, the current study seeks to compare employment trends and views and perceptions of specific employment trends of counselling ECPs with more established counselling psychologists in South Africa.

3.7 Conclusion

The purpose of the scoping review was to explore and critically present existing literature available on counselling psychology as a professional psychology category within the South African context. This chapter reviewed ten seminal studies published about counselling psychology in South Africa between 2000 and 2021. A synthesis of the literature looked at both present day and historical literature on the counselling psychology category in South Africa, in order to fully contextualise the study. The review revealed that while, to date, limited literature is available specifically on the counselling psychology category in South Africa, the voices of counselling ECPs in South Africa are mostly absent from the existing professional discourse. Given that counselling psychologists represent a substantial group of registered psychologists in South Africa (Leach et al., 2003; Bantjes et al., 2016), this is an area of research that requires further attention. This is the gap in the literature that

the current study aims to address through the employment of measures that draw on both quantitative and qualitative research paradigms.

The following chapter overviews the interpretivist phenomenological research paradigm that underpins the current study. The mixed method sequential explanatory research design will also be delineated. Positionality and reflexivity will be discussed and, finally, ethical considerations as well as the trustworthiness of the research will be presented.

CHAPTER FOUR

Research Design and Methodology

4.1 Introduction

The present chapter provides an overview of the study's research design and methodology, including a detailed discussion of the research paradigm that informed the study's ontology and epistemology. The interpretivist phenomenological research paradigm that underpins the current Mixed Method Phenomenological Research study (MMPR; Mayoh & Onwuegbuzie, 2013) will, in turn, be discussed. Thereafter, the mixed method sequential explanatory design will be presented, including clarification and motivation for choosing this specific research design. The research methodologies of the current study, including the use of survey questionnaires and semi-structured interviews, will then be delineated. This includes a discussion of the research instruments, participant sampling techniques, data collection methods, data analyses, and the reliability and validity, trustworthiness and ethical considerations of the study.

More detail on the theoretical foundations and principles of interpretative phenomenological analysis (IPA) as a methodological approach to the semi-structured interviews will also be presented. Finally, given that the interpretivist phenomenological research paradigm holds the premise that reality is subjectively constructed, the researcher's positionality and reflexivity will be outlined. The role that the researcher's positionality and reflexivity played in relation to the current study will also be addressed.

4.2 The Underlying Research Paradigm

As indicated in section 4.1, the current study was undergirded by an interpretative phenomenological research paradigm. Mayoh and Onwuegbuzie (2013) explain that phenomenology encompasses both a philosophical movement and various practical research approaches. The primary objective of phenomenological inquiry is to enhance comprehension of individuals' experiences as they are experienced by them (Giorgi, 2009). This approach seeks to enable an understanding of human beings based on their subjective experiences (Todres & Holloway, 2006). Phenomenology can be classified into two major branches: (i) descriptive (eidetic) phenomenology, influenced by the works of Edmund Husserl (1859- 1938); and (ii) interpretative (hermeneutic) phenomenology, influenced by the works of Martin Heidegger (1917-1976).

Interpretative (hermeneutic) phenomenology seeks to comprehend the meanings

individuals attribute to human experience and, as such, is concerned with exploring experience in its own terms (Smith et al., 2009). In this manner, interpretative phenomenology makes an “explicit commitment to person-in-environment and not just phenomenon-as experienced” (Quest, 2014, p. 43). In other words, the interpretative phenomenological paradigm takes into consideration social, historical and cultural factors (Eatough & Smith, 2008). Interpretative phenomenology, in turn, can be distinguished from descriptive phenomenology in that it is not simply descriptive; instead, the idea is that the researcher presents an interpretive account of what it means for individuals to have such experiences, within their particular context (Noon, 2018). Given its distinct strengths in making meaning of human lived experiences that are also context specific, the interpretive phenomenological paradigm was deemed ideal to underpin the exploration and understanding of the lived professional experiences of early career counselling psychologists in South Africa.

Yet, while clear advantages of making use of interpretative phenomenology are evident, Mayoh and Onwuegbuzie (2013) highlight a number of limitations. For example, these authors suggest that, while interpretative phenomenology helps to generate greater understandings of human lived experiences, interpretative phenomenology is not suitable for making generalisations about such experiences. Moreover, while interpretative phenomenology involves a comprehensive examination of a specific experience, it lacks the means to determine which experience is most pertinent to an individual. As a result, Mayoh and Onwuegbuzie (2013) argue that research designs must expand beyond those that are grounded in a single philosophical tradition (i.e., monomethod designs) and incorporate or interface with other philosophical traditions. Nonetheless, methodological purists have traditionally asserted the superiority of their particular paradigm for conducting research (Johnson & Onwuegbuzie, 2004) and have thus rejected the approach of combining qualitative and quantitative research methods in a single research study. This belief is based on the incompatibility thesis (Howe, 1988), which posits that qualitative and quantitative research, and their associated paradigms, are fundamentally incompatible.

In contrast, Mayoh and Onwuegbuzie (2013, p. 1) provide a strong philosophical justification for “mixed methods phenomenological research (MMPR)”. According to these authors, MMPR can be defined as research underpinned by a phenomenological research paradigm, but incorporating phenomenological research methods with methods grounded in alternative paradigms within a single study. This is supported by Johnson et al. (2010), who

propose that multiple research methods holding paradigmatic differences can be used within a single overarching research paradigm. The approach taken in this thesis is thus based on the widely accepted idea in the field of mixed methods research that paradigms do not necessarily determine research methods (Johnson & Onwuegbuzie, 2004).

Therefore, the argument presented here will embrace this perspective and demonstrate that despite the ontological and epistemological differences between the interpretative phenomenology and postpositivism paradigms (as outlined in Table 2), the axiological and methodological characteristics of interpretative phenomenology and quantitative methods allow for their integration within a single study. In Section 4.3.2, a customised justification is provided for using interpretative phenomenology in combination with quantitative methods for this particular study.

4.3 Research Design

Figure 2 contains a visual model of the mixed methods sequential explanatory design procedures followed in the current study, adapted from the visual model demonstrated by Ivankova et al. (2006, p. 16). The current study's visual model (Figure 2) has been utilised to demonstrate various primary themes of this research and highlights critical methodological considerations that have influenced how this research was carried out. These methodological considerations and choices are fully delineated in this chapter.

4.3.1 Choice of Research Design

Given the current study's underlying research paradigm, research questions, aims and objectives, as well as the relevant gaps illustrated in the literature review chapters, this study employed a mixed method sequential explanatory design, as highlighted by Creswell and Plano Clark (2007) (see Figure 2). This design consisted of two distinct phases, namely a quantitative phase (referred to here as the 'First Phase') followed by a qualitative phase (referred to here as the 'Second Phase'). The rationale for this approach was that the preliminary quantitative data provided a broad understanding of the research problem, whereas the qualitative data elaborated on the quantitative data by exploring the participants' views in depth (see, for example, Thornton et al., 2011). The data from the two research phases were then combined within a joint discussion to ensure a level of methodological complementarity and a more holistic understanding of the data that was captured (Greene & Caracelli, 1997).

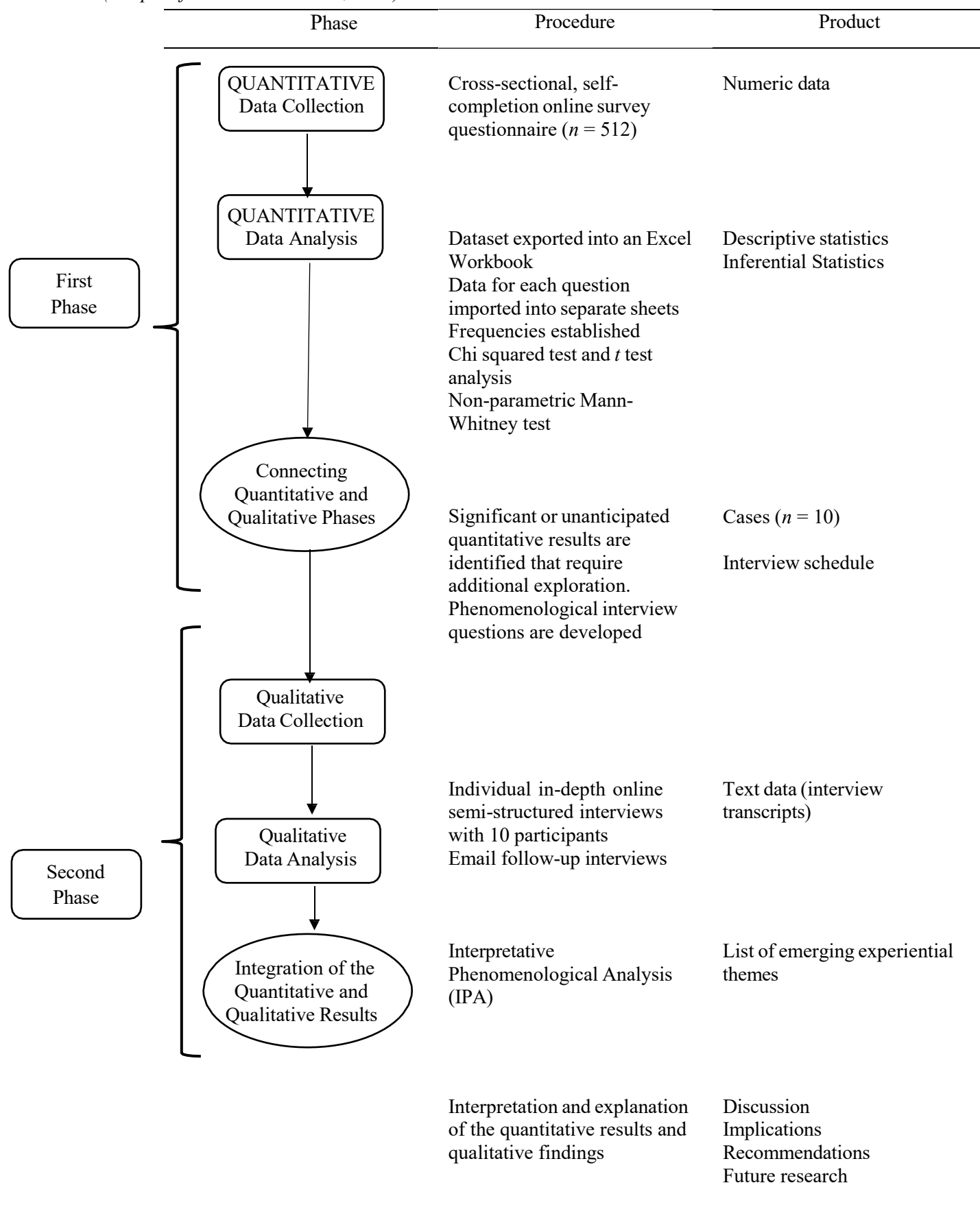
Table 2

The Philosophical Assumptions of Postpositivist and Interpretative Phenomenological Forms of Inquiry (Adapted from Mayoh and Onwuegbuzi, 2013, p. 4)

	Postpositivism	Interpretative (hermeneutic) Phenomenology
Ontology	An objective reality or truth exists, but can never be interpreted fully	There are multiple constructions of reality. Reality is constructed in unique ways depending on context and personal frames of reference as individuals engage with the world
Epistemology	Data are an approximation of objective reality The ideal of objectivity only can be approximated through taking a critical approach	Data are based on a subjective reality Data are produced through the interaction between the participant and researcher, and the researcher's interpretations
Axiology	The researcher attempts to remain value free (values must be excluded)	The researcher's values affect the object of study Expert knowledge on the part of the researcher is considered valuable
Methodology	Multiple approaches that may be triangulated. For example, use of survey questionnaires	Interpretive methods that move beyond the description of core concepts and essences to look for meanings. For example, use of Interpretative Phenomenological Analysis (Smith & Osborn, 2003)

Figure 2

Visual model of the Mixed Methods Sequential Explanatory Design Followed in the Current Study (Adapted from Ivankova et al., 2006)



Note. As per Creswell and Plano Clark (2007), capitalisation has been used to indicate the relative emphasis of the quantitative and qualitative phases.

Specifically, this study made use of the “follow-up explanations” variant of this design (Creswell & Plano Clark, 2007, p. 72). In making use of the follow-up explanations model, the researcher identified significant or unanticipated quantitative results requiring further exploration (Creswell & Plano Clark, 2007). While the name of the variant is follow-up “explanations” Creswell and Plano Clark (2007) suggest this is counterintuitive to the intended purpose of the design which is to build upon or expand upon the quantitative findings, rather than to “explain” them. In this manner, qualitative data was collected and analysed in the ‘Second Phase’ to expand and make meaning of the identified quantitative data from the ‘First Phase’ (see, for example, Dean et al., 2011).

The quantitative phase (‘First Phase’) involved the completion of online survey questionnaires by counselling psychologists registered in South Africa. The qualitative phase (‘Second Phase’) comprised of holding follow-up semi-structured, one-on-one Zoom[®] interviews with counselling psychologists registered in South Africa. Both of these methods are outlined in more detail in sections 4.4.1 and 4.4.2.

4.3.2 Rationale for a Mixed Method Sequential Explanatory Design

Making use of survey questionnaires and qualitative interviewing forged a mixed method design, which allowed for a more in-depth understanding of the research question (Creswell, 2003; Tashakkori & Teddlie, 2003). Mixed methods research involves the gathering, interpretation, and integration of both qualitative and quantitative data in a single study to obtain a comprehensive understanding of a particular research issue (Creswell, 2003; Mayoh et al., 2012; Tashakkori & Teddlie, 2003). Supporters of mixed methods research argue that the reason for blending methods is primarily that neither approach used exclusively would adequately address the research problem in terms of both breadth and depth (Ivankova et al., 2006).

As an illustration, Table 3 presents the limitations of research conducted through survey questionnaires and how these limitations are overcome by qualitative interviews. Likewise, Table 4 provides an overview of the shortcomings of qualitative interviewing and how survey questionnaires can address them. Survey questionnaires have the advantage of being completed in less time compared to qualitative data collection methods such as interviews, which allows for a larger sample to be surveyed in a shorter time frame and at a lower cost (Bryman, 2012). A larger sample size can improve the representativeness of the sample and, consequently, increase the accuracy and credibility of the findings (Bryman, 2012). Nevertheless, a disadvantage of survey questionnaires is that they do not fully capture

the underlying meanings of certain findings (Bryman, 2012). Therefore, semi-structured interviews were used in the Second Phase of this study to obtain a comprehensive understanding of the meaning participants attributed to important and unforeseen data captured in the First Phase.

In Greene et al.'s (1989) conceptual framework for mixed methods research designs, the authors proposed five reasons for utilising different methods within a one study: (i) triangulation to enhance the validity of data and decrease bias; (ii) complementarity to maximise the strengths and minimise the weaknesses of each method; (iii) development to utilise one method's findings to improve the other; (iv) initiation to allow for the data to be analysed from different viewpoints; and (v) expansion to broaden the overall scope of the research. This conceptualisation implies that mixed methods research could be utilised for one or more of these objectives when a singular approach fails to sufficiently investigate a particular phenomenon. (Mayoh & Onwuegbuzie, 2013). With the growing acceptance of mixed methods research, the scholarly literature has advanced from offering a broad justification for its use to emphasising the philosophical basis for incorporating particular qualitative methods within a mixed methods research framework (Mayoh & Onwuegbuzie, 2013).

Several authors (Greene et al., 1989; Mayoh & Onwuegbuzie, 2013; Morgan, 1998), for example, argue that despite competing axiological assumptions between postpositivism and interpretative phenomenology, there is a critical characteristic of interpretive phenomenological methods that supports its mixing with quantitative methods, sequentially, for reasons of development and expansion. This aspect of interpretive phenomenology involves the crucial component of phenomenological orientation. In short, interpretive phenomenological inquiry “seeks to elucidate or make explicit our understanding of human behaviours and actions” (Allen & Jensen, 1990, p. 244); consequently, it becomes essential to grasp what these behaviours or experiences are in order to fully harness the potential of this research approach. To identify these experiences, Van Manen (1990) proposes the practice of immersing oneself in the phenomenon before shaping the phenomenological question. Hence, there exists a compelling rationale for integrating a quantitative preliminary phase to identify the most pertinent phenomenological experience to be explored through the application of interpretive phenomenological methods (Frels & Onwuegbuzie, 2013). This advocates for the employment of a mixed method sequential explanatory design and, more specifically, the follow-up explanations variant, as proposed by Creswell and Plano Clark (2007).

The strengths and weaknesses of a mixed method sequential explanatory design are commonly discussed in the literature (Creswell et al., 1996; Creswell 2003; Greene & Caracelli 1997; Moghaddam et al., 2003). Advantages, for example, include that it is straightforward to implement as well as the opportunities that it offers to explore the quantitative results in more detail. Limitations discussed include, for example, the length of time needed to execute the two phases as well as the feasibility of resources needed for collection and analysis of both types of data (Ivankova et al., 2006).

4.4 Research Methodology

The data-gathering tools or research instruments that were utilised in the quantitative phase, ‘First Phase’, involved the completion of online survey questionnaires by counselling psychologists registered with the HPCSA. Comparatively, the research instruments that were used in the qualitative phase, ‘Second Phase’, comprised follow-up semi-structured, one-on-one Zoom[®] interviews with counselling psychologists registered with the HPCSA. Since the quantitative phase was conducted first, the methodological procedures for this phase will be discussed first, followed by a discussion of the methodological procedures for the qualitative research phase.

4.4.1 First Phase: Survey Questionnaire

As a broad research strategy, survey research can be defined as the collection of data from a sample of participants by means of a predetermined set of questions (Monette et al., 2014). According to Taherdoost (2019), a questionnaire is an effective data collection instrument which uncovers information on a topic of interest. Generally, survey questionnaire research is thus considered a “systematic method for gathering information from a particular sample group for the purpose of constructing quantitative descriptors of the attributes of the larger population of which the entities are members” (Groves et al., 2004, p. 4). For this reason, a survey questionnaire was deemed the most appropriate instrument to answer the first objective of the current study (see section 1.5, in Chapter One).

Specifically, a cross-sectional, self-completed, online survey questionnaire was employed to investigate the current employment trends of counselling ECPs in South Africa. The employment trends were examined across a number of domains, including demographic profile (size of target population, gender, race and geography), work settings, roles and activities, career satisfaction, perceptions of the impact of the SoP regulations, and the extent to which the values associated with counselling psychology are endorsed.

Table 3

Limitations of Survey Questionnaire Research and how Qualitative Interviewing Offsets Some of the Limitations

Survey Questionnaire Research	
Limitations	How qualitative interviewing offsets some of the limitations
<ul style="list-style-type: none"> • Does not permit the exploration or elaboration of the meanings behind certain findings • The researcher cannot directly communicate with participants. Participants cannot be prompted • The participants who respond to the survey may not be relevant to the population of interest. This refers to coverage error and inadvertently results in sampling error, threatening the representativeness of the sample and the generalisability of findings • Non-response error may occur whereby the selected participants do not provide the desired information or refuse to participate altogether, compromising the representativeness and accuracy of the findings 	<ul style="list-style-type: none"> • Has the potential to capture in-depth and detailed accounts and offers opportunities to participants to introduce new areas for further exploration • The researcher directly communicates with the participants about their lived experience and is able to answer questions, prompt and provide clarity on areas of confusion • Given that participants are purposely recruited for their ability to expand on the meaning of a phenomenon, the likelihood of coverage bias is decreased. This allows for the illumination of elements of lived experience as opposed to aiming for generalisability • More participants can be enrolled in the study if needed

Table 4

Limitations of Qualitative Interviewing and how Survey Questionnaire Research Offset Some of the Limitations

Qualitative Interviewing	
Limitations	How survey questionnaires offset the limitations
<ul style="list-style-type: none"> • Can take more time and be more costly 	<ul style="list-style-type: none"> • Survey questionnaires are capable of gathering data from a large sample of participants in a reduced amount of time and are thus time and cost-effective
<ul style="list-style-type: none"> • Can be less convenient for participants 	<ul style="list-style-type: none"> • Survey questionnaires can be completed in participants' own time and generally take less time than interviews, making them more convenient for participants
<ul style="list-style-type: none"> • The researcher purposefully selects participants relevant to the research topic. This means that the sample may not be representative of the broader population and thus findings may not be generalizable to the broader population 	<ul style="list-style-type: none"> • Where the contact details of the target population are accessible, coverage and sampling are optimal. This increases the representativeness of the sample and thus the generalisability of findings
<ul style="list-style-type: none"> • The participants are required to reflect about a phenomenon in an in depth manner which can be considered intrusive 	<ul style="list-style-type: none"> • Surveys are less intrusive and offer more privacy and anonymity for participants

4.4.1.1 Instrument Design and Development

The data gathering tool designed to address the first objective (see section 1.5, in Chapter One) was an adaptation of a survey questionnaire used by Young in 2015 to track the theoretical orientations, professional activities and roles, as well as the professional characteristics of counselling psychologists in South Africa (see Goodyear et al., 2016).

Given that Young is the primary supervisor of the current study, permission was granted to adapt the survey questionnaire for the purposes of investigating the employment trends of counselling psychologists in South Africa.

It is acknowledged that the prototype for this survey questionnaire was one that Kelly (1961) developed for clinical psychologists, which Garfield and Kurtz (1974) then refined, and Norcross and colleagues have since used numerous times (e.g., Norcross & Karpiak,

2012; Norcross & Prochaska, 1982). Notably, Watkins et al. (1986) then adapted the aforementioned survey to garner information about the work, beliefs and attitudes of counselling psychologists in the United States; the survey questionnaire has since been replicated numerous times by Goodyear et al. (2008), Lichtenberg et al. (2014) and Goodyear et al. (2016). According to Goodyear et al. (2016), conducting research with the various versions of this survey questionnaire within the United States context made it possible to effectively examine the counselling psychology category within the country. The version by Goodyear et al. (2016) has since been administered in multiple countries across the globe. Adapting and making use of the widely used survey questionnaire within the South African context, was thus deemed the most appropriate approach. Furthermore, a benefit of utilising the widely used survey questionnaire within the current study was that data may be compared and contrasted with data collected from other studies and contexts.

4.4.1.2 *Enhancing Instrument Validity*

The significance of assessing the precision and dependability of research tools, specifically survey questionnaires, referred to as validity and reliability respectively, has been extensively documented (Bolarinwa, 2015). Survey design literature has suggested that in order to enhance the reliability and validity of the data collected using survey questionnaires, the instrument should be designed in such a way that it measures what it purports to measure. According to Bryman (2012), this refers to measurement validity, also known as construct validity. Bryman (2012) describes six subtypes and ways in which the measurement validity of an instrument may possibly be assessed, namely: (i) face validity; (ii) content validity; (iii) convergent validity; (iv) discriminant validity; (v) predictive validity; and (vi) concurrent validity.

Given that the survey questionnaire designed for the current study was merely an adaptation of an already well-developed, validated and widely used survey questionnaire (see 4.4.1.1), face validity and content validity were deemed the most relevant to assess. Face validity refers to whether a measure appears to reflect the content of the concept in question. Face validity may be evaluated by asking either non-experts or those with some experience in the field, to act as independent judges to determine whether an instrument measures what its name suggests it measures. In contrast, content validity describes whether an instrument sufficiently covers the construct area it is intended to cover. Content validity may be established by asking experts in a field, to act as independent judges to determine whether an instrument reflects the construct of focus in its entirety. The three stages of testing proposed by

de Leeuw et al. (2008) were utilised to assess and heighten the survey questionnaire measurement validity in this study, namely: i) the development stage; ii) the question testing stage; and iii) the dress rehearsal stage. These three stages are outlined from section 4.4.1.2.1.

In addition, O'Reilly-Shah (2017) indicates that the validity of an instrument can be enhanced by avoiding respondent fatigue. Respondent fatigue, sometimes referred to as survey fatigue, is a frequent challenge when collecting data through the use of survey questionnaires (Ben-Nun, 2008). Respondent fatigue refers to when respondents experience reduced motivation to answer questions towards the end of a survey, or when respondents prematurely withdraw from participating (Ben-Nun, 2008; Hochheimer et al., 2016).

Respondent fatigue may be identified, for example, when participants continuously choose a default response or when participants leave text response fields blank (Ben-Nun, 2008; Hochheimer et al., 2016). Instrument components that are found to influence respondent fatigue include survey length, relevance of survey topic, question complexity, question order and question type (Ben-Nun, 2008; Visser et al., 2000). As a result, the following factors were addressed to avoid respondent fatigue in the current study and thus to ensure that the data captured from the survey questionnaire was credible:

- i) Survey length. Revilla and Ochoa (2017) recommend that, ideally, online surveys should be between 10-20 minutes in length. This was adhered to by ensuring that all redundant or irrelevant questions were removed from the survey as well as that all included questions and statements remained as concise as possible.
- ii) Relevance of survey topic. Lavrakas (2008) suggests that if participants are unmotivated or disinterested in the survey topic, the risk of respondent fatigue is increased. Given the ongoing SoP regulatory challenges faced by counselling psychologists, however, it was predicted that participants would be highly motivated and interested in engaging with the current survey topic.
- iii) Question complexity. Questions should be easily understood and unambiguous (Bryman, 2012). This was achieved by making use of clear, simple words and phrases that participants would be most familiar with as well as by ensuring that sentences remained as brief and to the point as possible.
- iv) Question order. The order questions appear in a survey should make sense (Visser et al., 2000). This was addressed by beginning the survey with items that required the least cognitive effort, by ensuring that clusters of related questions appeared together and that more complex questions were left to the end of the survey.

- v) Question type. Given that open-ended questions often result in respondent fatigue (Ben-Nun, 2008), it was ensured that the majority of the survey involved close-ended questions and that open-ended questions, where asked, were left to the end of the survey.

As mentioned previously, the three stages of testing outlined by de Leeuw et al. (2008) were followed to ensure the survey questionnaire validity, namely: i) the development stage; ii) the question testing stage; and iii) the dress rehearsal stage. These three stages are outlined in the sections below. Prior to the three stages being followed, Young's (2015) survey questionnaire was converted into an electronic, self-completed survey questionnaire making use of the online survey tool, SurveyMonkey® (*SurveyMonkey*®, 2021).

SurveyMonkey® is an online programme and hosting site that allows for surveys to be developed for use over the internet (Waclawski, 2012). SurveyMonkey® allows survey questionnaires to be formatted according to the needs of the researchers and offers flexibility in question order, format, structure and visual layout (Waclawski, 2012). In this manner, respondent fatigue was further addressed through the researcher activating SurveyMonkey's® in-built prompt option to remind respondents to complete unfinished survey questionnaires.

4.4.1.2.1 The Development Stage. The development stage of the survey questionnaire involved two steps. Firstly, Young's (2015) survey questionnaire was adapted by the researcher to better address the first research objective, namely: To investigate the current employment trends of counselling ECPs in South Africa across a number of domains including, demographic profile (size of target population, gender, ethnicity and geography), work settings, roles and activities, career satisfaction, perceptions of the impact of the SoP regulations, and the extent to which the values associated with counselling psychology are endorsed.

Table 5 provides a summary of the initial adaptations made to the survey questionnaire in the developmental stage by the researcher. First, the researcher ensured that the headings within the survey questionnaire better aligned with the purposes of this study, namely: i) Background Information; ii) Professional Activities; iii) Career Experiences; iv) Future Career Prospects; and v) Thank You for Participating. Following this, various item additions were made within the relevant sections of the survey questionnaire (see Table 5). These additions included items asking participants about their career stage, languages spoken, seeking of employment, job search outside of private practice, job search strategies utilised, primary

work setting as urban or rural, the degree of psychopathology seen in clients, salary bracket, engagement in extra work to supplement income, debt accrued upon completion of training, estimate of debt accrued, levels of career satisfaction, future career prospects, and likelihood of emigration.

The item on career stage which asked “*In which year were you first registered as a counselling psychologist in independent practice with the HPCSA? (Prior to 2010, Between 2010 and 2020)*” was added to the ‘background information’ section in order to distinguish between those counselling psychologists who were counselling ECPs and those who were more established counselling psychologists. More specifically, those participants who selected “between 2010 and 2020” would be deemed counselling ECPs and those who selected “prior to 2010” would be identified as more established. The addition of this item to the survey questionnaire was crucial given the current study’s focus on the lives of counselling *ECPs* as well as in order to address the study’s third research objective (see section 1.5 in Chapter One), namely: To compare the employment trends of counselling ECPs with more established counselling psychologists in South Africa.

The items on languages spoken, degree of psychopathology seen in clients and primary work setting as urban or rural, were all incorporated into the survey questionnaire given explicit suggestions by Young and Saville Young (2019) who were unable to examine these variables within their study. In addition, the item on degree of psychopathology seen in clients was incorporated into the survey questionnaire given the problematic way in which the scope of practice for counselling psychology was defined in 2011 (see section 3.4.2.2 in Chapter Three). The items asking, “*Please indicate the degree of psychopathology seen in your clients (choose the option that, in your opinion, best describes the degree of psychopathology seen in your clients) (None, Mild, Moderate, Severe)*” and “*How would you describe the location of your primary work setting? (Urban, Rural, Other)*” were thus both added to the ‘professional activities’ section. The item asking, “*In which language do you speak the most fluently?*” was added under the ‘background information’ section and allowed participants to select from eleven of the official South African languages, or to indicate “other” (i.e., Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Other”).

The items investigating whether participants were seeking employment, had attempted to secure work outside of private practice and the types of search strategies they had utilised to seek employment were added to the survey questionnaire for various reasons. First, it was possible that despite participants being registered with the HPCSA as counselling

psychologists, they were unemployed and thus not providing mental healthcare services at the time that the survey questionnaire was conducted. The results from such an item would offer important insights into the “actively practicing” as opposed to the merely “registered” counselling psychologist workforce in South Africa and thus offer a more accurate perspective on the country’s treatment gap. Second, the researcher incorporated the item on jobs searched outside of private practice, given findings by Haine and Booysen (2020) that employment opportunities available to ECPs in South Africa outside of private practice settings are limited. The researcher was thus interested in exploring such a notion with a nationally representative sample of counselling psychologist practitioners. Moreover, the researcher deemed it important to include an item on the types of job search strategies utilised by practitioners, given findings by Michalski and Kohout (2011) indicating shifts in the most successful job search strategies by ECPs in more recent years. The following items were thus added under the section ‘professional activities,’ *“Are you currently seeking employment as a counselling psychologist? (Yes, No)”*, *“Have you searched for jobs as a counselling psychologist in South Africa (i.e., outside of private practice)? (Yes, No)”* and *“If so, which job search strategy/strategies have you utilised? (Informal job search channels, Online resources, Faculty advisors/training staff, Print media, Other)”*.

A decision was made by the researcher to incorporate the items on salary bracket, engagement in extra work to supplement income, debt accrued upon completion of training, and estimate of debt accrued by graduation, given findings by Rozensky (2014) that, globally, one of the most significant challenges faced by ECPs involves financial constraints. According to Wilhelmi et al. (2019), this is noteworthy since the combination of financial challenges faced by ECPs may significantly limit their professional opportunities and development. The following items were thus added under the section ‘professional activities’, *“Please indicate the salary bracket that best describes your gross income per annum (Under R100 000; Between R100 000 and R350 000; Between R350 000 and R600 000; Over R600 000)”*, *“Do you work elsewhere to supplement your income? (Yes, No)”*, *“Upon receipt of your professional psychology degree, please indicate if you were carrying some level of debt. (Yes, No)”* and *“If yes, please indicate in thousands of rand the amount of debt accrued”*.

With the intention to explore participants levels of satisfaction with various aspects of their careers as counselling psychologists in South Africa, the researcher added an item to the survey questionnaire which asked participants to rate their level of satisfaction with the following statements: *“Your level of satisfaction with your choice of counselling psychology as a career”*, *“Your level of satisfaction with the formal support you received, as an early*

career counselling psychologist”, “*Your level of satisfaction with what you earn working as a counselling psychologist*”, “*Your level of satisfaction with your primary work setting as a counselling psychologist*”, “*Your level of satisfaction with employment opportunities as a counselling psychologist*” and “*Your level of satisfaction with your overall work-life balance as a counselling psychologist*”. The afore-mentioned statements were identified in line with the relevant literature available, and as discussed in Chapters Two and Three.

The item exploring desired career prospects which asked, “*What are your preferred career prospects as a counselling psychologist?*” was added to the ‘future career prospects’ section, given findings by Haine and Booysen (2020) that early career clinical and counselling psychologists in South Africa desired to pursue work opportunities in public and community-based settings. However, given that the findings by Haine and Booysen (2020) were not specific to the counselling psychology category and were further limited in external validity given the study’s small sample size, the addition of such an item was viewed as valuable to gaining a more broad scale, and thus generalisable, understanding of preferred work contexts by counselling ECPs in South Africa.

The item based on emigration which asked, “*In the next five years, how likely are you to emigrate? (Very likely, Somewhat likely, Possibly, Somewhat unlikely, Very unlikely)*” was added to the ‘future career prospects’ section given evidence by Pillay and Johnston (2011) that over one third of intern clinical psychologists planned on emigrating following their professional training. Such findings have critical implications for the provision of vital mental healthcare services within South Africa, as outlined by Pillay and Kramers (2003).

The researcher thus felt it was crucial to investigate the extent to which counselling ECPs in South Africa considered emigrating in the next five years.

Given the current study’s focus on the professional lives of counselling *ECPs* in South Africa, investigation into the relationship between training programme variables and professional practice variables of participants was deemed to fall beyond the scope of this thesis (see section 1.7 in Chapter One). For this reason, any items related to professional training within the survey questionnaire were removed by the researcher in order to reduce the length of the survey (Revilla & Ochoa, 2017).

Following the various above-mentioned adjustments, the researcher forwarded the adapted survey questionnaire to her two supervisors for review (Personal Communication, Charles Young, 11th February 2021; Personal Communication, Duane Booysen, 11th February 2021). The purpose of this review process was to highlight potential ambiguities in items, identify items that were missing and that should be added and to identify items that should be

omitted with the intention to better align the survey with the first research objective (see section 1.5, in Chapter One), as well as to reduce the survey to a more appropriate length. It should be noted that no significant changes to the survey questionnaire occurred at this stage.

4.4.1.2.2 The Question Testing Stage. The question testing stage involved the participation of an academic reviewer to test a full draft of the survey questionnaire. The aim of this stage was to ensure that each individual question met all the principles of good questionnaire design, to identify any concerns and to ensure alignment with the first research objective (see section 1.5, in Chapter One). The academic reviewer was a registered counselling psychologist in South Africa, Associate Professor and coordinator of the counselling psychology professional training programme at Rhodes University (Personal Communication, Megan Campbell, 3rd March 2021). The academic reviewer was emailed a link to the online survey questionnaire. The academic reviewer provided feedback in the form of an extensive Microsoft Word[®] document. Based on recommendations provided by the academic reviewer, adjustments to the survey were made, as comprehensively presented in Table 7.

4.4.1.2.3 The Dress Rehearsal Stage. The dress rehearsal stage, also often referred to as the pilot study stage, involved inviting four registered counselling psychologists in South Africa to participate in a peer review of the survey questionnaire (de Leeuw et al., 2008) (Personal Communication, Gregory Wilmot, 22nd February 2021; Personal Communication, Lekha Daya, 22nd February 2021; Personal Communication, Nqobile Msomi, 22nd February 2021; Personal Communication, Tracey Whitehead, 22nd February 2021). A convenience, or snowball sampling technique was used to recruit the four peer reviewers, given that it was both time and cost effective (Bryman, 2012). The peer reviewers were each emailed a link to the online survey and invited to complete the survey while primarily referring to the condensed expert survey appraisal system, as adapted from Snijkers (2002, p. 71). Table 6 provides an overview of the survey appraisal system.

As indicated by Eldridge et al. (2016), the peer review, or pilot, stage is essential to check whether individuals from the same sample group as those who will be given the survey questionnaire understand, are willing and able to correctly answer the questionnaire contents in the way the researcher had intended. This stage is thus essential to identifying and correcting any errors and ambiguities in the survey, in turn reducing measurement, or non-sampling, error as well as the potential for non-response error (Visser et al., 2000). According to Leeuw et al. (2008), non-response error refers to when some participants do not respond to some or all

questions in a survey in a way that is relevant to the study and when non-responders differ from participants who do respond. In contrast, measurement error refers to when participants answer a question inaccurately and depart from what was intended to be measured (Leeuw et al., 2008).

The peer reviewers each provided feedback in the form of an extensive Microsoft Word® document. The peer reviewers referred to their process of completing the survey and specifically referred to how they comprehended the survey questions, how the survey information was processed and reported, and also provided a survey appraisal, as adapted from Snijkers (2002, p. 71). All suggested adjustments, as comprehensively outlined in Table 7, were discussed with the researcher's supervisors and then made accordingly. The survey was then finalised.

4.4.1.3 *The Final Instrument*

The final survey comprised five sections and included 36 items (see Appendix A):

- i) Background Information (e.g., career stage, gender, age, race and geography);
- ii) Professional Activities;
- iii) Career Experiences;
- iv) Future Career Prospects; and
- v) Thank You for Participating.

Of the 36 items, eight questions included an open-ended response format or “single text boxes”, which allowed participants to communicate their answer utilising their own words (SurveyMonkey®, 2021). Eight questions comprised a dichotomous or binary close-ended response format of ‘yes’ or ‘no’ answers. Six questions employed a matrix or rating scale that enabled participants to assess one or more items in a row using a consistent set of column options. Likert scales were also utilised, enabling the assignment of weights to each available response. In addition, dropdown question types were employed where the question entailed a lengthy list of answer choices (SurveyMonkey®, 2021). Fourteen multiple choice questions were included. These were simple, closed-ended question types that allowed participants select one or multiple answers from a list of choices (SurveyMonkey®, 2016). On average, the survey required 15 minutes to complete. This length adhered to Revilla and Ochoa's (2017) suggestion that, ideally, online surveys should be between 10-20 minutes in length.

The first section, ‘background information’, obtained information including: Gender,

age, race, province, highest qualification, if currently registered with the HPCSA, year in which registration for independent practice first took place and languages spoken most fluently. While the researcher fully acknowledges that concepts such as age, race and gender are associated with a myriad of discriminatory practices, the researcher justified her decision to include such items within the survey questionnaire, given that the variables continue to shape social experiences and are indicators of life opportunities within the South African context (see, van Ommen et al., 2013).

Items that were of focus in the ‘professional activities’ section included: If currently practicing as a counselling psychologist; if currently seeking employment as a counselling psychologist; if jobs have been searched for as a counselling psychologist; which job search strategy/strategies have been utilised; primary and secondary work settings; description of work settings as urban or rural; the degree of psychopathology seen in clients; salary bracket, if working elsewhere to supplement income; if debt was accrued during training and the amount of debt accrued.

Items that were addressed in the ‘career experiences’ section related to degree of satisfaction with: choice of counselling psychology as a career; formal support received as a counselling ECP; earnings as a counselling psychologist; primary work setting; employment opportunities as a counselling psychologist; and overall work-life balance. The items within the ‘career experiences’ domain also related to Scopes of Practice. Specifically, participants were asked to rate their satisfaction of the SoP as well as their level of agreement with the notion: that the SoP provides a coherent definition of counselling psychology; that the SoP is aligned with professional training; and that the SoP is congruent with current practice. The items within the ‘career experiences’ domain also included: If anything should be changed about the SoP; if starting over which career would be chosen; and a rating of the extent to which certain values guided practice. Finally, in the ‘career experiences’ domain, items addressed included: If formal or peer supervision was obtained; the format and frequency of supervision and if any aspects of postgraduate training should be modified given the current marketplace.

Items that were addressed in the ‘future career prospects’ domain involved: Likelihood of making a career change out of the counselling psychology profession, and the likelihood of emigrating. Finally, participants were asked whether there was anything they would like to add about their experience of being a counselling psychologist in South Africa.

The final section of the survey questionnaire thanked the participants for their participation in the study and offered participants the opportunity to receive a summary of the

findings and to engage in a follow-up interview process. The final counselling psychologist survey questionnaire is presented in Appendix A.

Table 5

A Summary of the Initial Adaptions Made to the Original Survey Questionnaire (Young, 2015) in the Developmental Stage

Survey Questionnaire Section	Item Topic	Item Addition
Background information	Career Stage	• <i>“In which year were you first registered as a counselling psychologist in independent practice with the HPCSA? (Prior to 2010, Between 2010 and 2020)”</i>
	Languages spoken	• <i>“In which language do you speak the most fluently? (Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Other)”</i>
Professional Activities	Seeking employment	• <i>“Are you currently seeking employment as a counselling psychologist? (Yes, No)”</i>
	Job search outside of private practice	• <i>“Have you searched for jobs as a counselling psychologist in South Africa (i.e., outside of private practice)? (Yes, No)”</i>
	Job search strategies utilised	• <i>“If so, which job search strategy/strategies have you utilised? (Informal job search channels, Online resources, Faculty advisors/training staff, Print media, Other)”</i>
	Urban vs Rural	• <i>“How would you describe the location of your primary work setting? (Urban, Rural, Other)”</i>
	Degree of Psychopathology seen in clients	• <i>“Please indicate the degree of psychopathology seen in your clients (choose the option that, in your opinion, best describes the degree of psychopathology seen in your clients) (None, Mild, Moderate, Severe)”</i>
	Salary bracket	• <i>“Please indicate the salary bracket that best describes your gross income per annum (Under R100 000; Between R100 000 and R350 000; Between R350 000 and R600 000; Over R600 000)”</i>
	Extra work to supplement income	• <i>“Do you work elsewhere to supplement your income? (Yes, No)”</i>
	Debt accrued	• <i>“Upon receipt of your professional psychology degree, please indicate if you were carrying some level of debt. (Yes, No)”</i>

	Estimate of debt accrued	<ul style="list-style-type: none"> • “If yes, please indicate in thousands of rand the amount of debt accrued”
Career Experiences	Career Satisfaction	<ul style="list-style-type: none"> • “Your level of satisfaction with the formal support you received as an early career counselling psychologist (e.g., From professional organisations and bodies such as PsySSA and the HPCSA)” • “Your level of satisfaction with what you earn working as a counselling psychologist” • “Your level of satisfaction with your primary work setting as a counselling psychologist” • “Your level of satisfaction with employment opportunities as a counselling psychologist” • “Your level of satisfaction with your overall work-life balance as a counselling psychologist”
Future Career Prospects	Career Prospects Emigration	<ul style="list-style-type: none"> • “What are your preferred career prospects as a counselling psychologist?” • “In the next five years, how likely are you to emigrate? (Very likely, Somewhat likely, Possibly, Somewhat unlikely, Very unlikely)”

Table 6

Condensed Expert Survey Appraisal System, Adapted from Snijkers (2002, p.71)

Survey question comprehension	<ul style="list-style-type: none"> • Did items make sense? • Were items clear? • Was wording unclear or difficult?
Information processing	<ul style="list-style-type: none"> • Were items laborious to answer? • Was a long period of recall required? • Did the participant need to access information in order to answer a question?
Reporting	<ul style="list-style-type: none"> • Were categories overlapping? • Were categories missing? • Were questions too repetitive?
Overview of the survey	<ul style="list-style-type: none"> • Did the survey fulfil its objectives? • Structure and ease of moment through the survey; and • The length of the survey

Table 7

Summary of the Survey Appraisal in the Current Study (Adapted from Snijkers, 2002, p. 71)

Summary of the survey appraisal	
Did items make sense?	Generally, the reviewers felt that the items made sense.
Were items clear?	Regarding item 30, on future career prospects, reviewers wondered whether this item referred to future career prospects in reality or to hopes/dreams/ideals for the future. Recommendations were made to rephrase the question to ask, " <i>What are possible career opportunities in counselling psychology that you would like to explore in the future?</i> ". Reviewers also suggested providing some examples, to allow for further clarity on this item (e.g. teaching, research, working in specific clinical settings such as addiction recovery units, general hospitals, correctional facilities, corporate). This item was amended accordingly.
Was wording unclear or difficult?	<p>Reviewers felt that in the informed consent section, some participants may not know what was meant by "aggregated data". Recommendations were made to insert a sentence explaining the meaning of "aggregated data". As a result, the following sentence was included, "<i>This means that all data will be presented in a summarised format, with the purpose to present trends in the data as opposed to presenting individual responses</i>".</p> <p>Some reviewers felt that the race, gender, age and financial questions (Q1, Q2, Q3 and Q17-20) may be considered contentious. The reviewers felt that that the items could elicit a strong reaction from participants who would then make a point of choosing a category that does not represent them. Recommendations were thus made to include a short blurb prior to each item, explaining its relevance in the study. For example, the following was inserted as a blurb prior to Q17 - Q20: "<i>Questions 17 to 20 below ask about your current income and level of debt accrued as a counselling psychologist following professional training. Financial variables are important to consider given that financial resources significantly impact on opportunities for professional development and advancement</i>".</p>
Were items laborious to answer?	<p>Some reviewers reported the open-ended "single text-box" questions to be laborious to answer, although agreed that it was important for participants to answer the questions in their own words. The open-ended "single text-box" questions were thus left unchanged within the survey.</p> <p>Some concerns were expressed by reviewers that unless counselling psychologists had recently registered as independent practitioners with the HPCSA, a long period of recall may be required. However,</p>

in discussions with reviewers it was agreed that the item was important in order to distinguish between “early career” and “more established” counselling psychologists. Reviewers also acknowledged the important career milestone of becoming registered in independent practice, and thus it was agreed that most participants would recall the year in which they first registered in independent practice with the HPCSA.

Some reviewers felt that question 12 on secondary work settings may be irrelevant to participants who do not work in a secondary setting. Recommendations were made to provide an additional multiple-choice option stating, “*I do not have a secondary work setting*”. This item was amended accordingly.

Was there a long period of recall required?

See above.

Did participants need to access information to answer a question?

The reviewers did not feel that any additional information needed to be accessed.

Overlapping categories?
Missing categories?
Were questions too repetitive?
Did the survey fulfil its objectives?

The reviewers did not feel that any categories were overlapping or missing and did not feel that any questions were repetitive.

The reviewers felt the survey questionnaire achieved its objectives.

Structure and ease of movement through the survey

Reviewers felt that participants may find it difficult to know where to place their responses in the Likert scale questions, given that the Likert scale questions only had descriptions in their extremes. Recommendations were thus made to add numbers/values/descriptions throughout the Likert scale. For example, “*Very dissatisfied*”, “*Somewhat dissatisfied*”, “*Neither*”, “*Somewhat satisfied*” and “*Very Satisfied*” were added as descriptions to the 5-point Likert scale in Q20. All Likert scales were amended accordingly. Descriptions were chosen as suggested by Brown (2010) for Likert scales.

Reviewers felt that participants should be allowed to select more than one language, given that South African participants are more than likely to speak more than one language ‘most fluently’. This item was thus amended from a multiple choice to a checkbox question.

Reviewers highlighted that participants who are early career CPs may still be seeking employment when completing the survey. For

this reason, Q10 – Q16 may not be applicable to them. Furthermore, reviewers felt that the questions on job search strategies were not applicable to CPs who go straight into private practice. Recommendations were made to move the questions on job search strategies to earlier on in the professional activities section (i.e. such that the job search strategy questions followed on from the questions asking, “*Are you currently practicing as a CP in SA? If not, are you currently seeking employment as a CP in SA?*”). Further recommendations were made to insert a question asking, “*Have you searched for jobs as a Counselling Psychologist?*”, which should then be followed by the question “*If so, which job search strategy/strategies have you utilised?*”. The abovementioned items and structure were amended accordingly.

Survey length

On average, the survey questionnaire required about 15 minutes to complete. The reviewers deemed this appropriate and, moreover, reported finding the survey enjoyable to complete.

4.4.1.4 *Participant Sample and Sampling Technique*

The target population was identified as counselling psychologists registered with the Health Professions Council of South Africa (HPCSA). Despite the focus of the current study being on the professional experiences of counselling ECPs, all registered counselling psychologists were included in order to address the second objective of this study, namely: To compare employment trends of counselling ECPs with more established counselling psychologists in South Africa (see section 1.5, in Chapter One). Counselling psychologists who registered in the years 2010-2020 were considered “early career” (APA, 2013), whereas those who registered prior to 2010 were considered “more established”. This aligns with the definition by the American Psychological Association (2013) that early career psychologists (ECPs) are professionals within ten years of graduation. As a result, participants were asked to indicate the year in which they first registered with the HPCSA. From the abovementioned target population, the sample population was drawn for both the quantitative (‘First Phase’) and qualitative (‘Second Phase’) stages of the research.

All registered counselling psychologists in South Africa with functional email addresses ($n = 1709$) were invited to participate in the study. According to Baruch and Holtom (2008), an average response rate for survey questionnaires is 52.7% with a standard deviation of 20.4%, suggesting an acceptable sample size of between 547 and 1248 for the current study. However, several meta-analyses reveal that online survey questionnaires generally receive a 6% to 15% lower response rate in comparison to alternative survey modes (Fan & Yan, 2010; Smyth & Pearson, 2011). As a result, numerous studies report response rates of online survey questionnaires to be below 20% (e.g. Lauber et al., 2005; Lee, 2010; Sax et al., 2003). Van Mol (2017) even suggests that a response rate of below 10% is not uncommon for online survey questionnaires (see also, for example, Conrad et al., 2010; Muñoz-Leiva et al., 2010; Smyth & Pearson, 2011). Consequently, a minimum response rate of 10%, suggesting a minimum sample size of 171 participants, was deemed acceptable for the online survey questionnaire. Permission was requested to access the database of counselling psychologist email addresses from the HPCSA, through the Professional Board Manager (see Appendix B). The reason for this was to obtain a full data set of counselling psychologists’ email addresses and thus to access a sampling pool that included as many participants as possible. As noted by Pillay and Johnston (2011), the register is a public document managed by the HPCSA holding the names and postal addresses of practitioners. However, given that a postal survey in South Africa would be impractical, given the South African Postal Services’ reputation for slow delivery times and lost packages, the approach of using email addresses was deemed to be more

appropriate.

A Simple Random Sampling technique was thus employed to recruit prospective participants, identified through the HPCSA's list of registered practitioners. Simple Random Sampling is a form of probability sampling where there is an equal chance or probability that every member within the population can be included within the sample (Bryman, 2012). Probability samples are selected in such a way that they are representative of the total population. In turn, probability samples provide the most valid or credible results. Advantages of this sampling technique thus include the ability to make statistical inferences about a larger population (Bryman, 2012). Disadvantages, however, include that it can be time consuming and expensive as well as that it is often difficult to identify every member of the population. Given that a large number of email addresses ($n = 200$) provided by the HPCSA were deemed either invalid or no longer functional by SurveyMonkey®, a snowball sampling technique was additionally employed to recruit prospective participants. As indicated by Bryman (2012), a snowball sampling technique refers to when research participants are asked to assist researchers in identifying further potential participants. Snowball sampling is useful when attempting to sample hard-to-reach populations (Bryman, 2012). In this regard, an email containing a URL link to the online survey was sent to four online informal networks of counselling psychologists, and members were asked to forward the same message to counselling psychologists registered in South Africa. This aimed to reduce the risk of sampling bias and sampling error. While sampling bias specifically refers to the tendency to choose some individuals over others in the sample group (Laxton, 2004), sampling error refers to when a sample is not reflective of the target population which can potentially result in a high variability of results (Laxton, 2004).

4.4.1.5 Data Collection

An email containing an embedded link to the online self-completed survey questionnaire was distributed to the email list of registered counselling psychologists in South Africa by the researcher, via SurveyMonkey®. The email invited participants to partake in the research and informed them that:

- i) The study, of which the survey was a part, aimed to gain a greater understanding the professional lives of counselling psychologists at key career stages in South Africa, including specific needs, challenges and current employment trends; and
- ii) Upon completion of the survey questionnaire, participants were invited to engage in a follow-up interview process.

Participants were notified that by clicking on the button to begin the survey questionnaire, that they were providing consent to participate in the survey (ethical considerations will be discussed in depth in section 4.4.1.8.). Follow-up emails or reminders to complete the survey were periodically sent to participants. It is noteworthy that participants were offered the opportunity to unsubscribe from further emails relating to the research. Furthermore, SurveyMonkey® was set to only allow one response from each IP address. This was advantageous as it significantly reduced the risk of multiple responses from the same participants.

A total of 512 counselling psychologists completed the survey between 21 May 2021 and the 30 June 2021, which represented a 30% response rate from the total counselling psychology category (n = 1709). This is important to note given that the previous attempt by Young in 2015 to sample counselling psychologists registered in South Africa resulted in a response rate of around 13%, occurring at a time when a full list of email addresses for practitioners was unavailable (see also Goodyear et al., 2016 and Young & Saville Young, 2019). For this reason, it should be acknowledged that the current study: (i) is the first of its kind in the attempt to sample all counselling psychologists registered in South Africa; and (ii) is by far the largest sample of counselling psychologists registered in South Africa, ever surveyed. A complete overview of the demographic status of the sample of counselling psychologists who participated in the current study's survey research is included in the Results Chapter.

4.4.1.6 Data Analysis

The survey dataset was exported out of SurveyMonkey® and into an Excel workbook. The dataset from each question was imported into separate sheets in the Excel workbook. The type of question informed the analysis. The dataset was also imported into MedCalc® statistical software and into SPSS® statistical software (the Statistical Package for the Social Sciences), in order to check results. As discussed in section 4.4.1.4, a variety of question types were used to collect the data in the survey questionnaire. Question types included the following:

- i) Close-ended questions;
- ii) Matrix questions;
- iii) Rating scale questions or a Likert Scale;
- iv) Multiple choice questions;
- v) Dropdown question types, and

- vi) Open-ended questions.

4.4.1.6.1 Analysis of Closed Items. In the case of closed questions or multiple-choice items, the frequency of participants selecting each preselected option was computed, and corresponding percentages were derived. Matrix or Rating scale questions were examined to determine the average frequency at which specific answers were chosen. This level of analysis yielded descriptive statistics of the results.

Inferential statistics, including the chi-squared test and *t* test analysis, were used to further analyse the data. The chi-squared test was used to contrast categorical responses between two or more independent groups and the *t* test was used to contrast group means (Bryman, 2012). Participants' answers to individual Rating or Likert-type items are considered as ordinal as opposed to interval data, and therefore were further analysed making use of the non-parametric Mann-Whitney test (Clason & Dormody, 1994).

Given that the dataset was subjected to a number of statistical tests, alpha was set at 0.01, as opposed to the usual 0.05, to reduce the familywise error rate, which is the probability that a family of comparisons contains at least one Type I error. As according to Bryman (2012), a Type I error occurs when the null hypothesis is rejected when it should, in fact, be confirmed. Utilising a $p < 0.05$ level of significance, thus suggests an increased likelihood of making a Type I error as opposed to utilising a $p < 0.01$ level of significance. A significance level of 0.01 was thus utilised in order to reduce the chance of falsely rejecting the null hypothesis.

4.4.1.6.2 Analysis of Open-ended Items. Given that the current study followed a mixed method sequential explanatory design (Creswell & Plano Clark, 2007) comprising of a preliminary quantitative phase followed by a qualitative phase, the *qualitative* data elicited from the open-ended items in the 'First Phase' of this study was deemed to fall beyond the scope of this PhD thesis (see section 1.7, in Chapter One). Nevertheless, the open-ended items were included within the survey questionnaire in this study to ensure that the survey questionnaire remained as close to the original as possible, as well as to allow for additional analyses to be conducted beyond the scope of this study. In addition, the researcher ensured that the follow-up semi structured interviews conducted in the 'Second Phase' of this study explored all the necessary open-ended items, but to a much greater depth. In this manner, the researcher ensured that the omitted qualitative data from the open-ended items in the 'First Phase' in no way compromised the conclusions drawn in this study. It should also be noted that the researcher was restricted given the length requirements of her PhD thesis, and thus in

discussion with her supervisors, was compelled to omit the qualitative data collected from the open-ended items in the ‘First Phase’.

4.4.1.7 Enhancing the Reliability and Validity of Data

Data reliability refers to whether the results of a study are repeatable (Bryman, 2012). More specifically, data reliability refers to whether measures that are devised produce consistent or precise results (Bryman, 2012). Data reliability was enhanced by attempting to use the largest possible sample size (i.e., including all registered counselling psychologists in South Africa). This is because the larger the sample size, the more consistency there is in data as extreme values or outliers are diluted (Bryman, 2012). In this manner, reliability was enhanced by attempting to minimise sampling bias and sampling error (see 4.4.1.5).

As proposed by Laxton (2004), non-sampling error, also referred to as measurement error, may reduce the representativeness of the sample population and refers to the way in which responses or data are captured. This error can be caused in a multitude of ways (Laxton, 2004):

- (i) Biased observations, for instance, through the data-gathering tool utilised;
- (ii) Biased communication, for example, participants offering inaccurate answers to gain approval from the researcher. Biased communication may also occur as a result of the perceived aim or purpose of the study. For instance, if participants believed that the study aimed to discredit or remove the counselling psychology registration category, participants would likely be less motivated to be honest in their answers; and
- (iii) Induced bias, occurring for example, as a result of the researchers own personal interests and biases, the survey questionnaire might be designed in way that focuses only on particular forms of questions, thus likely prejudicing the data retrieved.

Non-sampling error was attended to by informing participants of the aim and purpose of the study prior to participants engaging with the survey questionnaire, in order to reduce biased communication. Participants were also notified that ethical approval for the study had been granted and that full support of the study was gained by the HPCSA. In addition, it was emphasised to participants that their answers would remain anonymous and confidential (see 4.4.1.8). The likelihood of induced bias was attended to by addressing a broad range of components about counselling psychology in South Africa in the survey questionnaire and by critiquing the appropriateness of survey items and statements with an academic reviewer as

well as peer reviewers. This also enhanced measurement validity (see 4.4.1.2). Attending to the possibility of non-sampling error, as described above, thus assisted in enhancing both the reliability and validity of the survey questionnaire data.

According to Bryman (2012, p. 46), validity refers to “the integrity of the conclusions that are generated from a piece of research”. In this regard, reliable data is not necessarily accurate or valid given that highly precise and consistent data, may also be inaccurate (Bryman, 2012). Bryman (2012) suggests that validity can be classified into three types, namely: (i) measurement validity; (ii) internal validity; and (ii) external validity.

Measurement validity was addressed in section 4.4.1.2., whereas internal and external validity will be addressed below.

Internal validity refers to the degree to which findings accurately establish a cause-and-effect relationship between variables (Bryman, 2012). Challenges in association with internal validity might involve, for example, if the survey questionnaires were administered in a way that pre-empted or influenced participants to offer particular responses. Internal validity may be compromised by a number of factors (Laxton, 2004):

- a. Factors related to testing, such as the placebo effect, where a specific psychological reaction, which may lack justification, is triggered;
- b. Participants withdrawing from the study or failing to complete a questionnaire;
- c. Prejudice in the selection of the sample population; and
- d. Alterations in the environment that take place after the initiation of the study.

External validity focuses on “whether the results of a study can be generalised beyond the specific research context” (Bryman, 2012, p. 48). As indicated by Laxton (2004), external validity may be compromised by the sample size, period of time or setting in which the study is conducted. Such factors may thus play a role in reducing the representativeness of the broader target population.

The internal and external validity of the current study was enhanced by:

- (i) Informing prospective participants about the nature and purpose of the study. This was done in order to encourage respondents to complete the survey questionnaire and, in turn, to decrease attrition rates;
- (ii) Including as many participants in the study as possible, with consideration to time and resource constraints;

- (iii) Including as many relevant employment-related aspects of the counselling psychology category as possible. This was done to ensure content validity (see 4.4.1.2); and
- (iv) Ensuring that the survey questions and statements were appropriate and were not misleading or ambiguous by discussing them with academic and peer reviewers (see 4.4.1.2).

4.4.1.8 Ethical Considerations

According to Harper and Thompson (2012), ethical considerations are an integral part of all types of research. They argue that this arises from the inherent tension between the research's aim to contribute to the field of study and the rights of the participants involved. However, this tension can be mitigated by adhering to appropriate ethical principles that safeguard the rights of participants (McKenna & Gray, 2018). Consequently, this study took into account several ethical considerations. Specifically, all aspects of the research were designed and conducted in accordance with the guidelines specified by the Rhodes University Ethical Standards Committee (RUESC). Moreover, the research adhered to Rhodes University's Policy on Research Ethics (RUESC, 2014). Data collection for the study commenced only after obtaining written approval from RUESC (Review Reference: 2020-1574-362) (refer to Appendix C), and gatekeeper permission was obtained from the Health Professions Council of South Africa (HPCSA) (refer to Appendix B).

All participants were informed of the following, prior to engaging with the survey questionnaire:

- i) That the aim of the study, of which the survey was a part, was to add to the knowledge base on understanding the professional lives of counselling psychologists at key career stages in South Africa, including specific needs, challenges and current employment trends and focusing on the early career stage.
- ii) That the purpose of the study was to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Rhodes University. Participants were informed that ethical approval from the Rhodes University Ethical Standards Committee (RUESC) had been granted (Review Reference: 2020-1574-362; National Health Research Ethics Committee (NHREC) registration number

REC-241114-045) and that gatekeeper permission had been granted by the HPCSA;

- iii) Of the nature of the procedures that would be required should a participant consent to participate in the research;
- iv) That participation in the research was voluntary and that a participant could withdraw at any point and without penalty;
- v) The preservation of anonymity and confidentiality was carefully addressed in this study. As noted by Harper and Thompson (2012), anonymity pertains to the preference by individuals to remain unidentified, while confidentiality involves safeguarding private information that individuals have voluntarily disclosed for specific purposes. Participants were assured that:
 - a. All data that would be collected would remain anonymous and any published articles or reports will include only aggregated data, referring to the presentation of data in a summarised format as opposed to presenting individual responses;
 - b. All data would be securely stored electronically on the researcher's password-protected laptop in documents that will be further password protected. Access to the data will thus be tightly controlled and limited to the researcher and her supervisors only;
 - c. Email addresses of respondents would be removed from the datasheet before analysis and kept separately;
 - d. No attempt would be made to identify participants.
- vi) That risks and discomforts were unlikely from participation in the study;
- vii) If debriefing from the study was required, this would be provided by contacting the researcher directly by email. This aligns with suggestions by Bryman (2012) that debriefing is an important aspect in the consent process;
- viii) That participants were not obligated to respond to any questions that they were not comfortable with;
- ix) Of the potential benefits to participants and/or society. These benefits were summarised as follows: “The aim of this study, of which this survey is a part, is to add to the knowledge base on understanding the professional lives of counselling psychologists at key career stages in South Africa, including specific needs, challenges and current employment trends. Given the critical role that counselling psychologists play in the provision of psychological

services in South Africa, as well as the dearth of literature that currently exists specifically on the category, this research is imperative”.

In compliance with Rhodes University’s (2014) Policy on Research Ethics, informed consent was obtained from all the participants prior to their completion of the survey questionnaire. The informed consent statement that was utilised followed the template provided by the RUEESC. Appendix D contains the statement of informed consent that each participant was required to read through prior to beginning the survey questionnaire. Before beginning the survey, participants were also specifically advised that by clicking “Next” to begin the survey, they were giving consent to participate in the research. Participants were neither coerced nor offered incentives for their participation, and participants thus gave free and informed consent, as defined by Rhodes University’s Policy on Research Ethics (2014). Furthermore, all participants were offered the opportunity to unsubscribe or ‘opt-out’ of future correspondence relating to the research. All the above measures to protect participant privacy, confidentiality and anonymity were also attended to with those who participated in the peer and academic review of the survey questionnaire (see 4.4.1.2). It is noteworthy that the section beginning on the following page will introduce the ‘Second Phase’ of this research.

4.4.2 Second Phase: Semi-structured Interviews

The qualitative research in this ‘Second Phase’ was based on the Interpretative Phenomenological Analysis (IPA) research framework. This decision was made, first, due to IPA’s ontological and epistemological position which aligns with the underlying research paradigm of this study (see section 4.2, in Chapter Four). Second, IPA was chosen given its inherent focus on exploring human lived experiences and the meanings attributed to those experiences (Smith et al., 2009), aligning with the primary research question of the current study (see section see section 1.5, in Chapter One).

The fundamental aim of IPA as a methodological approach is to elicit detailed accounts, thoughts and feelings from a participant (Smith & Nizza, 2022; Smith et al., 2009). According to Smith et al. (2009), semi-structured, individual interviews are thus generally utilised as a means for collecting such data within IPA. This follows that individual interviews are easily managed, allowing a rapport to be developed between the researcher and participant and for participants to freely “think, speak and be heard” (Smith et al., 2009, p. 57). This was critical given that the voices of counselling ECPs are largely missing from extant research (see as discussed in Chapter Two and Three). DeJonckheere and Vaughn (2019) specifically highlight the benefits of semi-structured interviewing, in eliciting rich and meaningful data from participants on their personal experiences, attitudes, perceptions and beliefs (see also, section 4.3.2). This follows the versatile nature of the method which typically involves an interactional dialogue between the researcher and participant, guided by a loose interview schedule with open-ended questions and bolstered by follow-up questions, probes and comments (Bryman, 2012; DeJonckheere & Vaughn, 2019; Willig, 2008). Moreover, semi-structured interviews are frequently used within health services research (DeJonckheere & Vaughn, 2019). Semi-structured interviews were thus employed in the ‘Second Phase’ of the current study to explore the lived professional experiences of counselling ECPs in South Africa.

The sections below provide a brief outline on IPA and its philosophical origins in order to highlight the characteristics which make it most suitable for the ‘Second Phase’ of this study. Moreover, the sections below describe the philosophical foundations upon which the methodological decisions in this ‘Second Phase’ were based. Table 8 then provides a basic structure of the IPA procedures, as described by Smith et al. (2009) and adapted from Howard et al. (2019, p.1872).

Table 8

Basic Structure of IPA Procedures (Adapted from Howard et al., 2019, p. 1872)

Stage	Procedure
1	Formulate research questions based on experiences and/or understandings of a particular phenomenon and considering the researcher's subjective position
2	Select a small and relatively homogenous sample who have experienced the phenomenon
3	Conduct semi-structured, in-depth interviews with participants and transcribe verbatim the interview data
4	Analyse the interview data Step 1: Reading and exploratory notes; Step 2: Formulating experiential statements; Step 3: Finding connections and clustering experiential statements; Step 4: Collate a table of personal experiential themes; Step 5: Perform a cross-case analysis; Step 6: Compile the findings
5	Provide a narrative account of experiential themes using excerpts of participants own words to exemplify their attitudes and experiences
6	Link identified themes back to existing research and re-acknowledging the researcher's subjective perspectives

4.4.2.1 Interpretive Phenomenological Analysis (IPA)

Interpretive Phenomenological Analysis (IPA), initially developed by Smith (1996), is a qualitative methodology focused on exploring, in detail, how participants make sense of their personal experiences as well as the meaning that participants ascribe to these experiences (Smith et al., 2009; Smith & Nizza, 2022). While IPA focuses on how participants experience and attribute meaning to their experiences, IPA also makes an “explicit commitment to person-in-environment and not just phenomenon-as-experienced” (Quest, 2014, p. 43). As such, IPA is not simply descriptive; rather, IPA researchers consider the participant's experiences and sense-making activities in relation to the participant's context-embedded “lifeworld” (Smith et al., 2009, p. 13).

Larkin et al. (2006, p. 102) argue that IPA thus has two complimentary commitments. First, to understand and accurately “give voice” to the experiences of participants, and second, to contextualise and “make sense” of these experiences from a psychological perspective (Larkin et al., 2006, p. 9). As such, Reid and colleagues (2005) describe IPA as the subjective and reflective interpretation of human lived experience. Given IPA's assumption that human beings are inherently “sense-making creatures” (Smith et al., 2009,

p. 2), IPA further acknowledges the role of the researcher in making sense of the participants' experiences. More specifically, IPA views the researcher's preconceived thoughts, feelings, assumptions and experiences as both necessary and valuable in interpreting and amplifying certain aspects of the research data (Willig, 2013). Smith (2004) highlights that findings in IPA are thus not determined in isolation but, instead, are situated against the researcher's own personal experiences as well as the available psychological literature. Larkin et al. (2006, p. 104) support this notion by describing the IPA process as offering "a critical and conceptual commentary" upon participants' own personal sense-making activities.

Smith (2004) outlines that IPA is particularly useful in promoting psychological knowledge production through offering novel ways of understanding existing research, or in assisting to expose novel areas which require further research. Considering that research surrounding the professional experiences of counselling ECPs in South Africa is limited, IPA was deemed valuable to assist in expanding upon this field of research. In addition, while IPA originated within the field of health psychology it has since been strongly adopted within the fields of clinical and counselling psychology (Smith et al., 2009), making it well situated within the current study. Moreover, the advantages of adopting IPA in the 'Second Phase' involve the opportunity to provide readers with an intimate and nuanced perspective, as opposed to that of a distant and panoramic view of counselling ECP's professional lived experiences. In this manner, readers will be transported directly into the life worlds of counselling ECPs, and in turn, gaining an insider's perspective on their experiences. To do so, IPA is based upon three fundamental theoretical principles, including, phenomenology, hermeneutics, and idiography. These three key principles will be briefly outlined below.

4.4.2.1.1 IPA and Phenomenology. Phenomenology refers to the study of conscious human experience (Langdrige, 2007; Smith & Nizza, 2022). According to Larkin et al. (2006), phenomenological inquiry was developed as an eidetic method by German philosopher, Edmund Husserl, in an effort to challenge the positivist movement (Larkin et al., 2006). Positivism holds that knowledge can only be gained through verifiable and quantifiable observations and measurements (Mayoh & Onwuegbuzi, 2013). In contrast, Husserl (1962) argued that knowledge about the nature of consciousness can be achieved through a first-person form of intuition (Larkin et al., 2006). Interestingly, Husserl further asserted that while reality is subjective, there are elements to lived experience that are shared by any person that has that experience (Mayoh & Onwuegbuzie, 2013). As such, the broad aim of phenomenological inquiry is to identify the essential or core components of an experience

which make it distinguishable from other experiences (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). Phenomenological studies thus do not limit the manner in which individuals perceive and talk about their experiences, for example, by making use of predetermined theoretical systems (Smith & Nizza, 2022; Smith & Osborn, 2003). Rather, the researcher engages in “bracketing” (Pietkiewicz & Smith, 2014, p. 8), which involves the researcher reflecting on and setting aside their own values and biases, allowing the phenomenon of focus to speak “in its own terms” (Smith et al., 2009, p. 9).

Interpretative Phenomenological Analysis (IPA) draws upon phenomenology in a number of ways, including, for example, its primary focus on examining human experience. In addition, IPA draws on phenomenology’s assumption that data are based on a subjective reality and thus that there are multiple constructions of reality. However, IPA differs from phenomenology in its view that reality is fundamentally influenced by an individual’s context and personal frames of reference. Furthermore, IPA differs from phenomenology in that it values the prior knowledge and assumptions of the researcher and views the researcher as a productive feature of the research process and outcome (Smith, 2004). Moreover, IPA differs from phenomenology in its attempts to move beyond the description of core concepts and essences of human experiences to look for meaning attached to these experiences. Finally, while phenomenological enquiry focuses on establishing the essential or core components of an experience, IPA focuses on attempting to capture specific experiences as experienced by specific people within specific contexts (Smith et al., 2009).

4.4.2.1.2 IPA and Hermeneutics. Broadly defined by Smith (2007), hermeneutics refers to the practice of interpretation. Hermeneutics was developed as an extension to phenomenology by Martin Heidegger (1962), a German philosopher and student of Husserl (Pietkiewicz & Smith, 2014). Heidegger suggested that the meaning of experience is not always self-evident (Smith & Nizza, 2022). As such, Lopez and Willis (2004) highlight the benefit of hermeneutics in moving beyond the mere description of a phenomena and instead looking to uncover hidden meaning within participants’ accounts. In this manner, Schutz (1975, p. 15) refers to the need to understand an individual’s reality in relation to their “lifeworld”. For this reason, IPA draws on hermeneutics by taking into consideration the various contextual factors in which participants are inextricably embedded. Moreover, IPA draws upon the hermeneutical assumption of the researcher’s active role in the research process and outcome (Smith & Osborn, 2003). This follows the view that the researcher is embedded within their own lifeworld and, as such, cannot remain completely objective

in their interpretation.

Consequently, the analytical process in IPA is often described as involving a “double hermeneutic” (Smith & Osborn, 2003, p. 51), referring to the researcher trying to make sense of the participant, who tries to make sense of their own experiences. According to Smith and Osborn (2003), the IPA researcher is expected to take on two positions, in particular: (i) the hermeneutics of empathy; and (ii) the hermeneutics of questioning or suspicion. The former empathic position refers to the researcher attempting to understand what an experience is like from a participant’s perspective (Smith & Osborn, 2008). In the current study, the researcher took on an empathic position, for example, by attempting to place themselves in the shoes of the participant prior to reading more deeply into the participants’ narrative. In contrast, Eatough and Smith (2008) describe suspicious interpretation as moving beyond the surface, or face value, description offered by the participant, and thus offering alternative interpretations. In the current study, the researcher engaged in suspicious interpretation, for example, by reflecting on the participants’ account and *how* it was said, or the way in which it was non-verbally communicated. In addition, the researcher engaged in suspicious interpretation by positioning the participants’ experiences and the meanings they give to them in relation to the available literature.

Finally, IPA draws on the theory of the hermeneutic circle, referring to the researcher's need to understand the data in relation to its individual parts and the whole and vice versa (Smith et al., 2009). In this manner, the researcher engaged in cyclical alternating between the participants’ account of their experiences, to the broader context in which the participant was embedded, to the researcher’s own experiences and perceptions, and then back again (Willig, 2013). It is noteworthy that the hermeneutic circle process was followed particularly within the data analysis stage.

4.4.2.1.3 IPA and Idiography. Idiography is concerned with the particular as opposed to the universal (Larkin et al., 2006; Pietkiewicz & Smith, 2014; Smith et al., 2009). This contrasts with the nomothetic approach which focuses on making generalisations at the group or population level (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). As proposed by Smith and Nizza (2022), the problematic nature of the nomothetic approach, however, is that while findings are collected from a particular person, the findings are demonstrated in statistical terms, losing distinctive aspects about that person. The idiographic approach, in contrast, thus offers the opportunity to study individual cases and reveal factors that may otherwise be missed at the population level (Smith & Nizza, 2022). Interpretative

Phenomenological Analysis thus strongly draws on idiography in that it attempts to understand the unique experiences of individuals within particular contexts. Consequently, IPA generally makes use of “small, purposively-selected and carefully-situated samples” (Smith et al., 2009, p. 25).

According to Pietkiewicz and Smith (2014), a key principle of the idiographic approach involves exploring each individual case, before making comparisons within the sample. This is supported by Smith and colleagues (2009) who highlight that, while idiography holds a commitment to the particular, this should not necessarily be conflated with a focus on the individual. This follows that idiography does not avoid generalisations, but instead, offers a more cautious approach (Smith & Nizza, 2022). Expanding on this, Pietkiewicz and Smith (2014) indicate how it is possible to study a group of individuals by moving between key experiential themes in the data and demonstrating them within individual accounts as well as comparing and contrasting them. In this manner, IPA draws on idiography in that patterns, divergences and convergences across single cases can be made to a certain degree; however, only once the rich and textured accounts of each of the individual cases has been equally and attentively explored (Smith & Osborn, 2003).

4.4.2.1.4 Researcher Reflection on Personal Embeddedness.

Interpretative Phenomenological Analysis theory holds that the search for knowledge is enmeshed with an individual’s position and perspectives on the world (Smith & Osborn, 2003). As such, IPA theory purports that a researcher cannot help but bring their prior experiences, thoughts, feelings and assumptions into the research process (Brocki & Wearden, 2006). It is thus crucial for researchers to reflect on their subjective position within the research and, as far as possible, engage in bracketing of their preconceptions and presuppositions (Brocki & Wearden, 2006; Willig, 2001). According to Smith and Nizza (2022), researcher reflexivity refers to the researcher being self-aware of their opinions and feelings about the research in order to monitor their influence on the outcomes. Smith and Nizza (2022) thus explicitly suggest that the researcher practices reflexivity by putting into writing their thoughts and perspectives about the research prior to beginning the interviews. For this reason, the researcher reflected on her subjective position and attempted to bracket her views in the current study as follows.

First, I acknowledge that my interest in pursuing the current research topic was sparked following my acceptance into the counselling psychology Master’s Degree programme at Rhodes University. Upon entering the programme, I was eager to gain an enhanced

understanding of what it was like to be a newly qualified psychologist in South Africa. My curiosities lead me to conduct my Master's Degree mini-dissertation on the professional lives of recently qualified clinical and counselling psychologists in South Africa (see Haine, 2019). While my Master's dissertation offered important insights into the professional lives of ECPs more generally (see Haine & Booysen, 2020), I quickly realised that the lives of clinical and counselling psychologists were vastly different. This finding heightened my interest to explore the lives of counselling psychologists more in-depth. That said, I fully acknowledge that the outcomes of my Master's mini-dissertation have provided me with some preconceived ideas about the types of findings that may emerge in the current study. In addition, as a result of my Master's dissertation, I became well versed with the literature available on ECPs internationally. In this manner, I acknowledge that my prior research knowledge and experiences played a significant role in both driving and shaping the current research. I thus had to remain cognisant to set these preconceptions aside to allow the participants' narratives in the current study to speak in their own terms.

Second, I acknowledge that at the time that this research was conducted (2020-2022), I was an HPCSA registered counselling ECP. I viewed this position as being both potentially problematic and advantageous to the current research. For example, I acknowledged the problematic nature of my own experiences and perspectives as a counselling ECP possibly spilling over into the realities of the participants. In other words, I acknowledged that my position perhaps offered *too much* of an insider's perspective which, in turn, may have clouded my objectivity. In contrast, however, I considered my position as a counselling ECP to be particularly valuable in the current study for five reasons: (i) I had a natural understanding of the multifaceted aspects of the counselling psychology profession in South Africa. As such, my prior knowledge and experiences afforded me the opportunity to probe and expand on interesting and nuanced aspects as reported by the participants; (ii) Given the common ground that I shared with the participants, this allowed for enhanced rapport building and resulted in some participants sharing, more openly, their thoughts, feelings and experiences; (iii) As a counselling psychologist, I felt I inherently took on a phenomenological approach to understanding the world. In other words, I was innately fascinated with understanding the lives of people and what it means for them *to be* in the world; (iv) As a counselling psychologist, I felt that I had acquired the therapeutic skill of empathic listening; referring to the ability to engage attentively and sensitively to what a person is saying while setting aside my own perspectives and experiences. This allowed me to effectively engage in the practice of bracketing my prior experiences and assumptions; (v) At the time that this research

was conducted, I was practicing as a clinician only on a part-time basis. This followed that I was fully immersed in world of academia and research. As such, it is possible that I attained a certain degree of objectivity from the *practice* world in this way.

Third, I acknowledge that over the past few years I have become increasingly concerned about issues of accessibility, credibility and relevance of mental healthcare services within our country. As a result, I have developed a special interest in the areas of public healthcare, health psychology and community-based psychological interventions. It is my view that investment in such approaches is crucial if we, as a profession, are to more effectively address societal issues in South Africa, engage in transformation and prevention of mental health disorders, and improve overall mental health and wellbeing of the nation. I thus fully acknowledge that the current research study is, in part, founded on my passion to ultimately contribute towards improving the accessibility, credibility and relevance of mental healthcare services in South Africa.

Fourth, I have grown acutely aware of the many setbacks and obstacles facing counselling psychologists in South Africa. Through personal experience and informal conversations with colleagues I have noted the increasing frustration, resentment and despondency emanating from the registration category as a whole. In my view, this is disheartening given that the discipline holds much promise to be a significant agent of change. Moreover, I find this to be greatly concerning given that counselling psychologists make up a substantial proportion of mental health practitioners in the country. It is thus my view that an enhanced understanding of the lives of counselling psychologists is crucial if we are to effectively reduce attrition rates of practitioners from the discipline and determine how best to support and utilise this group within the healthcare field.

It is clear from the above reflection how my own biases and values would have influenced the current study. In turn, it was crucial for me to engage in ongoing critical reflection on my positionality through supervision of my work and through maintaining a reflexive journal, as suggested by Smith and Nizza (2022). Here, it is important to acknowledge that both of my supervisors, Prof. Charles Young and Dr Duane Booysen, were HPCSA registered counselling and clinical psychologists, respectively, at the time that this research was conducted. As such, both supervisors played a significant role in assisting me to reflect on my positionality and in identifying how my subjectivity may be inadvertently influencing the research findings. Nevertheless, when considering a cost-benefit analysis, as

proposed by Smith (2004), I felt that the overall value of my subjective position in the current research outweighed the negatives sufficiently to defend the continuation of the research.

4.4.2.1.5 Evaluation of IPA. Given that IPA was chosen as the methodological approach to the ‘Second Phase’ of this research, it was deemed important to consider both its strengths and limitations. Four major conceptual and practical limitations have been levelled against IPA (Landridge, 2007; Pringle et al., 2011; Willig, 2001). These concerns are outlined below, followed by a discussion of IPAs identified strengths.

First, IPA has been criticised for its unsatisfactory acknowledgement of the role of language in shaping, enabling and hindering the construction of participant’s realities (Willig, 2001). Smith and colleagues (2009), however, refute this criticism by highlighting that meaning making by participants is contextually embedded within narratives and discourse.

For this reason, the authors purport that, while the primary aim of IPA is to gain an understanding of human experience, this of course, includes consideration of language which is inextricably embedded with sense making activities (Smith et al., 2009).

Second, concerns have been raised regarding the skills required by participants and researchers to effectively communicate their lived experiences. In particular, critics argue that IPA serves only those who can eloquently articulate their experiences (Willig, 2008).

According to Tuffour (2017), this is a noteworthy criticism and should be addressed by IPA researchers. As such, in the current study it is acknowledged that English was the language communication. While the researcher and all of the participants identified themselves as being proficient in English, two participants identified as being non-English home language speakers. As a result, there is the possibility that the richness and delicate details of these participants’ accounts may have been unintentionally lost or skewed in the research process. For this reason, the researcher attempted to mitigate this limitation, as far as possible, by following up with participants to determine if their accounts were accurately *heard* and understood.

Third, it has been argued that, while IPA, similar to other phenomenological enquiries, does well to document participants’ perceptions of their lived experiences, it does not, however, explain why they occur (Willig, 2008). In other words, critics argue that, while IPA investigates the lived experiences of participants, IPA does not explore the factors that lead to such experiences (Willig, 2008). In their rebuttal of this criticism, however, Smith et al. (2009) argue that IPA attentively contextualises the position of human experiences through consideration of various historical, personal and situational factors.

Fourth, IPA has been criticised for its fundamental concern with cognition, or sense-making activities, as opposed to phenomenology's inherent focus on pre-reflective or immediate human experience (Landridge, 2007; Willig, 2008). In other words, phenomenological enquiry focuses mostly on the features of human experience which are generally "not thought about" (Smith et al., 2009, p. 181). A simple example of this might include the experience of walking down a lane, hearing the rustling of leaves and placing one foot in front of the other. The elucidation of such a taken-for-granted experience has, arguably, much to offer through phenomenological enquiry. In this manner, critics thus argue that IPA's focus on cognition, or deliberate reflection, is incommensurate with aspects of phenomenological enquiry. Smith et al. (2009), however, have rebutted such claims by highlighting that IPA conceives cognition as "dilemmatic, affective and embodied" (p. 191). In other words, these authors suggest that when individuals are deliberately thinking about important experiences in their lives, this thinking forms a part of *being* in the world and thus cannot be detached as disembodied cognitive activity.

Fifth, Pringle et al. (2011) raise concerns over transferability and representativeness of IPA findings. This critique, however, is in complete contrast to the very aim of IPA which is to illicit a rich and detailed understanding of a particular person's experience within a particular context. In other words, while there are numerous approaches that may be selected to offer generalisability, IPA in contrast, offers a complementary, in-depth and nuanced alternative.

Despite numerous criticisms having been levelled against IPA, the ever-increasing corpus of IPA studies speaks to its usefulness and strengths. Tuffour (2017) and Noon (2018), for example, highlight that IPA's methodology is accessible and clear, the theoretical underpinnings are firm, and its design is versatile. Moreover, IPA is valuable in uncovering rich, intimate details of an individual's first-hand experience; making IPA a particularly useful methodology to elicit the voices of individuals or groups of individuals that may otherwise go unheard (Noon, 2018, Tuffour, 2017). Expanding on this, authors emphasise the value of IPA in contextually situating a person's subjective experiences (Noon, 2018; Smith & Osborn, 2003; Tuffour, 2017). According to Eatough and Smith (2008), the inductive nature of IPA, furthermore, offers the opportunity to reveal novel and unexpected areas to be explored in future research. In addition, IPA has become particularly useful as a methodology within the healthcare context (Biggerstaff & Thompson, 2008; Brocki & Wearden, 2006; Smith et al. 2009). This follows IPA's focus on *research-in-context* and as such, a focus on *research-in-practice* (Biggerstaff & Thompson, 2008). For example, McGlinchey et al. (2021) employed

IPA to understand the lived experiences of healthcare professionals during the COVID-19 pandemic. Comparably, Charlemagne-Odle et al. (2014) made use of IPA to determine clinical psychologists' experiences of personal distress. It is noteworthy that IPA has also been effectively used to explore the professional lives of various early career professionals. For example, Huff et al. (2019) employed IPA to understand the professional lives of early career engineers as they transitioned into the workplace. Furthermore, as previously discussed, Haine and Booysen (2020) made use of IPA to explore the professional lives of early career clinical and counselling psychologists.

A potential alternative approach to the 'Second Phase' of this research includes the use of Grounded Theory. According to Willig (2008), IPA is frequently compared and contrasted with Grounded Theory, given the degree of overlap between the two approaches; including, a broadly inductivist approach to inquiry (Smith et al., 2009). Overall, however, IPA differs from Grounded Theory in that it affords a rich and detailed analysis of the lived experience of a small sample of participants with an emphasis on the similarities and differences within the sample (Smith et al., 2009). This contrasts with Grounded Theory which focuses on examining social processes with a larger sample and where the individual accounts are used to generate theory. Consequently, IPA studies thus tend to lead to subsequent Grounded Theory studies (Smith et al., 2009). Moreover, Willig (2008) highlights that the firm theoretical foundations upon which IPA is based makes the approach distinctive from Grounded Theory. In addition, compared to Grounded Theory, the nature of IPA is flexible and versatile and thus affords significantly "more room for creativity and freedom" (Willig, 2008, p. 69). For the above-mentioned reasons, IPA as opposed to Grounded Theory was chosen for the 'Second Phase' of the current research.

According to Tannen et al. (2015), Discourse Analysis (DA) is a qualitative research method which is valuable when used within the context of healthcare. As a result, DA was considered a potential approach to be used within the 'Second Phase' of this research. As proposed by Starks et al. (2007), however, DA focuses on examining the role of language in how people construct their experiences. This is in contrast, however, with IPA's fundamental concern with how individuals make meaning of their experiences within specific contexts (Smith et al., 2009). Consequently, IPA, rather than DA, was considered more appropriate to explore how counselling ECPs viewed and made sense of their professional experiences in South Africa.

In addition, Narrative Analysis was considered as a possible qualitative approach in the 'Second Phase' of this research. According to Smith et al. (2009), Narrative Analysis

shares a wide overlap with IPA in that both methodologies follow the assumptions of socially constructionism with an emphasis on human experience. However, while IPA is typically concerned with the content of an experience as indicated by the experiencer, Narrative Analysis is fundamentally focused on the way in which experiences are strung together by the experiencer to establish a plot (Reid et al., 2005). As a result, IPA, as opposed to Narrative Analysis, was considered more relevant to exploring the lives of counselling ECPs in South Africa.

Finally, a potential alternative approach to the ‘Second Phase’ of this study involved the use of Thematic Analysis. However, while IPA is primarily interested in understanding human lived experience, and is founded on a clearly defined, coherent methodology (Smith & Nizza, 2022), Thematic Analysis is atheoretical, leaving the researcher to make the various methodological decisions (Bryman, 2012). The use of Thematic Analysis within a study is thus beneficial in instances when other approaches do not necessary align with the orientation of a study. Given that IPA specifically aligned with the underling research paradigm, the primary research aim of this study, and offered a detailed, coherent methodology, IPA as opposed to Thematic Analysis was thus deemed the most relevant to exploring the professional experiences of counselling ECPs in South Africa.

4.4.2.2 *Integration of the ‘First Phase’ with the ‘Second Phase’*

Ivankova and colleagues (2006, p. 11) describe integration as “the stage or stages in the research process where the mixing or integration of the quantitative and qualitative methods occurs” (see also, Creswell et al. 2003; Green et al. 1989; Tashakkori & Teddlie 1998). When employing a mixed methods sequential design, the quantitative and qualitative phases are typically integrated in the intermediate stage when the findings from the first phase are used to direct or drive the data collection in the second, qualitative phase (Hanson et al., 2005). According to Creswell et al. (2003), this generally occurs in two ways: (i) in selecting the sample of participants for the qualitative follow-up phase; (ii) in developing the qualitative data collection protocols, based on the findings from the first, quantitative phase. In the current study, the quantitative (‘First Phase’) and qualitative (‘Second Phase’) were connected in both of the aforementioned ways.

First, the participants for the qualitative interviews were selected from those participants who had responded to the survey questionnaire in the first, quantitative, phase and who had indicated willingness to engage in a follow-up interview process. This aligned well with suggestions by Ivankova et al. (2006) that participants’ selection in the mixed

methods sequential explanatory design should involve exploring a few typical cases as opposed to seeking odd or extreme cases. Moreover, this was congruent with the IPA research framework which aims for a homogeneous sample, such that patterns, similarities and differences can be examined within a group deemed to be mostly similar according to pertinent variables (Smith & Nizza, 2022). Hanson et al. (2005) highlight that, while selecting ‘typical’ cases for follow-up analysis is a common point of integration, there are no established guidelines as to how researchers should proceed with identifying ‘typical’ cases. As such, the current study identified ‘typical’ cases as HPCSA registered counselling ECPs who had completed the survey questionnaire in the ‘First Phase’ and who expressed willingness to engage in a follow-up interview.

Second, the interview schedule was developed in accordance with the findings from the first, quantitative, phase. More specifically, given that the aim of the ‘Second Phase’ was to elaborate on and gain a more in depth understanding of significant or unexpected findings from the ‘First Phase’ (Creswell et al., 2003), such findings were identified by the researcher and used to provide a strong justification as well as phenomenological orientation for the development of the interview questions for the second, qualitative phase.

Third, the quantitative and qualitative phases were integrated within the discussion chapter to allow for a more holistic understanding of the data captured. In particular, the results from the quantitative phase were first discussed to address the study’s first and second research objectives, namely: “To investigate the current employment trends of counselling ECPs in South Africa” and “To compare the employment trends of counselling ECPs with more established counselling psychologists in South Africa” (see section 1.5, in Chapter One). Following this, the results from the qualitative phase were then discussed in order to address the study’s third objective: “To explore the lived professional experiences of counselling ECPs in South Africa with a focus on their specific needs and challenges” (see section 1.5, in Chapter One). In doing so, the findings from the second, qualitative phase were used to build upon and provide an “insider’s perspective” on the statistical results from the first, quantitative phase. For this reason, it is noteworthy that the quantitative and qualitative approaches were also connected at the initial study design stage by introducing both quantitative and qualitative research objectives (see section 1.5, in Chapter One).

4.4.2.3 *Participant Sample and Sampling Technique*

The aim of IPA research is to give full appreciation to individual human lived experiences (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). As such, samples in IPA are typically small, which allow for a detailed and in-depth analysis of each participant's account (Smith & Nizza, 2022). Pietkiewicz and Smith (2014) highlight that there are no rules as to how many participants should be included within a sample. For example, the "analysis of a single case may well be justified if rich and meaningful data has been collected" (Pietkiewicz & Smith, 2014, p.9). Instead, Pietkiewicz and Smith (2014) suggest that researchers should be guided by the following factors: (i) the depth of analysis of an individual account; (ii) the texture and richness of the participants cases; (iii) how the researcher intends to analyse convergences and divergences across the individual cases; and (iv) pragmatic limitations such as time constraints and availability of participants. That said, Smith and Nizza (2022) propose ten to twelve participants to be sufficient for a doctoral IPA study. Comparably, Turpin et al. (1997) describe six to eight participants as generally appropriate for an IPA doctoral study. As previously indicated, the aim of IPA is not to develop theory to be generalised to the greater population. As such, it is acknowledged that a sample size larger than ten participants may have compromised the intricate analysis of the participants' nuanced experiences (Smith, 2007). For the above-mentioned reasons, a maximum sample size of ten counselling ECP participants was deemed more than sufficient.

Given that the sample of participants required for an IPA study is small and specific, a purposive sampling technique is generally employed (Smith et al., 2009). Purposive sampling, also commonly referred to as judgement sampling, is a non-probability type of sampling which chooses participants since they offer insights into the particular experience being explored (Bryman, 2012; Smith & Nizza, 2022). More specifically, homogenous sampling was used, referring to the selection of participants who are ostensibly more similar than they are ostensibly diverse according to characteristics defined by the researcher (Bryman, 2012; Smith et al., 2009). Homogenous sampling is generally employed as it allows for convergences, divergences and patterns to be identified within a sample (Smith & Nizza, 2022). Bryman (2012), for example, suggests that samples sharing the same occupation may be deemed homogenous. For this reason, the sample of participants in the current phase were deemed homogenous based on three aspects: (i) participants all shared the same occupation of counselling psychology; (ii) participants were all in the early career stage of their professional lifespan; and (iii) participants were all HPCSA registered and thus in some form

bound to the South African context. Concerns levelled against this sampling method involve the likelihood of researcher bias and findings with reduced external validity (Bryman, 2012). Nevertheless, as indicated in prior discussions, the purpose of IPA is not to generalise findings to the greater population, but instead, is to gain an in-depth understanding of individual experiences (Pietkiewicz & Smith, 2014). As such, the disadvantages discussed were deemed to be of minimal concern.

4.4.2.4 *Design of Interview Questions and Enhancing Instrument Validity*

The interview protocol was developed based on the quantitative findings from the 'First Phase'. As proposed by Smith and Nizza (2022), the development of an interview guide in IPA is an iterative process and begins with identifying the broad areas to be explored. This is then followed by establishing the specific questions and order in which the questions are asked (Smith & Nizza, 2022). Given that the first, quantitative phase, findings were used to orientate the phenomenological questions to be explored in the second, qualitative phase, three broad areas were identified from these findings to be explored, namely: (i) The experience of seeking and gaining employment as a counselling ECP in South Africa; (ii) The professional challenges experienced as a counselling ECP in South Africa; and (iii) The experience of receiving professional support as a counselling ECP in South Africa.

A temporal structure was followed in developing the questions as described by Kvale and Brinkman (2015). This involved beginning by exploring the participants' path to becoming a counselling psychologist, then asking about their initial impressions and aspects of their current work and then concluding by exploring their thoughts, assumptions and feelings about their future as a counselling psychologist in South Africa.

Smith and Nizza (2022) purport that for a forty-five to sixty minute interview, a researcher should aim to include between six to ten questions. As such, nine open-ended questions were established in addition to a set of tentative prompts. More specifically, three questions were developed per broad area explored. This aligns well with suggestions by Smith and Nizza (2022) that IPA interview questions should be open and expansive, followed by prompts that assist in clarifying the questions or expanding on the participant's responses on an as-needed basis. In addition, Pietkiewicz and Smith (2014) highlight how the researcher should establish rapport and gain the trust of the participant. As such, Pietkiewicz and Smith (2014) suggest the use of a warm-up discussion to reduce the participant's tension and ease them into discussing more sensitive or personal issues. This was addressed in the interview protocol by the researcher beginning the interview by providing a brief introduction

to herself and the purpose of the research study, followed by the gathering the participants demographic details. The interview schedule then ended with a question asking participants if they had anything to add on their experience as a counselling ECP in South Africa. This follows suggestions by Laxton (2004) that certain aspects relevant to the research problem may not have been covered in the interview.

The interview schedule was reviewed and refined with the assistance of the researcher's supervisors. In addition, the interview schedule was pilot tested with two participants, purposefully selected from those who had completed the survey questionnaire in the first, quantitative, phase of the study and who indicated willingness to be interviewed. This was done in order to enhance the validity of the questions as well as to test the general flow of the interview schedule (Smith & Nizza, 2022). On the basis of the pilot interview, only slight revisions were made to the wording of the interview questions. It is noteworthy that the pilot interview data were not utilised in the final analysis and write up of the 'Second Phase' findings. This aligns with suggestions by Hassan et al. (2006) that pilot tests are generally not conducted with the purpose to generate findings, but rather, to discern issues and deficiencies in the research instruments and protocol before administration in the actual study.

4.4.2.5 *Data Collection*

An item at the end of the survey questionnaire asked participants to indicate their willingness to engage in a follow-up interview process by providing their email address. While 512 participants represented the total sample of counselling psychologists who completed the online survey questionnaire, 195 of those specifically represented counselling ECPs. Of the 195 counselling ECP participants who completed the survey questionnaire, 84 indicated their willingness to participate in an individual follow-up interview. Hence, all 84 of the participants were emailed and invited to participate in an individual interview. In addition, all prospective participants were asked to select a date and time that bested suited them to engage in the interview. Of the 84 participants a sub-sample of 10 counselling ECPs were selected to participate in the qualitative interviews. The 10 counselling ECPs represented the first 10 counselling ECPs to respond to the researcher and to indicate a date and time that the interview could be conducted. In this manner, convenience sampling was utilised to recruit the final 10 participants. According to Bryman (2012), convenience sampling is a non-probability form of sampling where individuals are recruited since they are the most willing or easily accessible to the researcher.

Given that participants were geographically dispersed across South Africa, as well as the mandated COVID-19 regulations to engage in social distancing at the time that this research was conducted, individual, Zoom[®], semi-structured interviews were conducted.

Zoom[®] is a video conferencing software programme which allows for live virtual meetings to be conducted through use of video, audio or both (Archibald et al., 2019). According to Smith and colleagues (2009), most IPA studies conduct face-to-face interviews. However, due to pragmatic challenges, various studies do exist that employ alternative methods. For example, Griffith et al. (2012) and Petalas et al. (2015) made use of telephone interviews. In contrast, Murray (2004) and Murray and Harrison (2004) made use of e-mail interviews, and Iliffe and Thompson (2019) conducted virtual interviews via the social media platform Facebook Messenger.

The use of virtual interviewing, however, has been critiqued in the literature with arguments levelled against it to include: (i) loss of important visual cues; and (ii) difficulty in establishing and maintaining rapport (see, for example, Novick, 2008). This is in contrast to findings by Lo Iacono et al. (2016) and Janghorban et al. (2014), who note no loss of quality with the use of virtual interviewing. Similarly, in the current study, the researcher perceived no loss of quality through conducting virtual interviews. This was, in part, due to the high video and audio quality of the Zoom[®] software as well as the strong internet connection held by both the researcher and the participants. In essence, this allowed for live, ‘face-to-face’ interviews, such that eye contact could be maintained, body language and visual cues could be acknowledged, and rapport could be established and maintained.

It should also be noted that the above-mentioned criticisms levelled against virtual interviewing predate the COVID-19 pandemic. This is important to note, given that the COVID-19 pandemic regulations compelled people to change the ways in which activities are typically done (see section 2.8 in Chapter Two). The most significant of these changes involve the extent to which digital technologies have been utilised to execute professional activities and communicate (Guan et al., 2020; Rudnicka et al., 2020; Sułkowski, 2020; Vieira et al., 2020). Arguably, most psychologists have thus become more familiar and confident in utilising various online video conferencing softwares over the past three years.

Prior to the commencement of the interviews, the participants were emailed various documents which needed to be signed and returned to the researcher, including: (i) an information sheet on the study (see Appendix E); (ii) an informed consent form to participate in the interview (see Appendix F); (iii) an informed consent form to be audio-recorded (see Appendix G); and (iv) an emergency contact form (see Appendix H). The emergency contact

form was developed as a safety measure which could be used in the unlikely event that a participant became distressed during the interview. It was indicated in the form that the emergency contact person should be available during interview, to aid the participant in receiving psychological assistance, should it be needed. However, the responsibility fell on the researcher, prior to the interview, to identify the nearest psychological service that could be accessed by the participant. While this safety protocol was developed, no participants became distressed during or after the interview, and as such, the protocol was deemed unnecessary to implement. This could possibly be due to all participants being registered psychologists and, as such, capable of effectively monitoring and regulating their own psychological distress. In addition, this may be attributed to the nature of the topic, which is unlikely to be distressing.

While the interviews were being conducted, the researcher followed the interview schedule (see Appendix I) in a flexible manner. This encouraged free and open expression between the researcher and the participants (Pietkiewicz & Smith, 2014). The researcher conducted the Zoom[®] interviews from her home in which she lived alone. The researcher felt that the quiet and secure space of her home would ensure that the interviews remained confidential and that the participants would be comfortable. The interviews were conducted during the period of March 2022 and were each between 45 to 90 minutes in length. All interviews were audio-recorded on a mobile recording programme secured on the researcher's personal cell phone. This was done in order to capture important nuances that may have been otherwise missed (Smith & Nizza, 2022; Smith & Osborn, 2003). As previously indicated, interviews were audio-recorded with the written consent of all participants. Some notes were taken by the researcher commenting on significant visual aspects presented by participants during their narrative accounts, such as hand gestures or facial expressions. The researcher then transcribed 'verbatim' all the audio-recordings. By doing so, the researcher fully immersed herself within the data (Smith et al., 2009). Follow-up emails were then sent to participants to iron out any ambiguities from the audio-recordings. This was done in order to ensure that interviewer bias was reduced and the trustworthiness of the findings were enhanced (Willig, 2001).

4.4.2.6 *Data Analysis*

An IPA approach was employed to analyse the qualitative data in this research phase. According to Pietkiewicz and Smith (2014), IPA does not advocate for a specific data analysis method, but instead offers a framework of principles and recommendations to be

adhered to. Consequently, flexibility and creativity were necessary during the analysis of this qualitative phase of the study. The data interpretation phase adhered to the six-stage analysis process described by Pietkiewicz and Smith (2014). A depiction of how this process was implemented is provided below.

In the initial step, the researcher immersed herself in the data by thoroughly reading the interview transcripts multiple times, as suggested by Smith et al. (2009). This step enabled the researcher to fully engage with the raw data and obtain a comprehensive understanding of its content.

In the second step, two margins were created alongside the interview transcript. The researcher utilised the left-hand margin to annotate noteworthy meanings or observations found in the participants' accounts. These annotations included comments on the content, language usage, context, and the researcher's personal reflexivity. In addition, significant phrases by the participants were highlighted during this stage.

In the third step, the researcher transformed the detailed annotations from the left-hand margin into preliminary Personal Experiential Themes (PETs) and recorded them in the right-hand margin. The PETs remained grounded in the participants' accounts but operated at a higher level of abstraction, incorporating psychological conceptualisations following the recommendations of Smith and Osborn (2003). At this point, the hermeneutic circle, as described in section 4.4.2.1.2, was conscientiously employed by the researcher.

In the fourth stage, the researcher sought connections among the PETs by grouping them based on conceptual similarities and assigning descriptive labels to these clusters. These labels were written on a separate sheet of paper. Some themes exhibited strong coherence in terms of their content, while others demonstrated hierarchical relationships and were thus clustered under overarching themes. To visually illustrate the superordinate and subordinate themes, a summary table was created following the approach suggested by Willig (2001).

The fifth phase involved repeating the aforementioned process for each participant's interview transcript. During this stage, the researcher took care to set aside any preconceived notions from previous cases or transcripts, ensuring a unique and idiographic analysis of each subsequent case.

The final, sixth, step encompassed identifying patterns across cases and documenting them. Flowers et al. (2006) propose that the emergence of recurring themes across transcripts indicates shared understandings among the participants and should therefore be given priority and noted. These themes are referred to as Group Experiential Themes (GETs) according to Smith and Nizza (2022). The researcher reviewed and scrutinised the identified GETs to

ensure that they were well-supported by the text in the transcripts (Smith & Nizza, 2022). This stage of analysis demanded the utmost creativity and flexibility, as it involved rearranging and relabeling the emerging themes. Ultimately, a consolidated list was produced, which is presented in Table 18 in Chapter Six.

4.4.2.7 *Trustworthiness*

Evaluating the quality of IPA research necessitates a deviation from the conventional criteria used to establish the validity and reliability of quantitative research studies (Yardley, 2000). This is because quantitative research primarily emphasises observable factors and relationships that can be generalised to broader populations, whereas qualitative inquiry focuses on acquiring an in-depth comprehension of particular situations, processes and individual experiences (Yardley, 2000). While generic guidelines for evaluating the quality of qualitative research exist (e.g., Elliot et al. (1999); Yardley (2000)), Smith's (2011a) review offers criteria to specifically evaluate IPA research as either *good*, *acceptable* or *unacceptable*. The criteria include assessing a number of qualities that play a role in the trustworthiness of IPA research. These qualities include consideration of: (i) the extent of transparency, coherence, plausibility and interest; (ii) the sufficiency of sampling; and (iii) the density of evidence. In a response to commentaries on his first article, Smith (2011b) identified an additional three features of *good* IPA: (i) remaining focused and providing depth; (ii) demonstrating strong data and interpretation; and (iii) engaging and enlightening the reader.

Expanding on Smith's (2011) guide to assessing IPA research, more recently, Nizza et al. (2021) offer a detailed description on the features of high quality IPA and how these qualities may be met in practice. Specifically, Nizza et al. (2021) present four markers of high quality IPA research, including: (i) constructing a compelling, unfolding narrative; (ii) developing a vigorous experiential and/or existential account; (iii) close analytic reading of participants' words; and (iv) attending to convergence and divergence. A discussion of these four indicators of high quality IPA and examples of how these were addressed in this study follows. Table 9 presents the four quality indicators of good IPA as well as a concise description of each, as adapted from Nizza et al. (2021, p. 371).

Table 9

The Four Quality Indicators of Good IPA (Adapted from Nizza et al., 2021, p. 371)

Quality Indicator	Brief description
Constructing a compelling, unfolding narrative	The analysis conveys a persuasive and coherent story. The narrative is built cumulatively through an unfolding analytic dialogue between carefully selected and interpreted extracts from participants' accounts
Establishing a vigorous experiential and/or existential account	Emphasis is given to the fundamental experiential and/or existential meaning of participants' accounts giving depth to the analysis
Close analytic reading of participants' words	Thorough analysis and interpretation of quotations within the narrative assists in offering meaning to the data and the experience it describes
Addressing convergence and divergence	Idiographic depth and systematic comparison between participants establishes a dynamic interweaving of patterns of similarity and individual idiosyncrasy

4.4.2.7.1 Constructing a Compelling, Unfolding Narrative. According to Nizza and colleagues (2021, p. 371), high quality IPA should reveal a “story”, a narrative which is “rich, cohesive and has momentum” (p. 374). Narrative development allows a sense of coherence to the data analysis and ensures the linking of parts and the whole, which is characteristic of the hermeneutic circle, a strong feature in IPA (see as described in section 4.4.2.1.2) (Smith, 2007). Nizza et al. (2021) propose the creation of a compelling, unfolding narrative occurs at two levels: within and across themes. Within themes, the authors suggest a persuasive, progressive narrative can be generated by alternating between participants' quotations and the researchers' interpretations. In other words, in good IPA the researcher selects the most relevant participant quotations, places them in the most appropriate order and offers meaningful interpretative commentary on the quotations. Within subthemes, narrative development can be addressed by ensuring that each quotation illustrates a particular point, while additional quotations are utilised to extend the narrative, offering either something new or an alternative perspective. Across themes, Nizza et al. (2021) suggest a cohesive, unfolding narrative can be accomplished by ensuring that each theme adds to the narrative of the overall findings in an interwoven manner.

In the current study, the researcher made conscious attempts to address the abovementioned IPA quality indicator in various ways. For example, rather than beginning the qualitative findings chapter (see Chapter Six) with a detailed description on how each of

the various themes interconnected with one another, the researcher established a sense of continuity by consistently linking each new theme with the preceding one. Moreover, in the discussion (see Chapter Seven), the researcher strung together the various qualitative themes to provide depth of understanding to the quantitative findings ('First Phase'), which were further developed by situating the IPA findings in relation to the extant literature. In addition, within the themes, the researcher ensured that the participants' quotations were ordered incrementally such that new quotations were used to offer novel or different perspectives to the broader argument. Finally, the researcher ensured to provide a dynamic and persuasive narrative by drawing the participants quotations together with strong interpretative commentary that remained grounded in the participants own experiential words, but that were based at a higher level of conceptual abstraction. Addressing this quality in various ways within the IPA research ensured that a dynamic, orderly and persuasive narrative was established to enlighten and effectively engage the reader.

4.4.2.7.2 Developing a Vigorous Experiential Account. The fundamental aim of phenomenological enquiry is to explore subjective lived experience (see section 4.4.2.1.1) (Langdridge, 2007; Smith & Nizza, 2022). Interpretative Phenomenological Analysis (IPA) has been specifically designed to address this process by exploring experiences that are important to people and which require some degree of reflection (Nizza et al., 2021). High quality IPA thus focuses on understanding experiences which are of importance to people, and the ways in which people reflect and make meaning of these experiences (Smith et al., 2009). According to Nizza et al. (2021), an experience can be distinguished from an event by the degree of importance it is given by an individual, and whose sense-making activities involve varying layers of experiential and/or existential meaning (Smith, 2007). Good IPA will thus generally reveal strong experiential themes that at times, may be expanded to an existential dimension of analysis (Nizza et al., 2021).

In the current study, the quality of IPA was therefore addressed by the researcher purposely engaging with the experiential and, where possible, the existential significance of each participant's narrative and paying close attention to each participants unique reflection on their own account. For example, a theme that arose from the analysis, pertained to identity, a deeply existential concern. More specifically, the theme revealed the internalised identity conflict most counselling ECPs experienced in their role as a counselling psychologist.

4.4.2.7.3 Close Analytic Reading of Participants' Words. Given IPA's dedication to both interpretation and idiographic depth, high quality IPA requires that

researchers engage in close analytic reading of participants' accounts (Nizza et al., 2021). In other words, high quality IPA does not allow a participant's words to "speak for themselves" but requires the researcher to engage in further analysis to illuminate different layers of significance in the data. This forms part of the fundamental double hermeneutic feature of IPA (see as described in section 4.4.2.1.2). According to Nizza et al. (2021), while there is no single way of accomplishing this quality indicator, the process mostly relies on the researchers effective cycling between making meaning of the language in the participants quotations and the meaning conveyed in the broader dataset (Smith, 2007). Through this cycling process, the researcher ensures a more in-depth, transparent and convincing interpretation of the participants' account.

In the current study, the quality of the IPA was enhanced by the researcher paying close attention to the particular words utilised by participants, including their metaphorical depictions, linguistic choices, tone and the imagery they evoked. In closely reading the participants' data, the researcher thus ensured that her interpretations became transparent through grounding her claims firmly in the dataset. In addition, the researcher ensured to utilise fewer quotations, where possible, to allow opportunity for more in-depth interpretations of the participants' narrative accounts. Furthermore, the researcher ensured that in conjunction to the small sample size utilised ($n = 10$), she remained committed to the idiographic nature of IPA (Smith, 2004) through allowing the reader to closely follow the varying perspectives of individual participants throughout the themes, grounded in verbatim extracts.

4.4.2.7.4 Attending to Convergence and Divergence. As proposed by Smith et al. (2009), high quality IPA strikes a balance between commonality and individuality; demonstrating how participants may share certain qualities without dismissing participants' idiosyncratic features. This addresses IPA's commitment to an idiographic analysis (see as described in section 4.4.2.1.3), while not eschewing generalisation (Nizza et al., 2021). In other words, good IPA demonstrates the similarities and differences between participants, to show how patterns of connection may exist while simultaneously acknowledging the unique qualities of each individual's experience (Smith, 2011a). According to Nizza et al. (2021), this allows the IPA researcher to convey representation, prevalence and diversity within the analysis. High quality IPA thus demonstrates how different individuals may interpret the same lived experience in similar or contrasting ways. Hermeneutic cycling by the researcher between the part and the whole, is thus essential to ensuring appropriate convergence and divergence (see as described in section 4.4.2.1.2); an

individual quotation is understood in the broader context of the individual's experience, and the individual's experience is considered in relation to the whole groups experience.

In the current study, convergence and divergence was addressed by the researcher, for example, through presenting a series of comparisons between individual participants as opposed to groups of participants. In other words, rather than aggregating the data at a group level where links to individual's and their unique experiences may be lost within the data, the researcher ensured to leverage the individual details of the participants experiences, within their specific context. In addition, the researcher ensured that convergence and divergence was addressed within each theme by first demonstrating the prevalence by utilising statements such as "*all participants*" or "*X number of participants*". This was followed by introducing individual participant perspectives to highlight, compare and contrast unique experiences and viewpoints. Convergence and divergence was thus ensured within the qualitative findings chapter (Chapter Six).

4.4.2.8 Ethical Considerations

As in the case of the 'First Phase' of this study, a number of ethical considerations were addressed in the 'Second Phase' (see section 4.4.1.8). Specifically, all interviews in the 'Second Phase' were developed and conducted in line with the recommendations provided by the Rhodes University Ethical Standards Committee (RUESC). Gathering of data for the 'Second Phase' began only once approval was granted, in writing, from RUESC for the overall study (Review Reference: 2020-1574-362) (see Appendix C).

In compliance with Rhodes University's (2014) Policy on Research Ethics, informed consent was obtained from all the participants prior to commencement with the interviews. Specifically, separate informed consent forms were obtained from participants to: (i) partake in the interview; and (ii) for the interview to be audio-recorded. The informed consent forms closely followed the templates provided by the RUESC (see Appendices E, F, G, H). Participants were neither coerced, nor were they offered incentives to participate, and thus all participants provided free and informed consent. It is noteworthy that prior to commencement of the interviews, all participants were notified of the following:

- i) That the aim of the study, of which the interview was a part, was to explore the professional experiences of HPCSA registered early career counselling psychologists.
- ii) That the purpose of the study, of which the interview was a part, was to meet the requirements for the degree of Doctor of Philosophy (Psychology) at Rhodes

University. Participants were informed that ethical approval from the Rhodes University Ethical Standards Committee (RUESC) had been granted (Review Reference: 2020-1574-362; National Health Research Ethics Committee (NHREC) registration number REC-241114-045);

- iii) Of the nature of the procedures that would be required should a participant consent to be interviewed;
- iv) That the interview would be audio-recorded;
- v) That participation in the interview process was voluntary and that a participant could withdraw at any point and without penalty;
- vi) How anonymity and confidentiality would be maintained. Specifically, participants were assured that:
 - a. While the data collected from the interview will contain information about the participants' professional lives, the report will be designed in such a way that it will not be possible for the participant to be identified by the general reader. For example, participants names or other identifying information will be replaced with pseudonyms;
 - b. While the researcher intends publishing the interview findings in the form of journal articles, confidentiality and anonymity will be ensured through concealing the participant's identity to the general reader. For example, participants' names will be replaced with pseudonyms and possible identifying information will be removed;
 - c. All data, including audio and transcript data, will be securely and electronically stored on the researcher's password-protected laptop in documents that will be additionally password protected. Access to the data will be tightly controlled and limited to the researcher and her supervisors;
 - d. The names and signed informed consent forms of participants will be stored separately from the participants' transcripts, protecting the participants from possible identification;
 - e. That all Zoom[®] video contact will be encrypted, protecting the participant from potential eavesdropping by malicious users.
- vii) That the participant is likely to be asked personal questions that may result in some psychological distress. Participants were assured that:
 - a. The researcher will identify counselling services which may be conveniently accessed by the participant in the event of experiencing psychological distress;

- b. The researcher is an HPCSA registered counselling psychologist and could provide emergency counselling in the event of experiencing psychological distress;
 - c. The participant's identified emergency contact would be required by the researcher to accompany the participant to receive psychological services in the event of experiencing psychological distress.
- viii) That debriefing will be offered to participants on completing the interview process and also at the end of the study;
- ix) That participants may choose not to respond to any question, without penalty.

As in the case of the survey questionnaire, all the above measures were followed with the individuals who participated in the pilot interview stage. Throughout the process of gathering data, the researcher stayed attentive to potential indications of distress exhibited by the participants in terms of physical, emotional, or behavioural cues. These cues could include symptoms such as a pallid complexion, difficulty in breathing, perspiration, displays of sadness, anxiety, irritability, or confusion, as well as avoidance of specific subjects. The researcher's background as a counselling psychologist proved beneficial in fostering a sensitive and empathetic atmosphere during the interviews and in effectively monitoring and addressing any distress levels that arose.

While participants were offered the opportunity to refuse to respond to any questions, withdraw their responses from the study or withdraw from the study altogether, no participants did so. Furthermore, the researcher obtained consent from all ten participants to retain the audio recordings for potential future use once the study concluded. After the study's conclusion, the audio recordings were securely stored in electronic format on the researcher's personal laptop and protected with a password.

4.5 Conclusion

This chapter delved into the interpretivist phenomenological research paradigm, gaining a comprehensive understanding of its philosophical foundations and practical applications. The chapter then presented the current study's research design as well as the nuances of the research methodology used, including a discussion of the instrument designs, sampling methods, methods of data collection, data management and data analysis from the survey questionnaires and the semi-structured interviews. Ethical considerations, reliability and validity as well as the trustworthiness of the research were also discussed. It was then highlighted how the survey questionnaire was employed to investigate the current

employment trends of counselling ECPs in South Africa. Furthermore, it was outlined how qualitative interviewing was employed to determine the lived professional experiences of ten counselling ECPs with a focus on their specific needs and challenges. Finally, the positionality and reflexivity of the researcher within the current study was described. In the following two chapters, the findings from the 'First Phase' and 'Second Phase' of the study will be presented.

CHAPTER FIVE

'First Phase' Survey Questionnaire Results

5.1 Introduction

This chapter outlines the research findings of the 'First Phase' of the current study, namely the data elicited from the survey questionnaires. Specifically, the findings in this chapter detail the employment trends of counselling ECPs registered in South Africa across a number of domains including demographic profile, work settings, roles and activities, career satisfaction, perceptions of the impact of the SoP regulations, and the extent to which the values associated with counselling psychology are endorsed. To contextualise the results in each domain, the quantitative findings focusing on counselling ECPs are presented as compared to those from more established counselling psychologists as well as to the counselling psychologist sample as a whole. Where possible, findings in the demographic domain are also presented as compared to the total HPCSA population of counselling psychologists as of September 2021 (HPCSA, personal communication, September 16, 2021). A top-down approach is utilised to present the results in this chapter, where the results for counselling ECPs are prioritised, followed by results for the broader population. While the findings from the 'First Phase' survey questionnaire are presented in this chapter, a detailed discussion and integration of the 'First Phase' and 'Second Phase' findings will be offered in Chapter Seven.

5.2 Demographic Profile

A total of 512 counselling psychologists registered with the HPCSA completed the survey questionnaire. As per 1st of September 2021, this represented a 28% response rate of the total counselling psychologist category ($N = 1816$). Noteworthy is that, to date, the current study's sample is the largest to have been recruited in South Africa, with published data from Young and Saville Young (2019), and Goodyear and colleagues (2016) indicating a 13% response rate, a distant second. Thus, while non-response to certain survey questionnaire items in the current study is fully acknowledged (see as described in Table 3 and section 4.4.1.2.3 in Chapter 4), the current study's sample is atypically large, thus generally enhancing accuracy and generalisability of the findings.

The demographic profile of the counselling psychologist category, according to career stage, gender, race, geographical location, average age, highest professional psychology degree attained and languages spoken "most fluently" are presented below (see also Figures 3 to 9 and Table 10). A comprehensive summary of the number of participants and their

respective percentages for each demographic domain is outlined in Table 10. In addition, a summary of the significance testing results for each demographic domain is presented in Table 11. Importantly, significant differences were found between counselling ECPs and established counselling psychologists for all demographic domains, including, for gender, race, geographical location, average age, highest professional degree, and language proficiency. Comparatively, no significant differences were found between the current study's sample of counselling psychologists as a whole and the total HPCSA population of counselling psychologists, with the exception of career stage. In other words, while the current study's sample of counselling psychologists were significantly more represented by ECPs than the total HPCSA population, the current study's sample of counselling psychologists was representative of the total HPCSA population of counselling psychologists in terms of gender, race and geographical location. Significance testing for the current study's sample compared to the total HPCSA population was not possible for the domains of average age, highest professional degree and language proficiency, given that the HPCSA does not record data on these domains.

5.2.1 Career stage

Five hundred and six participants ($n = 506$) responded to this item on career stage. Results indicated that 38.54% ($n = 195$) of the sample of participants comprise counselling ECPs, referring to counselling psychologists who registered as independent practitioners between 2010 - 2020. This compared to 61.46% ($n = 311$) of the sample who comprise more established counselling psychologists, referring to counselling psychologists who registered as independent practitioners prior to 2010 (see Figure 3). Similar findings were revealed for the total HPCSA population of counselling psychologists, where 31.96% ($N = 558$) represent counselling ECPs and 68.10% ($N = 1189$) represent more established counselling psychologists (HPCSA, 2021). A statistically significant difference was found between the representation of counselling ECPs in the current study's sample as compared to the total HPCSA population of counselling psychologists in South Africa, $\chi^2(1) = 7.67, p = .006$.

Specifically, a significantly greater representation of counselling ECPs in the current study's sample was found as compared to the total HPCSA population.

Table 10

A Comprehensive Summary of the Demographic Data Profile of Counselling Psychologists in South Africa

		Sample of Counselling ECPs	Sample of More Established CPs	CP Sample as a Whole	Total HPCSA population of CPs (HPCSA, 2021)
Career Stage Size	Counselling ECPs	38.54% (<i>n</i> = 195)	-	38.54% (<i>n</i> = 195)	31.96% (<i>N</i> = 558)
	Established CPs	-	61.46% (<i>n</i> = 311)	61.46% (<i>n</i> = 311)	68.10% (<i>N</i> = 1189)
Gender	Female	84.62% (<i>n</i> = 165)	77.67% (<i>n</i> = 240)	80.35% (<i>n</i> = 409)	78.25% (<i>N</i> = 1421)
	Male	14.87% (<i>n</i> = 29)	22.33% (<i>n</i> = 69)	19.45% (<i>n</i> = 99)	21.75% (<i>N</i> = 395)
	Non-binary	0.51% (<i>n</i> = 1)	0.00% (<i>n</i> = 0)	0.20% (<i>n</i> = 1)	No record.
Race	Black African	23.19% (<i>n</i> = 45)	6.84% (<i>n</i> = 21)	13.25% (<i>n</i> = 66)	14.87% (<i>N</i> = 270)
	Coloured	7.22% (<i>n</i> = 14)	4.89% (<i>n</i> = 15)	6.02% (<i>n</i> = 30)	5.34% (<i>N</i> = 97)
	Indian	6.70% (<i>n</i> = 13)	4.56% (<i>n</i> = 14)	5.42% (<i>n</i> = 27)	6.55% (<i>N</i> = 119)
	White	60.31% (<i>n</i> = 117)	83.06% (<i>n</i> = 255)	75.30% (<i>n</i> = 375)	69.22% (<i>N</i> = 1257)
	Other/Unknown	2.58% (<i>n</i> = 5)	0.65% (<i>n</i> = 2)	1.39% (<i>n</i> = 7)	3.91% (<i>N</i> = 71)
Geography	Eastern Cape	17.46% (<i>n</i> = 33)	7.80% (<i>n</i> = 23)	11.48% (<i>n</i> = 56)	11.07% (<i>N</i> = 201)
	Free State	4.23% (<i>n</i> = 8)	5.76% (<i>n</i> = 17)	5.12% (<i>n</i> = 25)	4.96% (<i>N</i> = 90)
	Gauteng	50.26% (<i>n</i> = 95)	34.92% (<i>n</i> = 103)	40.78% (<i>n</i> = 199)	41.31% (<i>N</i> = 751)
	Kwa-Zulu Natal	11.64% (<i>n</i> = 22)	14.24% (<i>n</i> = 42)	13.11% (<i>n</i> = 64)	13.66% (<i>N</i> = 248)
	Limpopo	0.00% (<i>n</i> = 0)	0.00% (<i>n</i> = 0)	0.00% (<i>n</i> = 0)	0.66% (<i>N</i> = 12)
	Mpumalanga	0.53% (<i>n</i> = 1)	1.36% (<i>n</i> = 4)	1.02% (<i>n</i> = 5)	1.27% (<i>N</i> = 23)
	North West	0.53% (<i>n</i> = 1)	1.36% (<i>n</i> = 4)	1.02% (<i>n</i> = 5)	0.72% (<i>N</i> = 13)
	Northern Cape	2.12% (<i>n</i> = 4)	2.03% (<i>n</i> = 6)	2.25% (<i>n</i> = 11)	2.09% (<i>N</i> = 38)
	Western Cape	13.23% (<i>n</i> = 25)	32.54% (<i>n</i> = 96)	25.20% (<i>n</i> = 123)	22.96% (<i>N</i> = 417)
Average Age		36.76	54.50	47.49	No record.
Highest Degree	Master's	90.72% (<i>n</i> = 176)	74.68% (<i>n</i> = 230)	80.88% (<i>n</i> = 406)	No record.
	Doctorate	9.28% (<i>n</i> = 18)	25.32% (<i>n</i> = 78)	19.12% (<i>n</i> = 96)	No record.
Languages	Afrikaans	27.18% (<i>n</i> = 53)	67.10% (<i>n</i> = 208)	52.01% (<i>n</i> = 261)	No record.
	English	91.28% (<i>n</i> = 178)	91.94% (<i>n</i> = 285)	91.55% (<i>n</i> = 463)	No record.
	isiNdebele	2.05% (<i>n</i> = 4)	0.32% (<i>n</i> = 1)	0.98% (<i>n</i> = 5)	No record.
	isiXhosa	8.72% (<i>n</i> = 17)	3.55% (<i>n</i> = 11)	5.50% (<i>n</i> = 28)	No record.
	isiZulu	12.82% (<i>n</i> = 25)	5.81% (<i>n</i> = 18)	8.45% (<i>n</i> = 43)	No record.
	Sepedi	3.59% (<i>n</i> = 7)	1.61% (<i>n</i> = 5)	2.36% (<i>n</i> = 12)	No record.
	Sesotho	4.62% (<i>n</i> = 9)	1.94% (<i>n</i> = 6)	2.95% (<i>n</i> = 15)	No record.
	Setswana	6.15% (<i>n</i> = 12)	1.94% (<i>n</i> = 6)	3.54% (<i>n</i> = 18)	No record.
	siSwati	0.51% (<i>n</i> = 1)	0.32% (<i>n</i> = 1)	0.39% (<i>n</i> = 2)	No record.
	Tshivenda	0.00% (<i>n</i> = 0)	0.00% (<i>n</i> = 0)	0.00% (<i>n</i> = 0)	No record.
	Xitsonga	2.05% (<i>n</i> = 4)	0.00% (<i>n</i> = 0)	0.79% (<i>n</i> = 4)	No record.
	Other	3.08% (<i>n</i> = 6)	4.19% (<i>n</i> = 13)	3.73% (<i>n</i> = 19)	No record.

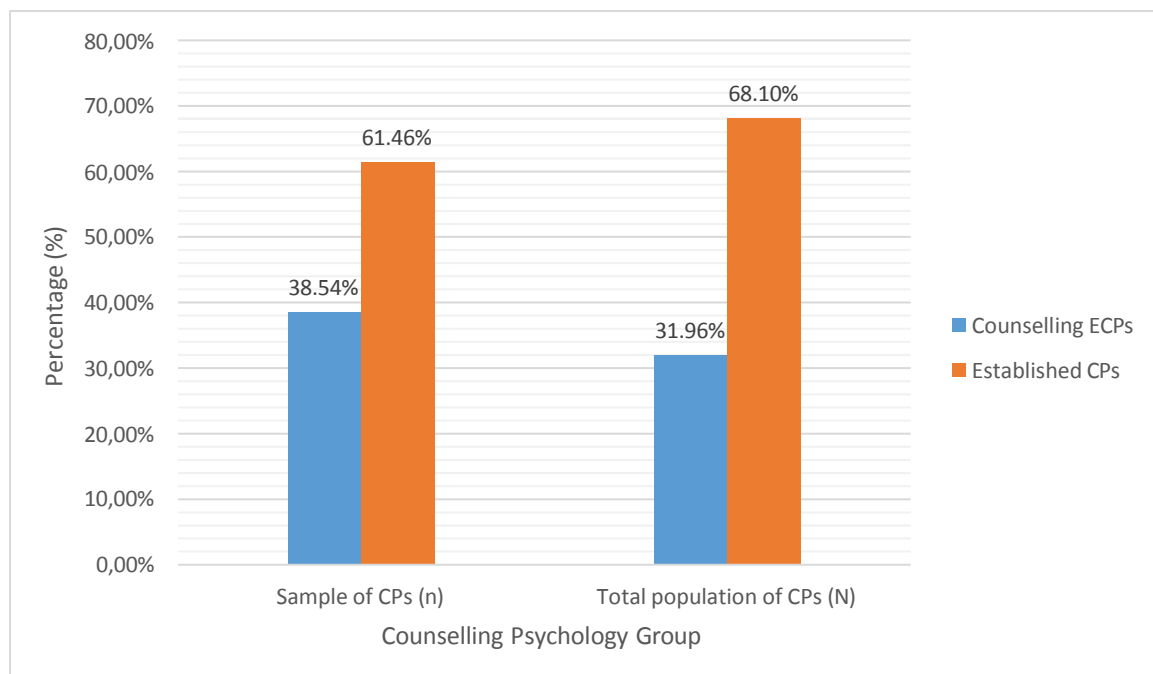
Table 11*Significance Testing Results for Each Demographic Domain*

	Counselling ECPs <i>Versus</i> Established CPs <i>P</i>	Current study's sample of CPs <i>versus</i> Total HPCSA CP population <i>p</i>
Career Stage Size	-	.006*
Gender	.042	.271
Race	.001***	.271
Geography	.001*	.935
Average Age	.001***	-
Highest Degree	.001***	-
Languages	.001*	-

Note. * $p < .01$, ** $p < .001$, *** $p < .0001$

Figure 3

A Bar Graph Illustrating the Percentages (%) of Counselling ECPs and More Established Counselling Psychologists from the Current Study's Sample of CPs as well as from the Total HPCSA Population of CPs (HPCSA, 2021)

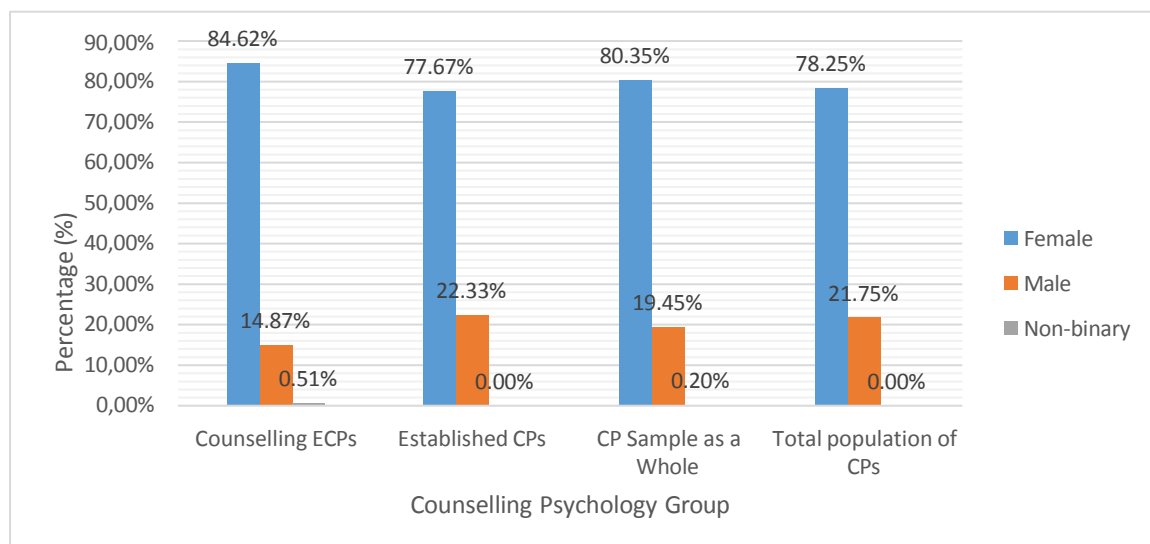


5.2.2 Gender

Five hundred and four ($n = 504$) participants responded to this item on gender, with 195 representing counselling ECPs and 309 representing established counselling psychologists. As shown in Figure 4, the majority of counselling ECPs (84.62%, $n = 165$) and established counselling psychologists (77.67%, $n = 240$) identified as female. Of the counselling ECP sample, one participant indicated their gender as non-binary, whereas no established counselling psychologists identified their gender as non-binary¹. The gender distribution of the counselling psychologist sample as a whole demonstrated that 80.35% of counselling psychologists are female ($n = 409$). The overall sample representation of females is thus four times that of males (19.45%, $n = 99$). Findings for the total HPCSA population of counselling psychologists show that 78.25% ($N = 1421$) are female and 21.75% ($N = 395$) are male (HPCSA, 2021). Noteworthy is that the HPCSA does not record a non-binary gender category¹. Counselling ECPs and more established counselling psychologists were similar in their representation of gender, $\chi^2(1) = 4.13$, $p = .042$. In addition, no statistically significant difference was found between the gender distribution of the current study's sample as compared to the total HPCSA population of counselling psychologists, $\chi^2(1) = 1.21$, $p = .271$.

Figure 4

A Bar Graph Illustrating the Gender Distribution (%) of Counselling Psychologists



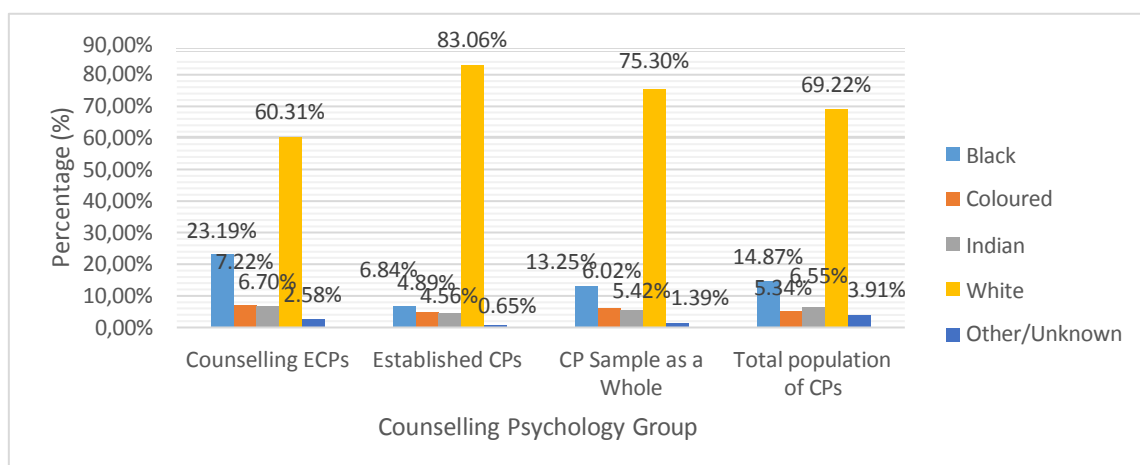
¹ The researcher was sensitive not to exclude participants who are often already excluded based on their non-binary gender identification.

5.2.3 Race

Four hundred and ninety-four ($n = 494$) participants responded to this item on race¹, with 189 representing counselling ECPs and 305 representing established counselling psychologists. In this study's sample, the largest proportion of counselling ECPs identified as White (60.31%, $n = 117$), followed by Black (23.19%; $n = 45$), Coloured (7.41%, $n = 14$) and Indian (6.70%, $n = 13$). When focusing on established counselling psychologists, differences were evident where 83.06% ($n = 225$) of established counselling psychologists identified as White, followed by Black (6.84%, $n = 21$), Coloured (4.92%, $n = 15$) and Indian (4.56%, $n = 14$). The racial representation of the counselling psychologist sample as a whole indicated that most are White (75.30%, $n = 375$), followed by Black (13.25%, $n = 66$), Coloured (6.02%; $n = 30$) and Indian (5.42%, $n = 27$). A statistically significant difference was found for race between counselling ECPs and more established counselling psychologists, where counselling ECPs are significantly more racially diverse than established counselling psychologists, $\chi^2(3) = 34.67, p < .001$. The findings for the total HPCSA population of counselling psychologists (HPCSA, 2021), indicated that the majority identified as White (69.33%, $N = 1257$), followed by Black (14.87%, $N = 270$), Indian (6.55%, $N = 119$) and Coloured (5.34%, $N = 97$). No statistically significant difference was found for race between the current study's sample of counselling psychologists as compared to the total HPCSA population of counselling psychologists, $\chi^2(1) = 1.21, p = .271$ (see Figure 5).

Figure 5

A Bar Graph Illustrating the Racial Representation (%) of Counselling Psychologists



¹ Race as a variable in social science research within South Africa remains important as it shapes social experience and is an indicator of life opportunities within the country. While the four racial categories are based on apartheid era categorisations, the researcher in no way endorses the racist ideology on which these categories are based.

5.2.4 Geography

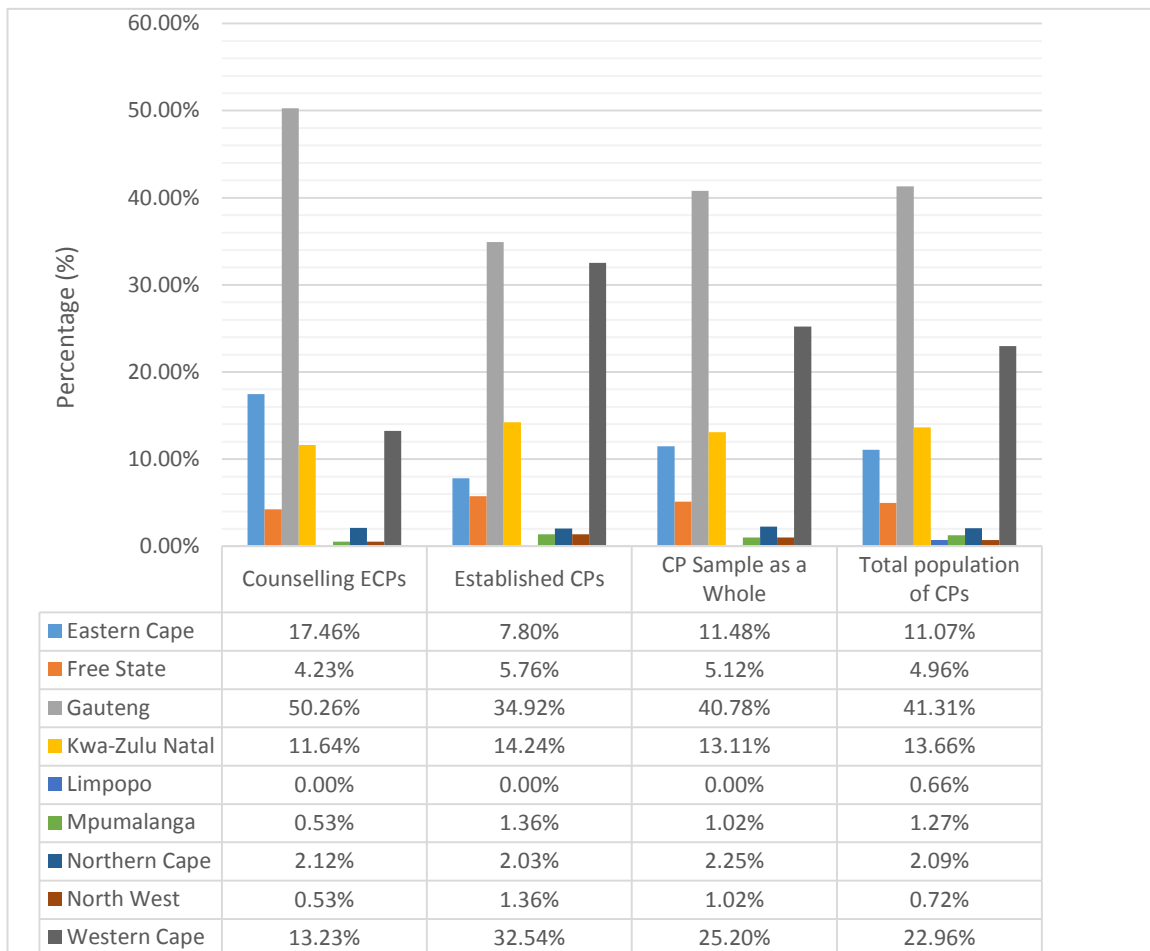
Four hundred and eighty-four ($n = 484$) participants responded to this item on geographical location, with 189 representing counselling ECPs and 295 representing established counselling psychologists. The findings revealed that the majority of counselling ECPs and established counselling psychologists are residing in four provinces: Gauteng, Western Cape, Eastern Cape and KwaZulu-Natal (see Figure 6). A small minority are distributed across the remaining five provinces: Mpumalanga, North West, Limpopo, Free State and the Northern Cape. The distribution of counselling ECPs and established counselling psychologists across the four major provinces and one category for the remaining five provinces is uneven, a difference that is statistically significant, $\chi^2(4) = 34.90, p < .001$. In particular, while the majority of counselling ECPs are located in Gauteng (50.26%, $n = 95$) and the Eastern Cape (17.46%, $n = 33$), the majority of established counselling psychologists are near evenly distributed across Gauteng (34.92%, $n = 103$) and the Western Cape (32.54%, $n = 96$) (see Figure 6).

The provincial distribution of the counselling psychologist sample as a whole indicated that the majority (40.91%, $n = 198$) are living in Gauteng, followed by the Western Cape (25.00%, $n = 121$) and Kwa-Zulu Natal (13.22%, $n = 64$). Furthermore, findings revealed that overall, counselling psychologists are least likely to be living in the Northern Cape (2.07%, $n = 10$), the North West (1.03%, $n = 5$), Mpumalanga (1.03%, $n = 5$) and Limpopo (0.00%, $n = 0$) provinces. Overall, 19 counselling psychologists selected “other” and specified to be living overseas.

The findings for the total HPCSA population of counselling psychologists (HPCSA, 2021) suggested that the majority of practitioners are living in Gauteng (41.31%, $N = 751$), followed by the Western Cape (22.96%, $N = 417$), Kwa-Zulu Natal (13.66%, $N = 248$) and then the Eastern Cape (11.07%, $N = 201$) (see Figure 6). One hundred and seventy-six participants (34.92%, $n = 176$) are found to be living in the remaining five provinces. The difference between the provincial distribution of the study’s sample and the HPCSA data for the four provinces described above, and one category for the rest, is not statistically significant, $\chi^2(4) = 0.83, p = .935$.

Figure 6

A Bar Graph Demonstrating the Provincial Distribution (%) of Counselling Psychologists across South Africa



5.2.5 Average Age

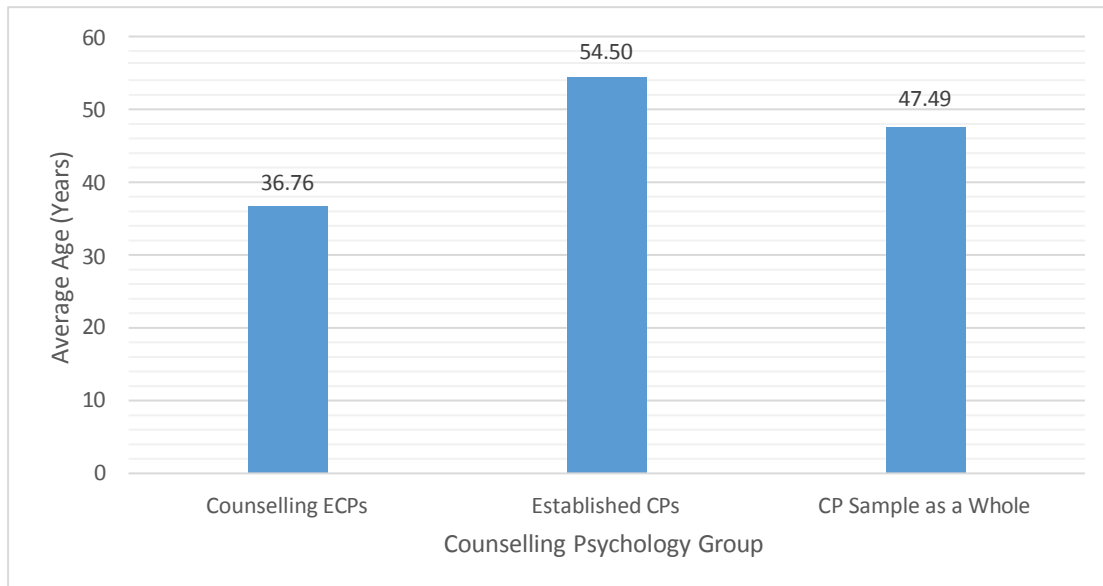
Five hundred and two ($n = 502$) participants responded to this item on age, with 193 representing counselling ECPs and 309 representing established counselling psychologists. The average age of participants was 36.76 years ($SD = 8.41$) for counselling ECPs and 54.50 years ($SD = 9.84$) for more established counselling psychologists. Overall, the average age of the counselling psychology sample as a whole was 47.49 years ($SD = 12.64$). A statistically significant difference was found for age where counselling ECPs were found to be significantly younger than more established counselling psychologists, $t(500) = -20.55, p < .001$. These findings are presented in Figure 7.

An accurate estimate of the average age for the total HPCSA population of counselling psychologists was not possible given that the HPCSA records practitioner ages in

ranges, for example 20 to 29 years old, as opposed to individual practitioner ages. Nevertheless, age range data provided by the HPCSA (2021) indicated that the largest proportion of counselling psychologists (25.28%) fell within the 40 to 49 years age range ($N = 459$).

Figure 7

A Bar Graph Illustrating the Average Ages of Counselling Psychologists



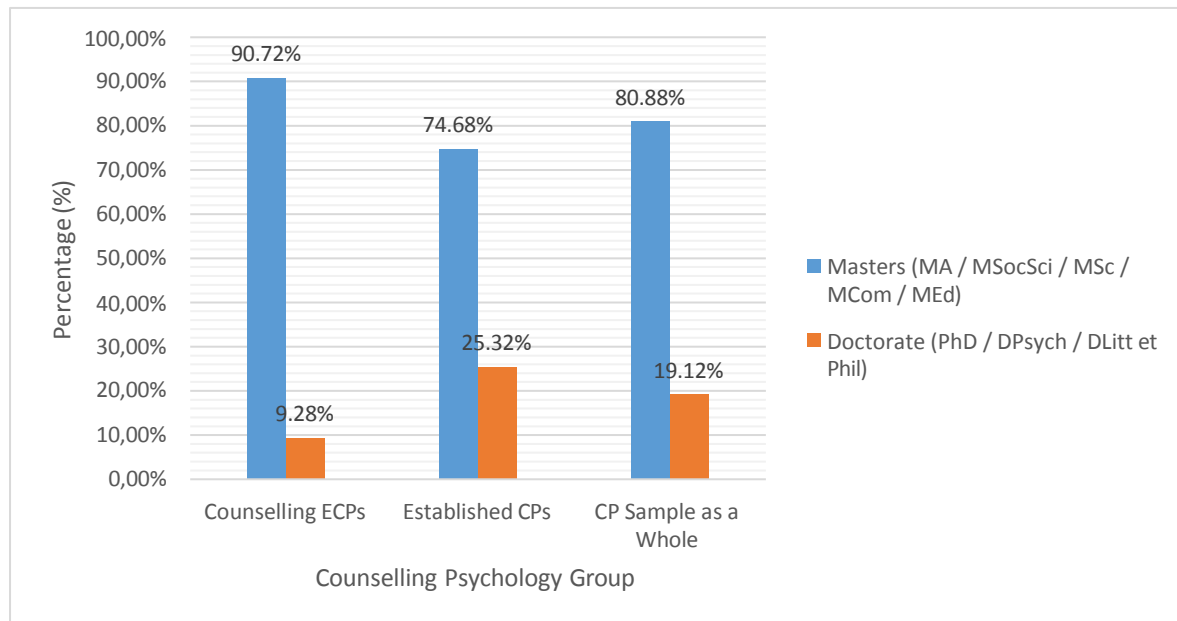
5.2.6 Highest Professional Psychology Degree

Five hundred and two ($n = 502$) participants responded to this item on highest professional degree, with 194 representing counselling ECPs and 308 representing established counselling psychologists. The proportion of counselling ECPs with doctoral degrees was 9.28% ($n = 18$) compared to 25.32% of more established counselling psychologists ($n = 78$) (see Figure 8). A statistically significant difference was found for doctoral degrees attained, where established counselling psychologists were significantly more likely to have attained a doctoral degree than counselling ECPs, $\chi^2(1) = 1.78, p < .001$.

When focusing on the counselling psychology sample as a whole, 19.12% ($n = 96$) of participants reported having earned a doctoral degree. Findings for the total HPCSA population of counselling psychologists were not possible for this item given that the HPCSA does not record data on practitioners' highest professional psychology degree obtained.

Figure 8

A Bar Graph Showing the Percentage (%) of Counselling Psychologists and Highest Professional Psychology Degree Attained



5.2.7 Languages

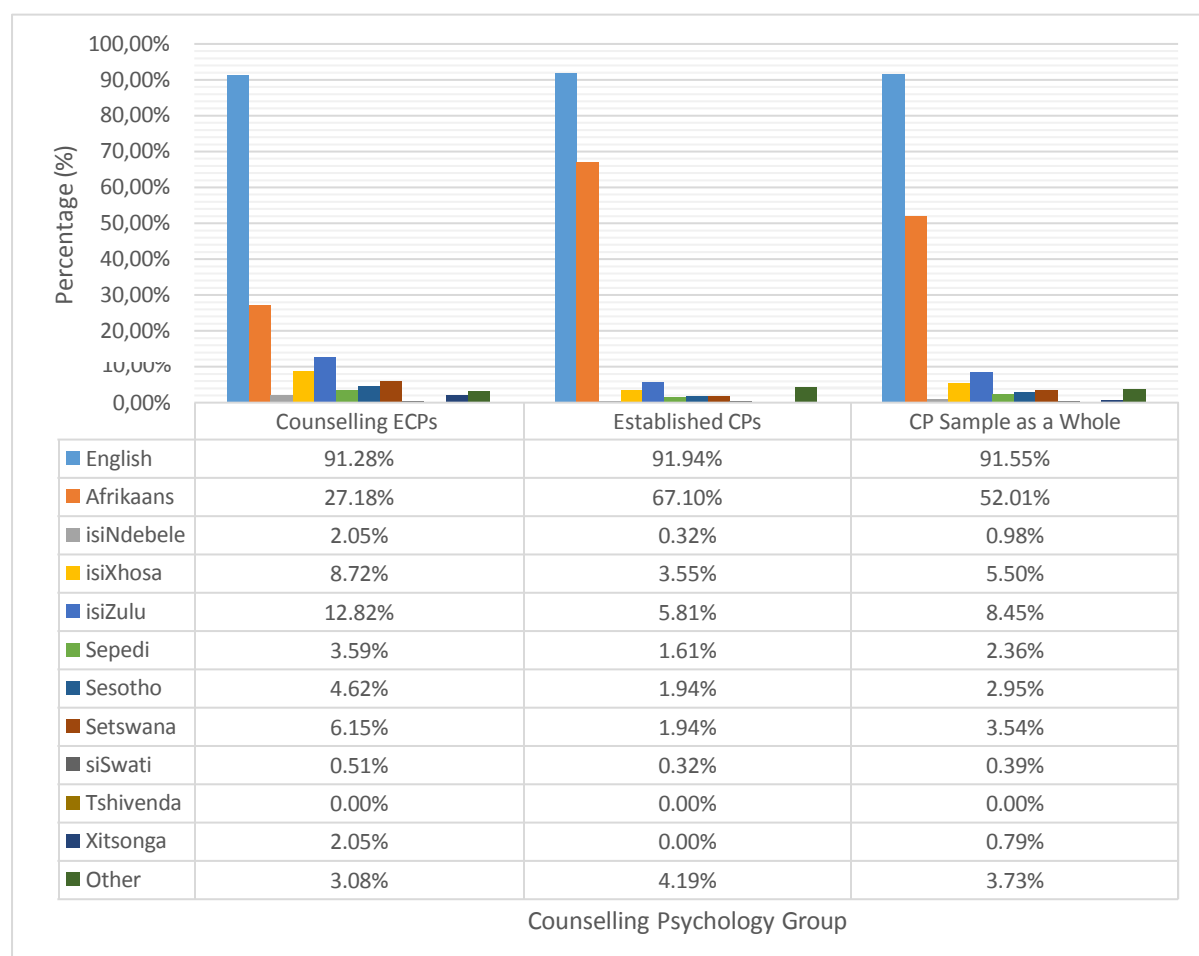
Participants were asked to indicate the languages they spoke “most fluently”. Five hundred and five ($n = 505$) participants responded to this item, with 195 representing counselling ECPs and 310 representing established counselling psychologists. The findings for this item are illustrated in Figure 9. Both counselling ECPs (91.28%, $n = 178$) and more established counselling psychologists (91.94%, $n = 285$) indicated speaking English “most fluently”. This was followed by Afrikaans, with 27.18% ($n = 53$) of counselling ECPs and 67.10% ($n = 208$) of established counselling psychologists. Of the 505 participants who responded to this item, only 71 participants (14.09%, $n = 285$) indicated speaking an African language, other than Afrikaans. Nevertheless, counselling ECPs were significantly more likely to speak an African language other than Afrikaans, than established counselling psychologists, $\chi^2(1) = 16.64, p < .001$. For example, 12.82% ($n = 25$) of counselling ECPs reported speaking isiZulu “most fluently” compared to 5.81% ($n = 18$) of established counselling psychologists. Similarly, 8.72% ($n = 17$) of counselling ECPs indicated speaking isiXhosa “most fluently” compared to 3.55% ($n = 11$) of established counselling psychologists. It is noteworthy that no participants indicated speaking Tshivenda.

When looking at the counselling sample as a whole, English is most commonly spoken by participants (91.55%, $n = 463$), followed by Afrikaans (52.01%; $n = 261$), isiZulu

(8.45%, $n = 43$), isiXhosa (5.50%, $n = 28$), Setswana (3.56%, $n = 18$), Sesotho (2.97%, $n = 15$), Sepedi (2.38%, $n = 12$), isiNdebele (0.99%, $n = 5$) and Xitsonga (0.79%, $n = 4$). Nineteen participants (3.73%, $n = 19$) from the counselling psychologist sample as a whole indicated speaking “other” languages most fluently, including for example, Spanish, Portuguese and French. While a large proportion of participants indicated being monolingual (44.40%, $n = 224$), the remainder of participants indicated being at least bilingual (50.20%, $n = 253$) or multilingual (5.4%, $n = 27$). The distribution of mono-, bi-, and multilingual participants between counselling ECPs and established counselling psychologists was statistically significant, $\chi^2(2) = 48.49$, $p < .001$, where counselling ECPs were significantly more likely to be bi- and multilingual than established counselling psychologists. Presenting the findings for the total HPCSA population of counselling psychologists was not possible for this item given that the HPCSA does not record data on the language proficiency of practitioners.

Figure 9

A Bar Graph Illustrating the Percentage (%) of Counselling Psychologists Who Speak Various Official South African Languages “Most Fluently”



A summary of the findings for the demographic profile of the sample of counselling ECPs compared to established counselling psychologists, the counselling psychology sample as a whole and, where data is available, the total HPCSA population of the counselling psychologists, is presented in Table 10.

5.3 Work Settings

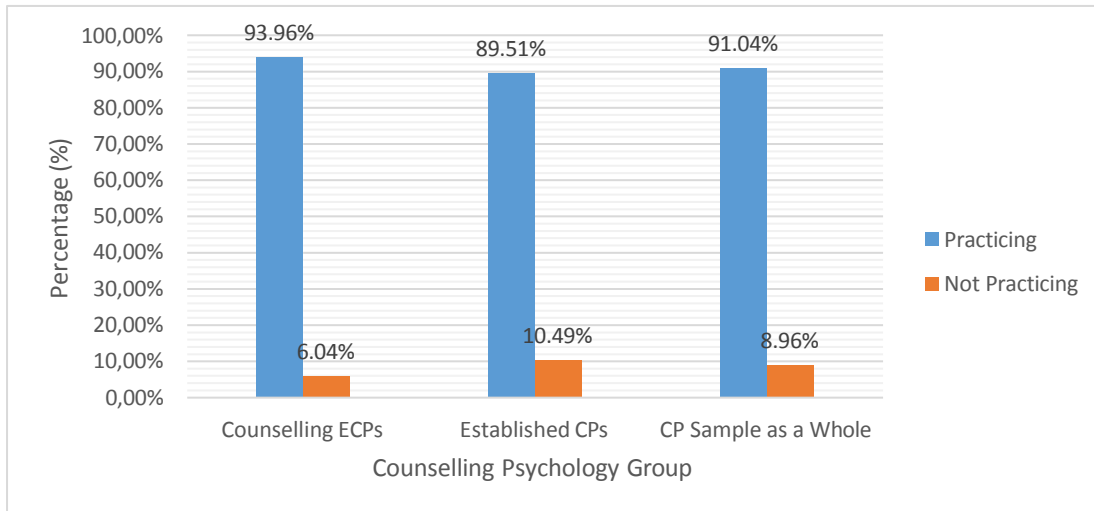
The results of various items relating to participant work settings are outlined below. These findings are also illustrated in Figures 10 to 18. The findings for all the items that follow from this point onwards, no longer include statistics for the total HPCSA population of counselling psychologists given that data on these variables are not available.

5.3.1 *Practicing as a Counselling Psychologist*

Participants were asked to indicate whether they were practicing as a counselling psychologist at the time that the survey was conducted. Four hundred and eighty-seven ($n = 487$) participants responded to this item, with 182 representing counselling ECPs and 305 representing established counselling psychologists. While the majority of counselling ECPs (93.96%, $n = 171$) and established counselling psychologists (89.51%, $n = 273$) reported practicing, 6.04% ($n = 11$) of counselling ECPs and 10.49% ($n = 32$) of established counselling psychologists indicated *not* practicing (see Figure 10). No statistically significant difference was found between counselling ECPs and established counselling psychologists on whether or not practitioners were practicing at the time of the survey, $\chi^2(1) = 2.80$, $p = .095$. In other words, counselling ECPs were found to be just as likely to be practicing at the time of the survey as those of established counselling psychologists. Overall, the findings indicated that 8.83% ($n = 43$) of the counselling psychology sample as a whole reported *not* practicing at the time that the survey was conducted.

Figure 10

A Bar Graph Demonstrating the Percentage (%) of Counselling Psychologists Who Were Practicing at the Time That the Survey Was Conducted

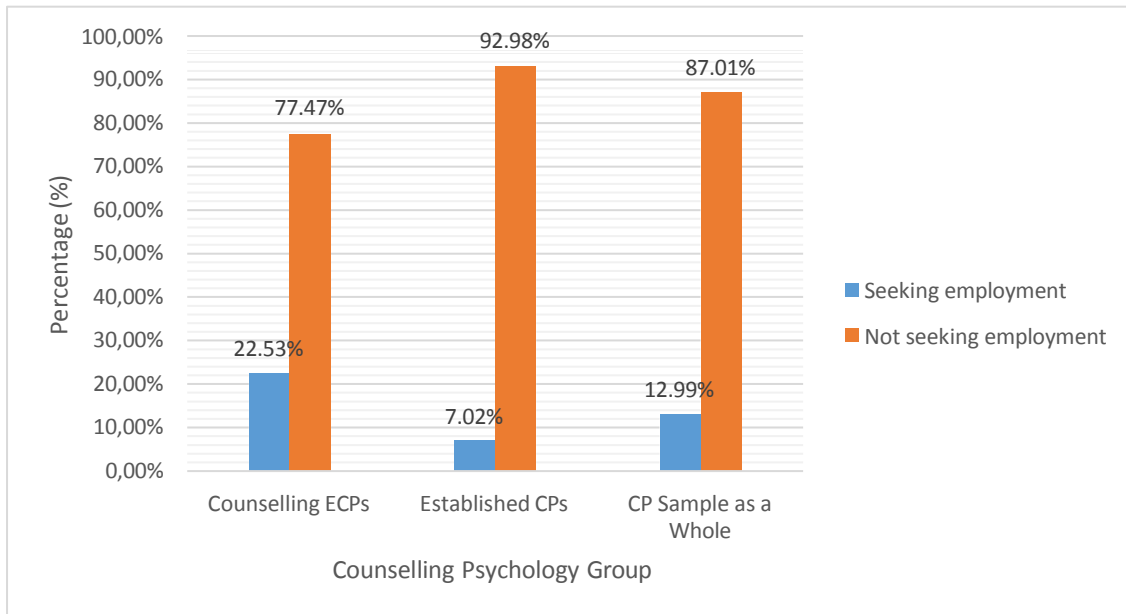


5.3.2 Seeking Employment as a Counselling Psychologist

Participants were asked if they were seeking employment as a counselling psychologist at the time of the survey. Four hundred and eighty-one ($n = 481$) participants responded to this item, with 182 representing counselling ECPs and 299 representing established counselling psychologists. The findings revealed that 22.53% ($n = 41$) of counselling ECPs were seeking employment. This percentage was lower for more established counselling psychologists, where 7.02% ($n = 21$) indicated seeking employment at the time of the survey. A statistically significant difference was found between counselling ECPs seeking employment and those of more established counselling psychologists, where counselling ECPs were significantly more likely to be seeking employment than established counselling psychologists, $\chi^2(1) = 24.17$, $p < .001$. The findings suggested that, overall, 12.89% ($n = 62$) of the counselling psychology sample as a whole were seeking employment at the time of the survey (see Figure 11).

Figure 11

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists Who Were Seeking Employment at the Time That the Survey Was Conducted



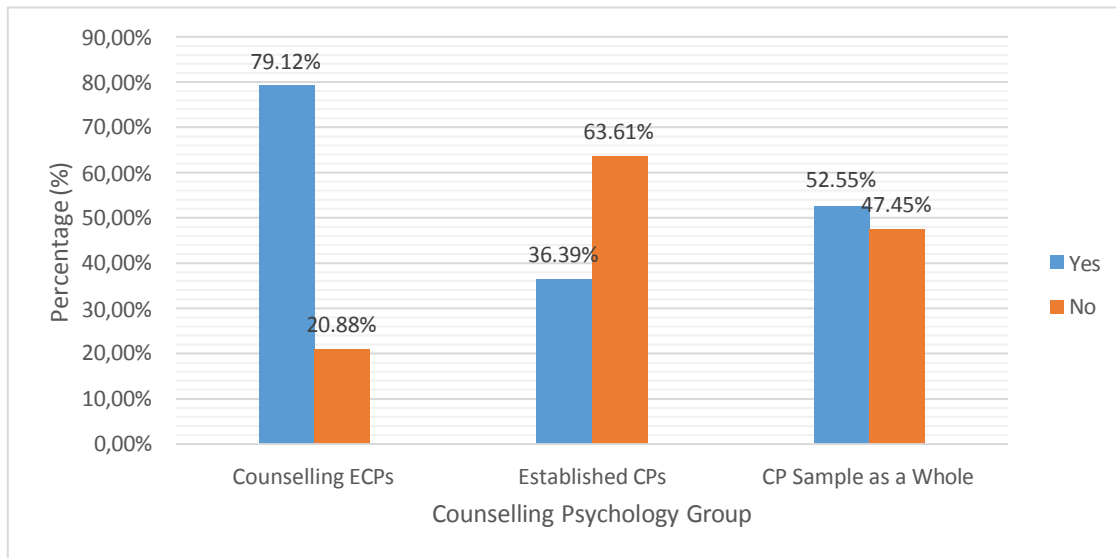
5.3.3 Searching for Jobs as a Counselling Psychologist

Item 11 of the survey questionnaire asked “Have you searched for jobs as a counselling psychologist in South Africa (i.e., outside of private practice)?”. Four hundred and eighty-seven ($n = 487$) participants responded to this item, with 182 representing counselling ECPs and 305 representing established counselling psychologists. Findings for this item are presented in Figure 12. It is noteworthy that the majority of counselling ECPs (79.12%, $n = 144$) indicated that they had searched for jobs outside of the private practice work setting, compared to only a third of established counselling psychologists (36.39%, $n = 111$) who reported the same. A statistically significant difference was found where counselling ECPs were significantly more likely to have searched for jobs outside of private practice work settings than established counselling psychologists, $\chi^2(1) = 83.25, p < .001$.

The findings revealed that more than half of the counselling psychology sample as a whole (52.36%, $n = 255$) had searched for jobs in South Africa outside of the private practice work setting.

Figure 12

A Bar Graph Showing the Percentage (%) of Counselling Psychologists Who Have Searched for Jobs Outside of Private Practice Work Settings

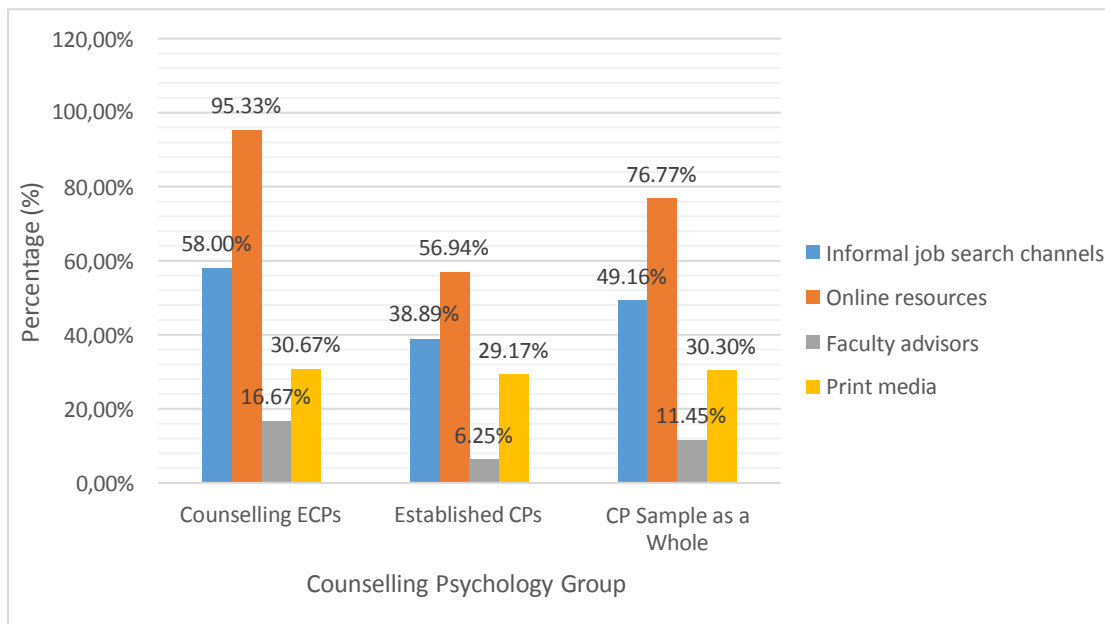


5.3.4 Job search strategies utilised

Participants were asked to select all the strategies that they had utilised to search for counselling psychologist jobs (see Figure 13). Participants were asked to select from the following categories: (i) *Informal job search channels, such as speaking to colleagues*; (ii) *Online resources*; (iii) *Faculty advisors, for example, speaking to academic staff involved in professional training*; (iv) *Print media, such as classified advertisements in newspapers*; and (v) *Other*. Two hundred and ninety-four ($n = 294$) participants responded to this item, with 150 representing counselling ECPs and 144 representing established counselling psychologists. Findings suggested that counselling ECPs were most likely to utilise online resources (95.33%, $n = 143$) and informal job search channels (58.00%, $n = 87$). Similarly, established counselling psychologists were most likely to utilise online resources and informal job search channels (56.94% ($n = 82$) and 38.89% ($n = 56$), respectively). Counselling ECPs and more established counselling psychologists were similar in their utilisation of print media as a job search strategy, with 30.67% ($n = 46$) and 29.17% ($n = 42$), respectively, utilising this strategy. Overall, the counselling psychologist sample as a whole was shown most likely to utilise online resources (76.77%, $n = 225$) as well as informal job search channels (49.16%, $n = 143$) and least likely to utilise faculty advisors (11.45%, $n = 34$) as job search strategies.

Figure 13

A Bar Graph Demonstrating the Percentage (%) of Counselling Psychologists Who Have Utilised Various Job Search Strategies



5.3.5 Primary Work Settings

Participants were asked to indicate their primary work setting. Four hundred and eighty-four ($n = 484$) participants responded to this item, with 182 representing counselling ECPs and 302 representing established counselling psychologists. Primary work settings with the largest proportions of counselling ECPs included private practice (54.95%, $n = 100$), university counselling centres (9.89%, $n = 18$) and then correctional services (6.04%, $n = 11$). Findings differed slightly for established counselling psychologists, where the largest proportions of participants indicated working in private practice (61.92%, $n = 187$), followed by the corporate or business sector (5.63%, $n = 17$) and then university psychology departments (5.30%, $n = 16$). When focusing on the counselling psychologist sample as a whole, a significant proportion of counselling psychologists selected “other” as their primary work setting (12.60%, $n = 61$). Participants specified the “other” work setting to predominantly involve practicing within school settings (see Figure 14).

Participants were asked to indicate whether the location of their primary work setting was considered urban or rural. Four hundred and eighty-six ($n = 486$) participants responded to this item, with 182 representing counselling ECPs and 304 representing established counselling psychologists. The majority of both counselling ECPs (86.26%, $n = 157$) and established counselling psychologists (89.47%, $n = 272$) reported their primary work setting

to be urban. No statistically significant difference was found for primary work setting between counselling ECPs and more established counselling psychologists, $\chi^2(1) = 0.86, p = .354$. Overall, the majority of the counselling psychologist sample as a whole (88.37%, $n = 429$) identified their primary work setting as urban. This is illustrated in Figure 15.

Figure 14

A Bar Graph Illustrating the Percentage (%) of Counselling Psychologists Indicating their Primary Work Setting

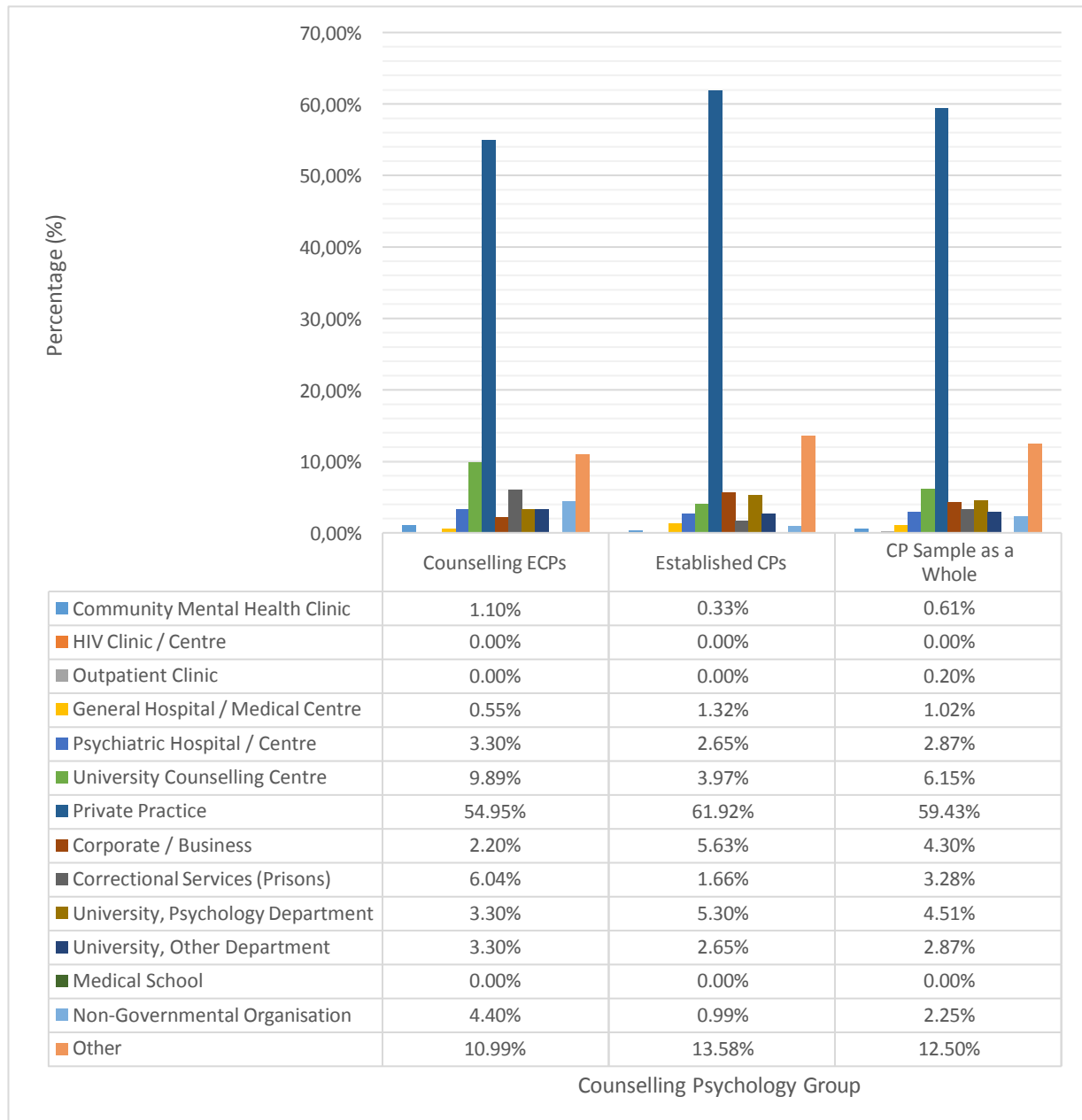
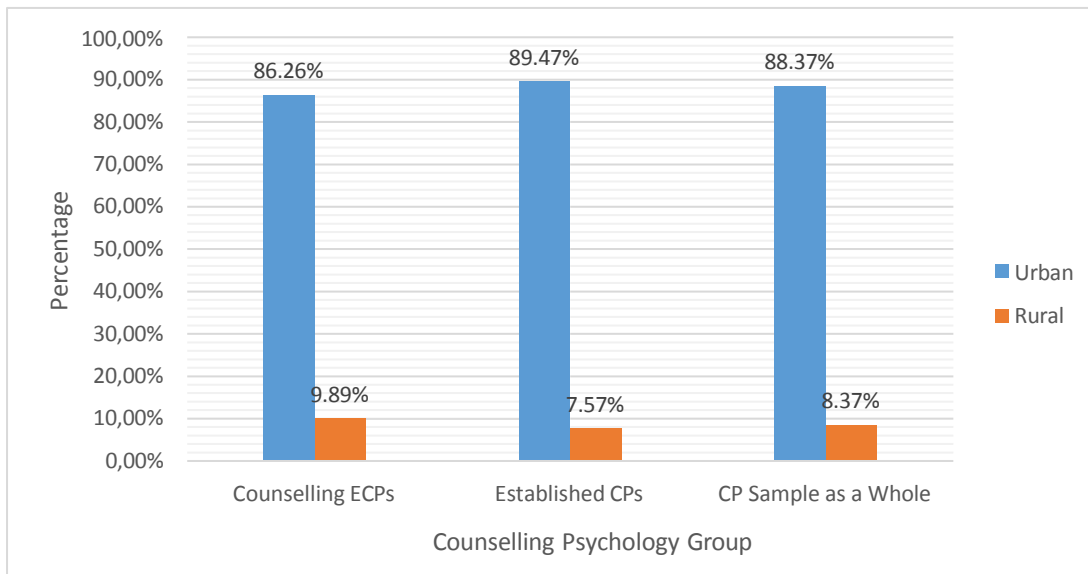


Figure 15

A Bar Graph Depicting the Percentage (%) of Counselling Psychologists Indicating their Primary Work Setting as Urban or Rural



5.3.6 Secondary Work Settings

Participants were asked to indicate their secondary work setting. Three hundred and seventy-seven ($n = 377$) participants responded to this item, with 154 representing counselling ECPs and 223 representing established counselling psychologists. Almost two thirds of counselling ECPs (59.64%, $n = 133$) and established counselling psychologists (62.34%, $n = 96$) indicated having a secondary work setting. Secondary work settings predominantly reported by participants included working in private practice settings. For counselling ECPs, this was 31.82% ($n = 49$) compared to 19.73% ($n = 44$) of established counselling psychologists. Overall, the majority of participants from the counselling psychologist sample as a whole indicated having a secondary work setting (60.74%, $n = 229$).

5.3.7 Salary Bracket

Participants were asked to select the salary bracket that best described their gross income per annum. Participants chose from the following categories: (i) *Under R100 000*; (ii) *Between R100 000 and R350 000*; (iii) *Between R350 000 and R600 000*; and (iv) *Over R600 000*. Four hundred and seventy-nine ($n = 479$) participants responded to this item, with 179 representing counselling ECPs and 300 representing established counselling psychologists. Findings for this item are presented in Figure 17. Counselling ECPs indicated being most likely to earn between R350 000 and R600 000 per annum (33.52%, $n = 60$); this

was closely followed by earning between R100 000 and R350 000 per annum (31.84%, $n = 57$). The majority of established counselling psychologists (41.33%, $n = 124$) demonstrated earning over R600 000 per annum, followed by between R350 000 and R600 000 (23.33%, $n = 70$). A statistically significant difference for annual income was found between counselling ECPs and established counselling psychologists, with established psychologists earning significantly more than counselling ECPs per annum, $\chi^2(3) = 17.46, p = .001$. In addition, established counselling psychologists were found to earn significantly more than counselling ECPs per annum in private practice, $\chi^2(3) = 12.11, p = .007$. Participants from the counselling psychologist sample as a whole were shown most likely to earn over R600 000 per annum (35.61%, $n = 171$), followed by between R350 000 and R600 000 (27.12%, $n = 130$), then between R100 000 and R350 000 (26.09%, $n = 124$) and finally under R100 000 (11.18%, $n = 54$).

Figure 16

A Bar Graph Demonstrating the Percentage (%) of Counselling Psychologists in Various Secondary Work Settings

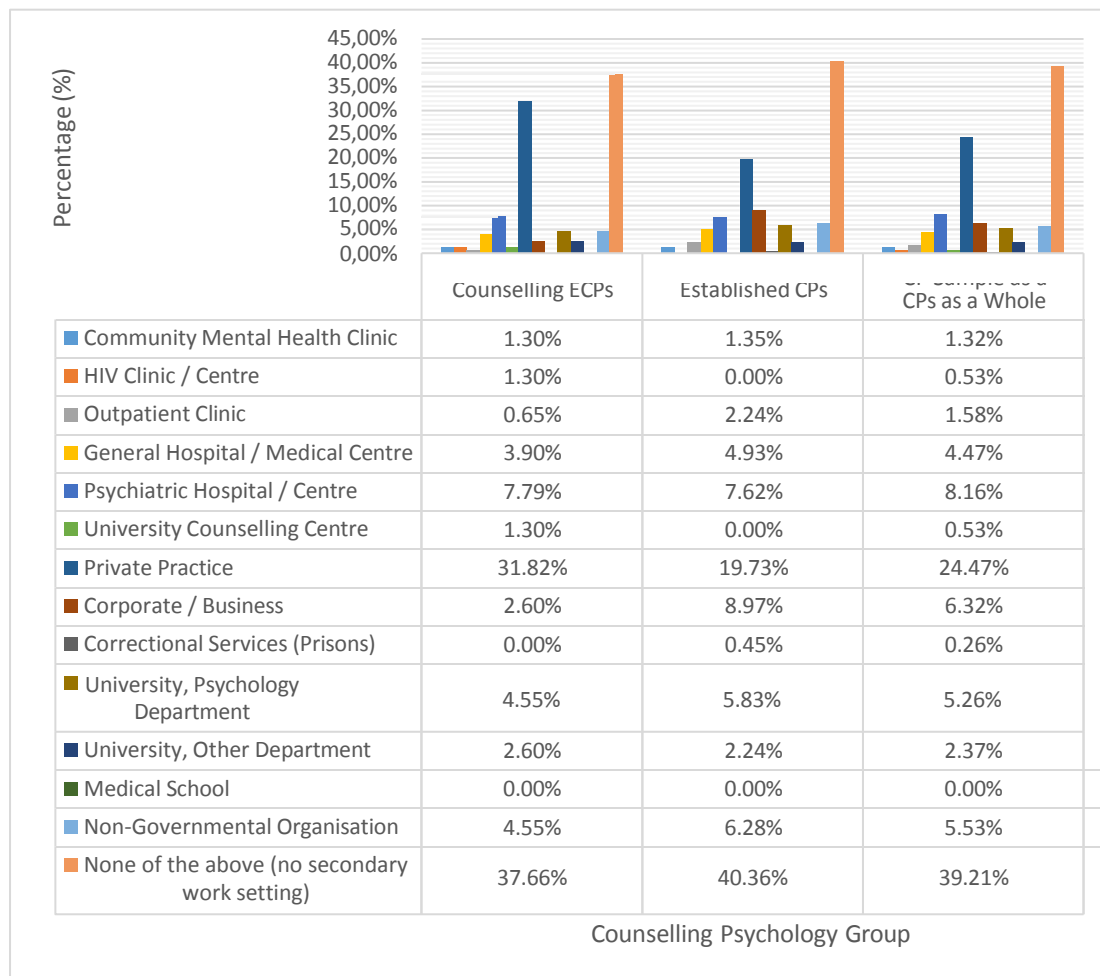
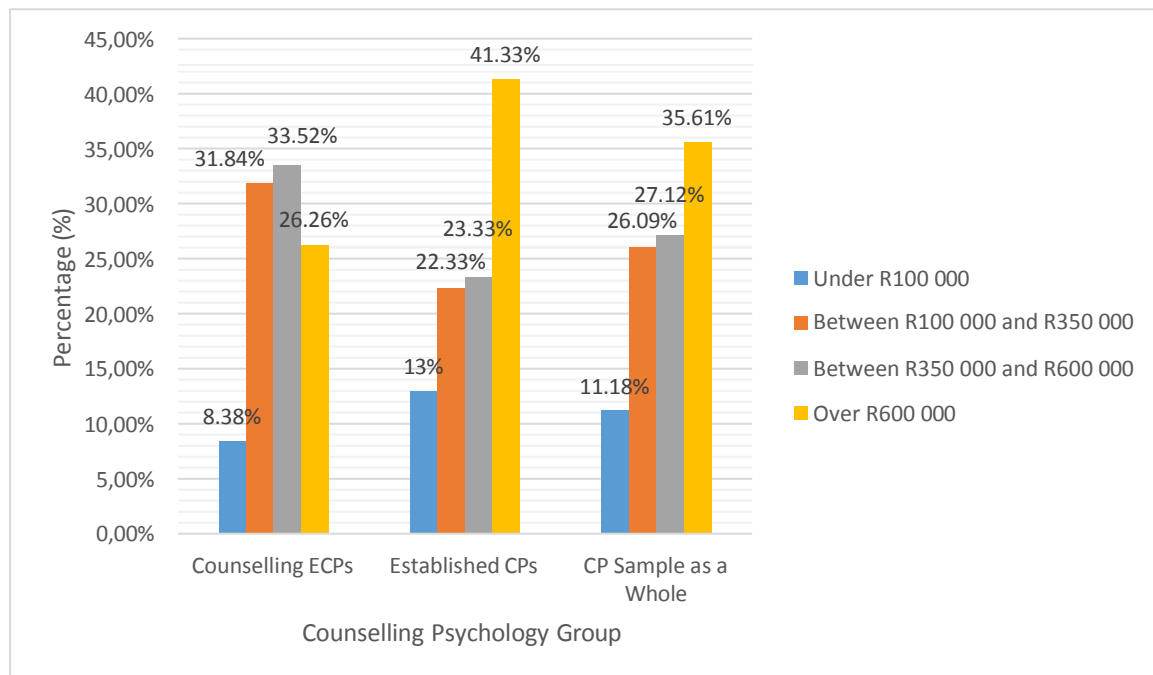


Figure 17

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists Earning in each Salary Bracket as Gross Income per Annum



5.3.8 Additional Work to Supplement Income

Participants were asked to indicate if they worked elsewhere to supplement their annual income (see Figure 18). Four hundred and eighty-one ($n = 481$) participants responded to this item, with 181 representing counselling ECPs and 300 representing established counselling psychologists. A larger proportion of counselling ECPs (39.78%, $n = 72$) indicated engaging in additional work to supplement their income, compared to 27.00% ($n = 81$) of established counselling psychologists. A statistically significant difference for additional work was found between counselling ECPs and more established counselling psychologists, with more counselling ECPs engaging in additional work to supplement their income than established counselling psychologists, $\chi^2(1) = 8.48$, $p = .004$. The findings demonstrated that, overall, 31.55% ($n = 153$) of participants from the counselling psychologist sample as a whole engaged in additional work to supplement their income.

5.3.9 Financial Debt

Participants were asked whether or not financial debt was accrued upon receipt of their professional psychology qualification (see Figure 19). Four hundred and eighty-five ($n = 485$) participants responded to this item, with 182 representing counselling ECPs and 303

representing established counselling psychologists. More than a third of both counselling ECPs (33.52%, $n = 61$) and established counselling psychologists (34.98%, $n = 106$) reported carrying some level of debt upon graduating. No statistically significant difference for debt accrued was found between counselling ECPs and more established counselling psychologists, $\chi^2(1) = 0.11$, $p = .742$. Overall, 34.56% ($n = 167$) of participants from the counselling psychologist sample indicated carrying some level of debt at graduation.

Participants who indicated carrying some level of debt were then prompted to indicate in thousands of Rands the amount of debt accrued upon receipt of professional qualification in an open-text box. Responses from participants ranged from between R6 000 to R1 000 000. However, counselling ECPs indicated carrying an average debt of R110 581.88 upon receipt of professional psychology qualification. In comparison, more established counselling psychologists specified accruing an average debt of R101 139.54 upon receipt of professional psychology qualification. Overall, the findings demonstrated that, participants from the counselling psychology category as a whole were carrying an average debt of R104 822.72 upon receipt of professional psychology qualification.

Figure 18

A Bar Graph Illustrating the Percentage (%) of Counselling Psychologists Who Engaged in Additional Work to Supplement their Income

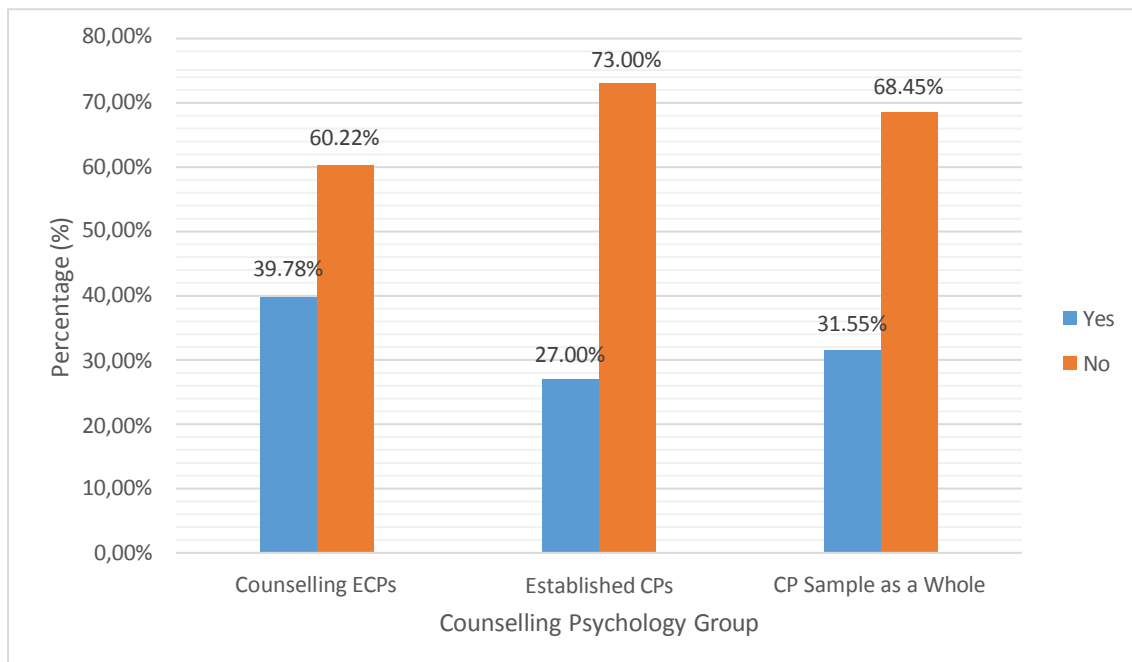
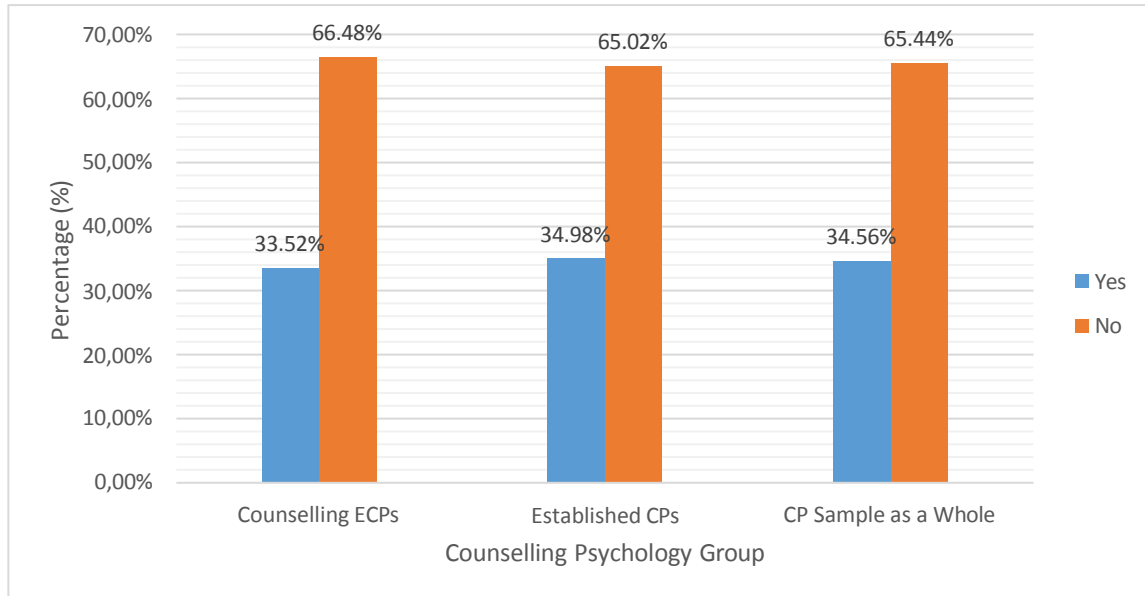


Figure 19

A Bar Graph Demonstrating the Percentage (%) of Counselling Psychologists Indicating Some Level of Debt Accrued Upon Receipt of Professional Psychology Degree

5.4 Roles and Activities



The results of various items relating to the roles and activities of counselling psychology participants are presented below and illustrated in Figures 5-18 to 5-21.

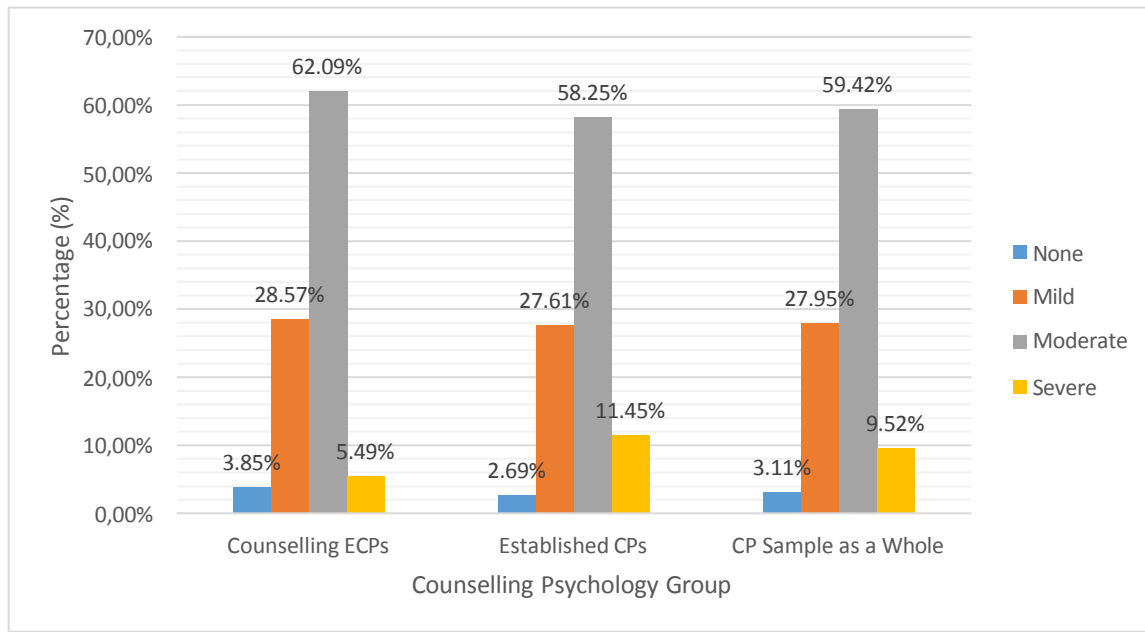
5.4.1 Degree of Psychopathology Seen in Clients

Item 16 in the survey questionnaire asked “Please indicate the degree of psychopathology seen in your clients. Choose the option that, in your opinion, best describes the degree of psychopathology seen in your clients: None, Mild, Moderate or Severe”. Four hundred and seventy-nine ($n = 479$) participants responded to this item, with 182 representing counselling ECPs and 297 representing established counselling psychologists. In this study, the majority of both counselling ECPs (62.09%, $n = 113$) and more established counselling psychologists (58.25%, $n = 173$) reported mostly seeing moderate levels of psychopathology in their clients. No statistically significant difference for the degree of psychopathology seen in clients was found between counselling ECPs and more established counselling psychologists, $\chi^2(3) = 5.15$, $p = .161$. In other words, counselling ECPs and established counselling psychologists were just as likely to see moderate levels of psychopathology in practice. When focusing on the counselling psychologist sample as a whole, the majority of participants (59.42%, $n = 286$) were shown to have seen moderate levels of psychopathology in their clients, followed by mild levels of psychopathology (27.95%, $n = 134$) and then

severe levels of psychopathology (9.52%, $n = 44$). Figure 20 presents the abovementioned findings.

Figure 20

A Bar Graph Illustrating the Percentage (%) of Counselling Psychologists Seeing Various Degrees of Psychopathology in Clients



5.4.2 Supervision

Participants were asked to specify if they engaged in supervision of their work (see Figure 21). Four hundred and forty-four ($n = 444$) participants responded to this item, with 163 representing counselling ECPs and 281 representing established counselling psychologists. The majority of both counselling ECPs and more established counselling psychologists indicated engaging in supervision (84.05% ($n = 137$) and 72.6% ($n = 204$), respectively). However, a statistically significant difference was found for supervision acquired, where counselling ECPs were significantly more likely to engage in supervision than established counselling psychologists, $\chi^2(1) = 7.59$, $p = .006$. Overall, more than three quarters (76.73%, $n = 341$) of participants from the counselling psychologist sample as a whole reported engaging in supervision.

Participants who indicated engaging in supervision were then asked to select all forms of supervision that they engaged in (see Figure 22). Participants selected from the following categories: (i) *Formal, I pay for it*; (ii) *Formal, my place of work provides it*; (iii) *Peer individual*; and (iv) *Peer group*. Three hundred and sixty-four ($n = 364$) participants responded to this item, with 143 representing counselling ECPs and 221 representing

established counselling psychologists. Findings revealed that counselling ECPs were most likely to obtain peer supervision through means of formal, paid supervision (45.45%, $n = 65$) and peer group supervision (45.45%, $n = 65$), followed by peer individual supervision (41.26%, $n = 59$). Counselling ECPs were shown to be least likely to engage in formal supervision provided by their place of work (24.48%, $n = 35$). Findings differed slightly for more established counselling psychologists who were most likely to engage in peer individual supervision (54.3%, $n = 120$), followed by peer group supervision (41.63%, $n = 92$) and then formal, paid supervision (33.03%, $n = 73$). Similar to counselling ECPs, established counselling psychologists were least likely to engage in formal supervision provided by their place of work (13.12%, $n = 29$). Overall, the largest proportion of the counselling psychologist sample as a whole, almost half (49.18%, $n = 179$), indicated engaging in peer individual supervision.

Participants who engaged in supervision of their work were then asked to report the frequency with which they engaged in supervision (see Figure 23). The following categories were presented as options to participants: (i) *Weekly*; (ii) *Biweekly*; (iii) *Monthly*; and (iv) *As needed*. Three hundred and seventy-five ($n = 375$) participants responded to this item, with 145 representing counselling ECPs and 230 representing established counselling psychologists. Similarities were found amongst counselling ECPs and established counselling psychologists. For example, the majority of both counselling ECPs and established counselling psychologists indicated engaging in supervision *as needed*, at 37.24% ($n = 54$) and 50.43% ($n = 116$), respectively. In addition, counselling ECPs and established counselling psychologists both indicated being least likely to engage in *weekly* supervision, at 14.48% ($n = 21$) and 10.00% ($n = 23$), respectively. Overall, participants from the counselling psychology sample as a whole were most likely to obtain supervision *as needed* (45.36%, $n = 170$).

Figure 21

A Bar Graph Demonstrating the Percentage (%) of Counselling Psychologists Engaging in Supervision of their Work

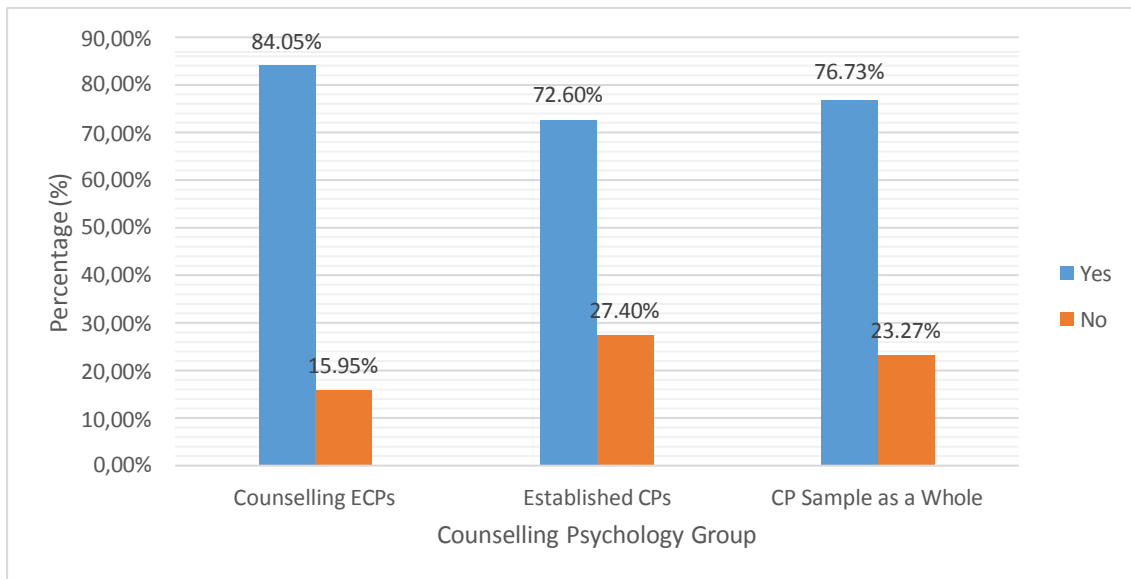


Figure 22

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists Who Engaged in Supervision in Various Formats

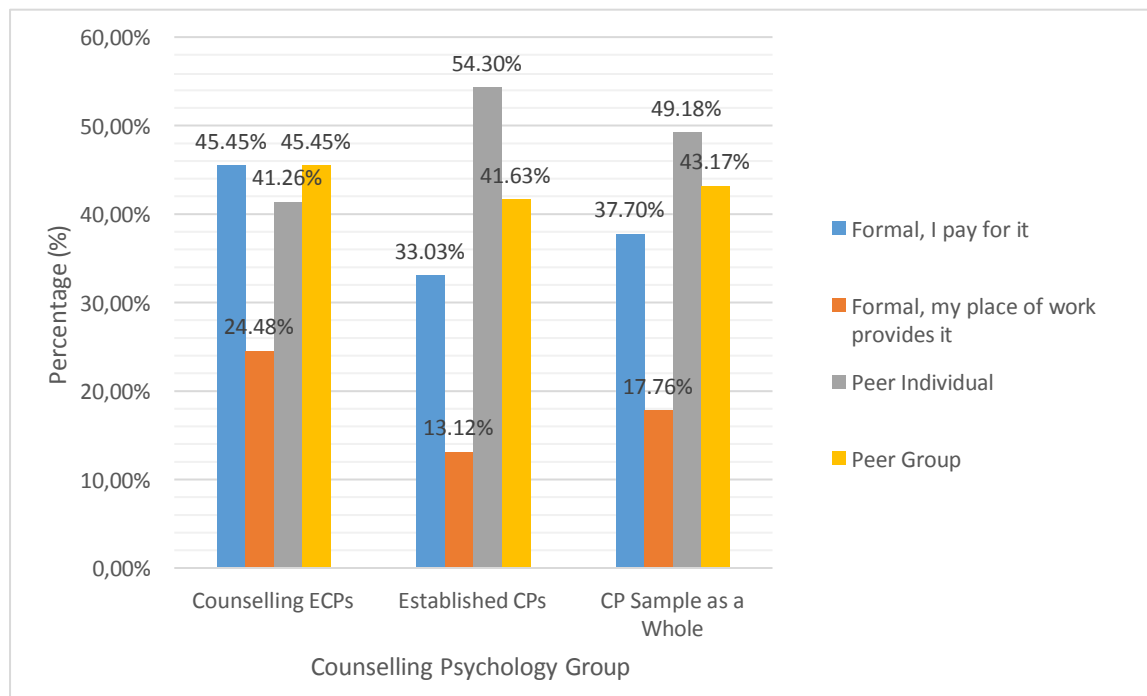
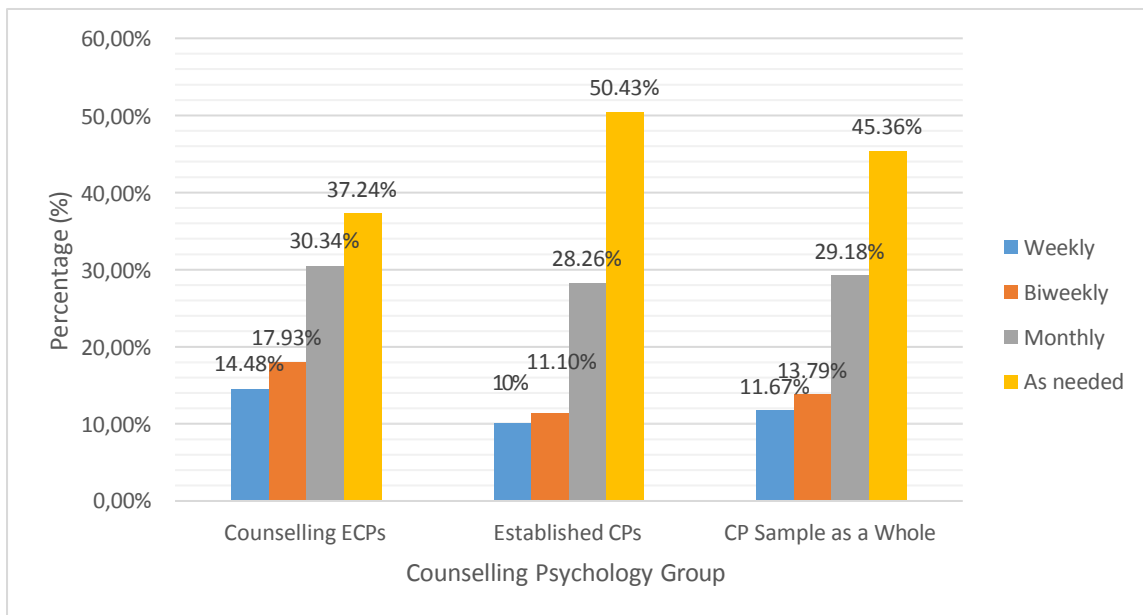


Figure 23

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists According to the Frequency with which Supervision is Engaged in



5.5 Career Satisfaction

The findings for a number of single Likert items relating to career satisfaction as a counselling psychologist in South Africa are outlined below. These are illustrated in Figures 24 to 26 and Tables 11-14.

5.5.1 Career Satisfaction Based on Various Career Related Statements

Participants were asked to rate their career satisfaction for six single Likert items wherein 1 represented *Very dissatisfied*, 2 *Somewhat dissatisfied*, 3 *Neutral*, 4 *Somewhat satisfied*, and 5 *Very satisfied*. Counselling ECPs and established counselling psychologists were similar in their career satisfaction in two out of six areas. However, counselling ECPs were significantly less satisfied in four out of six areas compared to established counselling psychologists, namely: i) employment opportunities available; ii) income; iii) work-life balance; and iv) primary work setting. Specifically, counselling ECPs were significantly less satisfied (Median = 2.00, $n = 161$) with the employment opportunities available than established counselling psychologists (Median = 3.00, $n = 279$) ($U = 15510.00$, $p < .001$). In addition, counselling ECPs were significantly less satisfied (Median = 4.00, $n = 162$) with they what they earnt compared to established counselling psychologists (Median = 4.00, $n = 280$) ($U = 18543.00$, $p < .001$). In addition, counselling ECPs were significantly less satisfied

(Median = 4.00, $n = 162$) with their work-life balance compared to established counselling psychologists (Median = 4.00, $n = 280$) ($U = 18662.00, p < .001$). Moreover, counselling ECPs were significantly less satisfied (Median = 4.00, $n = 160$) with their primary work setting compared to established counselling psychologists (Median = 4.00, $n = 282$) ($U = 17950.00, p < .001$). Table 12 reports the Mann-Whitney U test results comparing career satisfaction. Comparatively, Table 13 shows the results for the median and interquartile ranges for counselling psychologists' career satisfaction.

Table 12

Mann-Whitney U Test Results for the Level of Career Satisfaction for Counselling ECPs and Established Counselling Psychologists

	Average Rank for Counselling ECPs	n Counselling ECPs	Average Rank for Established CPs	n Established CPs	U	p
Choice of CP as a career	226.02	163	222.05	283	22653.00	.730
Formal support received as a counselling ECP (e.g., From PsySSA and the HPCSA)	216.29	162	227.61	284	21836.00	.355
Income	195.96	162	236.28	280	18543.00	.001**
Primary work setting	192.69	160	237.85	282	17950.00	.001**
Employment opportunities	177.34	161	245.41	279	15510.00	.001**
Work-life balance	196.70	162	235.85	280	18662.00	.001**

Note. * $p < .01$, ** $p < .001$, *** $p < .0001$

Table 13

Median and Interquartile Ranges of Counselling Psychologists' Responses for Level of Satisfaction with Various Aspects of their Careers

	Counselling ECPs		Established CPs	
	Median	Interquartile Range	Median	Interquartile Range
Choice of CP as a career	5.00	4.00 to 5.00	5.00	4.00 to 5.00
Formal support received as a counselling ECP (e.g., From PsySSA and the HPCSA)	2.00	1.00 to 3.00	2.00	1.00 to 3.00
Income	4.00	2.00 to 4.00	4.00	3.00 to 5.00
Primary work setting	4.00	4.00 to 5.00	5.00	4.00 to 5.00
Employment opportunities	2.00	1.00 to 2.00	3.00	2.00 to 4.00
Work-life balance	4.00	2.00 to 4.00	4.00	3.00 to 5.00

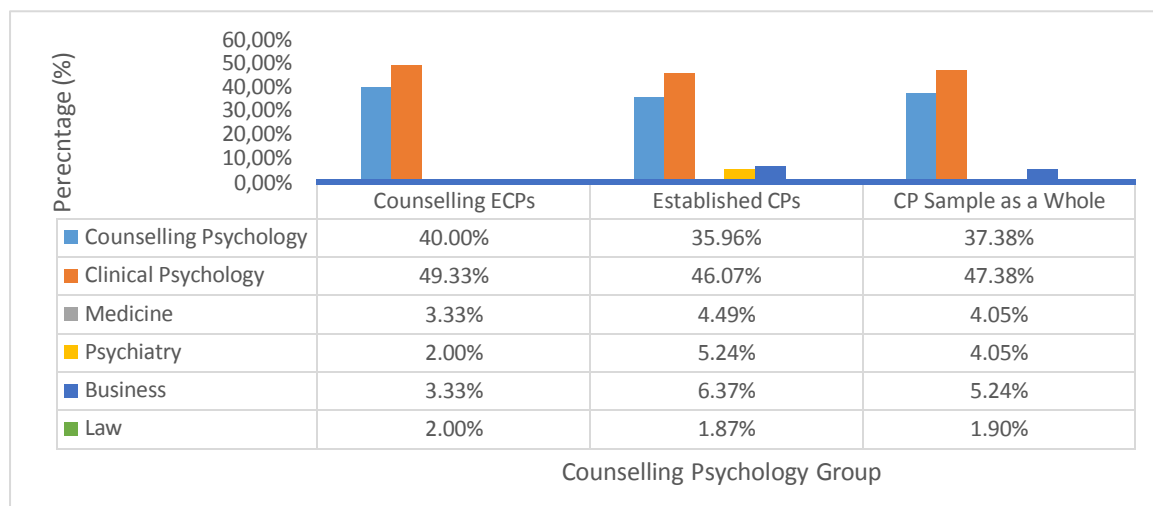
5.5.2 Career Choice if Given the Opportunity to Start Over

Participants were asked to indicate which career they would choose if given the opportunity to start over, knowing what they knew now (see Figure 24). Participants chose from the following categories: (i) *Counselling psychology*; (ii) *Clinical psychology*; (iii) *Medicine*; (iv) *Psychiatry*; (v) *Business*; (vi) *Law*; and (vii) *Other*. Four hundred and seventeen ($n = 417$) participants responded to this item, with 150 representing counselling ECPs and 267 representing established counselling psychologists. Similarities were found amongst counselling ECPs and established counselling psychologists where almost half of both groups, 49.33% ($n = 74$) and 46.07% ($n = 123$) respectively, indicated that if given the opportunity to start over, they would choose a career in clinical psychology. Only 40.00% ($n = 60$) of counselling ECPs and 35.96% ($n = 90$) of established counselling psychologists would choose a career in counselling psychology again. No statistically significant difference was found between counselling ECPs and established counselling psychologists in terms of the decision to choose counselling psychology as a career again, $\chi^2(1) = .67, p = .413$. In other words, counselling ECPs were just as likely as established counselling psychologists to choose counselling psychology as a career again, if given the opportunity to start over.

Findings for the counselling psychologist sample as a whole indicated that, overall, almost half of counselling psychologist participants (47.38%, $n = 197$) would choose to pursue a career in clinical psychology, if given the chance to start over. This compared to only 37.38% ($n = 156$) of the counselling psychologist participants who would choose to pursue a career in counselling psychology again.

Figure 24

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists Who Would Choose a Particular Career if Given the Opportunity to Start Over

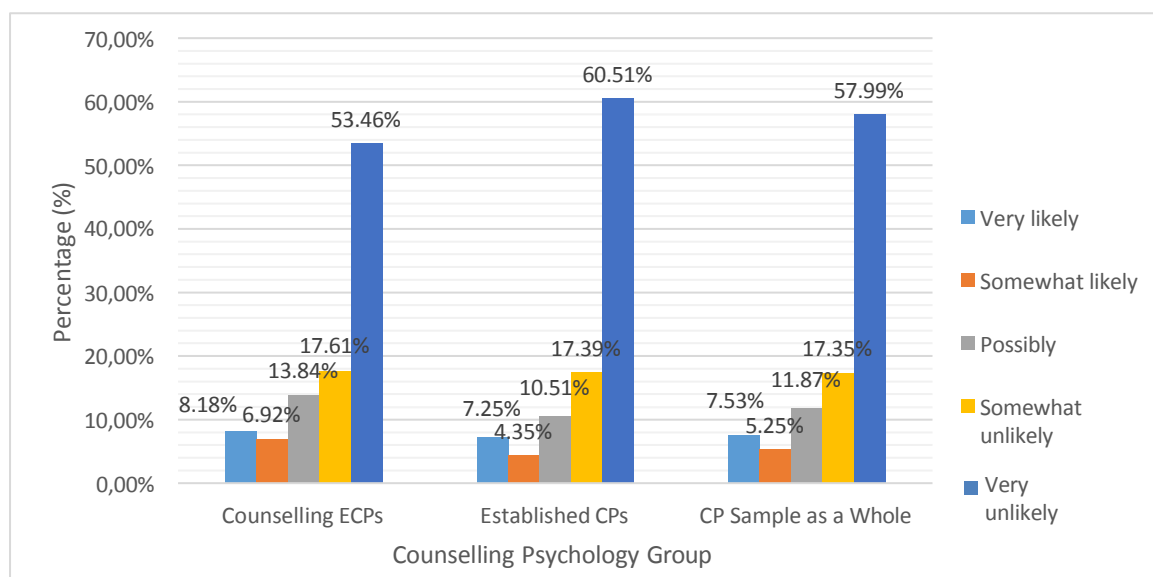


5.5.3 Likelihood of Career Change Out of Counselling Psychology

Participants were asked to rate the likelihood of whether they would make a career change out of counselling psychology in the next five years, other than retirement (see Figure 25). Participants could choose from the following five categories: (i) *Very likely*; (ii) *Somewhat likely*; (iii) *Possibly*; (iv) *Somewhat unlikely*; and (v) *Very unlikely*. Four hundred and thirty-five ($n = 435$) participants responded to this item, with 159 representing counselling ECPs and 276 representing established counselling psychologists. Notably, more than half of counselling ECPs (53.46%, $n = 85$) and established counselling psychologists (60.51%, $n = 167$) reported that it would be *very unlikely* that they would make a career change. This compared to 8.18% ($n = 13$) of counselling ECPs and 7.25% ($n = 20$) of established counselling psychologists who indicated that it was *very likely* that they would make a career change. The Mann-Whitney U test revealed no statistically significant difference between counselling ECPs and established counselling psychologists in terms of likelihood of changing careers in the next five years ($U = 20181.50, p = .119$). In other words, counselling ECPs and established counselling were just as likely to make a career change out of counselling psychology in the next five years. Overall, just more than half of the counselling psychologist sample as a whole indicated that it would be *very unlikely* that they would make a career change out of counselling psychology (57.99%, $n = 252$) in the next five years.

Figure 25

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists and Rated Likelihood of Making a Career Change out of Counselling Psychology in the next Five Years, Other Than Retirement

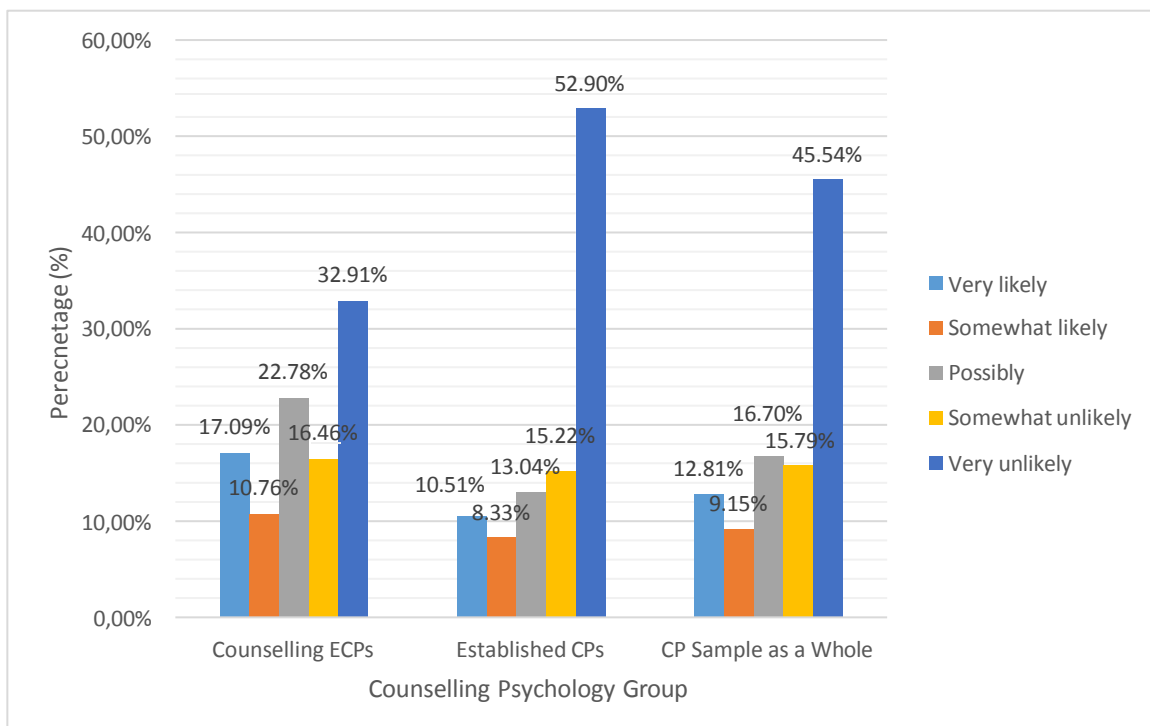


5.5.4 Likelihood of Emigration

Participants were asked to indicate the likelihood of emigration in the next five years (see Figure 26). Participants were asked to select from the following five options: (i) *Very likely*; (ii) *Somewhat likely*; (iii) *Possibly*; (iv) *Somewhat unlikely*; and (v) *Very unlikely*. Four hundred and thirty-four ($n = 434$) participants responded to this item, with 158 representing counselling ECPs and 276 representing established counselling psychologists. The findings revealed that the largest proportions of counselling ECPs (32.91%, $n = 52$), and established counselling psychologists (52.90%, $n = 146$) were *very unlikely* to emigrate in the next five years. However, the Mann-Whitney U test results revealed that counselling ECPs were significantly more likely to emigrate in the next five years than established counselling psychologist ($U = 16990.00$, $p < .001$). Overall, just under half of the participants from the counselling psychologist sample as a whole indicated that it was *very unlikely* that they would emigrate (45.54%, $n = 198$), while just over a third (38.71%, $n = 168$) indicated that it would be possible, somewhat likely or very likely that they would emigrate in the next five years.

Figure 26

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists and Rated Likelihood of Emigrating in the Next Five Years



5.6 Perceived Impact of the SoP Regulations

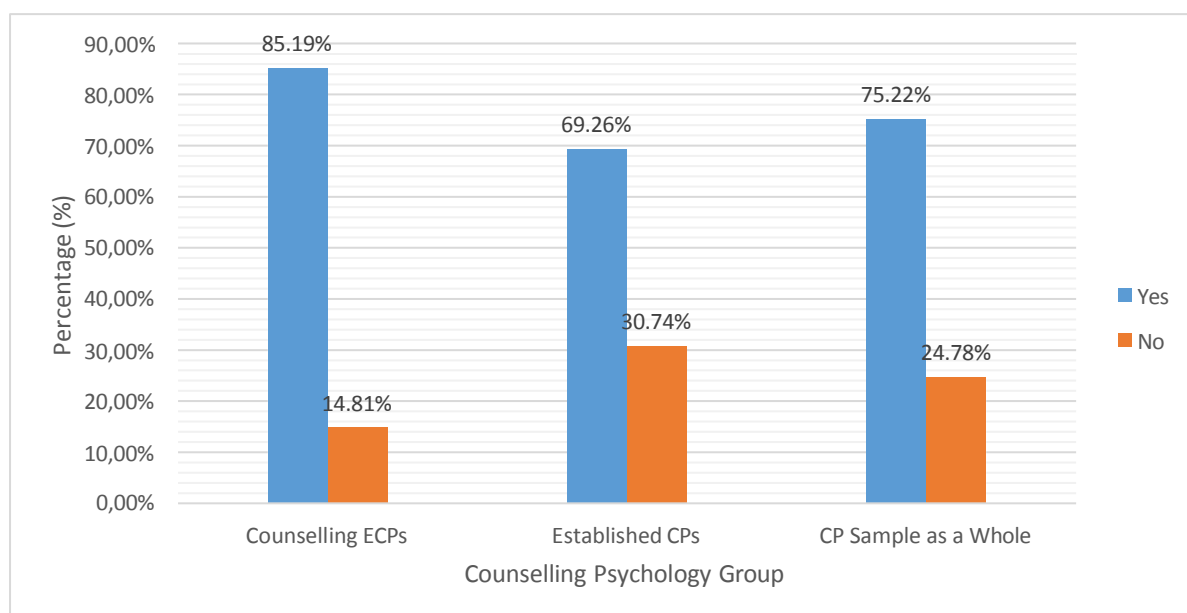
The results of various items relating to the impact of the perceived SoP on counselling psychologists in South Africa are outlined below. See also Figures 5-25 to 5-26 and Tables 15 and 16.

5.6.1 Impact of Perceived SoP on Professional Experience

Participants were asked to indicate if they felt that the perceived SoP had impacted on their professional experience as a counselling psychologist (see Figure 27). Four hundred and forty-five ($n = 445$) participants responded to this item, with 162 representing counselling ECPs and 283 representing established counselling psychologists. A larger proportion of counselling ECPs (85.19%, $n = 138$) indicated that the perceived SoP had impacted on their professional experience compared to established counselling psychologists (69.26%, $n = 196$). A statistically significant difference was found for the impact of the perceived SoP where counselling ECPs indicated that the perceived SoP had a significantly greater impact on their professional lives than established counselling psychologists, $\chi^2(1) = 13.96, p < .001$. Overall, three quarters of participants from the counselling psychologist sample as a whole (75.22%, $n = 334$) reported the perceived SoP to have impacted on their professional experience as a counselling psychologist.

Figure 27

A Bar Graph Indicating the Percentage (%) of Counselling Psychologists Who Believed the Scopes of Practice had Impacted on their Professional Experience



5.6.2 Level of Agreement

Participants were asked to rate their level of agreement on four single SoP items on a five-point Likert scale, wherein 1 represented *Strongly Disagree*, 2 *Disagree*, 3 *Undecided* and 4 *Agree* and 5 *Strongly Agree*. The SoP items included: i) I am satisfied with the SoP; ii) The SoP provides me with a coherent definition of counselling psychology; iii) The SoP is well aligned with my training as a counselling psychologist; and iv) The SoP is congruent with my current practice as a counselling psychologist. A Mann-Whitney U test revealed no statistically significant differences for levels of agreement in all four areas of perceived SoP between counselling ECPs and established counselling psychologists. In other words, results indicated that counselling ECPs and established counselling psychologists felt similarly about various aspects of the perceived SoP. Table 14 presents the Mann-Whitney U test results for perceived SoP.

Table 14

Mann-Whitney U Test Results for the Level of Agreement on Four Perceived SoP Items for Counselling ECPs and Established Counselling Psychologists

	Average Rank for Counselling ECPs	<i>n</i> Counselling ECPs	Average Rank for Established CPs	<i>n</i> Established CPs	<i>U</i>	<i>p</i>
I am satisfied with the SoP	218.8148	162	225.3958	283	22550.50	.507
The SoP provides me with a coherent definition of CP	222.7638	163	223.9240	283	23225.00	.843
The SoP is well aligned with my training as a CP	231.0586	162	218.3869	283	22938.50	.673
The SoP is congruent with my current practice as a CP	235.0000	163	217.6866	284	22733.50	.515

Note. * $p < .01$, ** $p < .001$, *** $p < .0001$

5.7 Extent to Which Values of Counselling Psychology are Endorsed

The ten most frequently cited counselling psychology values were identified for the survey and participants were asked to rate the extent to which each of the values guided their work. Four hundred and forty-five ($n = 445$) participants responded to this item, with 160 representing counselling ECPs and 279 representing established counselling psychologists. Figure 28 illustrates the mean ratings of counselling psychologists' endorsement of each of the values, while Table 15 provides the median and interquartile ranges of participant's endorsement of the values.

The findings from the ratings have been ranked and clustered into three categories from most endorsed values to least endorsed. For counselling ECPs, the first category,

representing the most endorsed values, included a focus on: (i) diversity; (ii) person-environment interactions; (iii) developmental issues; (iv) attention to people's assets, strengths and resources; and (v) drawing on research to inform practice. The second category formed the moderately endorsed values and for counselling ECPs this involved a focus on: (i) social justice and advocacy; (ii) preventative interventions; (iii) career-related issues; and (iv) brief interventions. The third category represented the least endorsed values, namely producing research that adds to knowledge of counselling psychology related topics.

For established counselling psychologists, the findings varied slightly from that of the counselling ECPs. For established counselling psychologists, the first category, representing the most endorsed values, included a focus on: (i) diversity; (ii) attention to people's assets, strengths and resources; (iii) developmental issues; and (iv) person-environment interactions. The second category formed the moderately endorsed values for counselling ECPs and involved a focus on: (i) drawing on research to inform practice; (ii) brief interventions; (iii) preventative interventions; (iv) social justice and advocacy; and (v) career-related issues. Similar to counselling ECPs, the third category represented the least endorsed values by established counselling psychologists, namely producing research that adds to knowledge of counselling psychology-related topics.

Overall, participants from the counselling psychology category as a whole were shown most likely to endorse the following values: (i) diversity; (ii) attention to people's assets, strengths and resources; (iii) developmental issues; and (iv) person-environment interactions. Table 16 reports the Mann-Whitney U test results of the level of endorsement for counselling ECPs and more established counselling psychologists for each of the ten values. Significant differences for only one out of the ten values were found. Specifically, more established counselling psychologists were significantly more likely to endorse the value of brief interventions than counselling ECPs.

5.8 Summary and Connecting the 'First Phase' with the 'Second Phase' of Research

Employment trend findings from the 'First Phase' of this study demonstrated that the majority of counselling ECP participants were White, English-speaking females, approximately 36 years old, living in Gauteng and holding a Master's degree as their highest professional qualification. While almost all counselling ECP participants were practicing as counselling psychologists at the time of the survey, almost a quarter were found to be actively seeking employment. Furthermore, despite almost all counselling ECP participants having searched for jobs outside of the private practice work setting, typically through means of

online search strategies, more than half of counselling ECP participants were found to be practicing within private practice and urban work settings. The findings also showed that while counselling ECP participants generally earned a gross income between R350 000 and R600 000 per annum, over a third of participants had accrued some level of debt upon receipt of their professional degree and, in turn, engaged in additional work to supplement their income.

Further analysis of items demonstrated that almost all counselling ECP participants engaged in some form of supervision of their work on an '*as needed*' basis and typically saw moderate degrees of psychopathology in their clients. In addition, while counselling ECP participants were generally found to be satisfied with their careers as counselling psychologists, they were highly dissatisfied with the employment opportunities available to them as well as with the formal support that they had received as early career practitioners. In fact, around half of the counselling ECP participants indicated that if given the opportunity to start over, a career in clinical psychology would rather be pursued. Nevertheless, the findings indicated that for half of counselling ECP participants, a career change out of counselling psychology would be very unlikely. Meanwhile, more than half of counselling ECP participants proposed that it was possible or more than likely that they would emigrate in the next five years. Almost all counselling ECP participants indicated that the perceived SoP had impacted on their professional experiences as counselling psychologists and specified being generally dissatisfied with the perceived SoP. Finally, the core values shown to be the most endorsed by counselling ECP participants involved a focus on diversity; person-environment interactions; developmental issues; attention to people's assets, strengths and resources; and drawing on research to inform practice.

While the findings from the 'First Phase' indicate clear trends in the data, these findings do not provide an in depth understanding or offer explanations for such trends, though in some cases the researcher may speculate based on the literature and what is reasonable. In addition, it is acknowledged that the professional experiences of individual counselling ECPs are unique, and as such may not be reflected within the statistical findings. For this reason, it is evident that the 'First Phase' data has provided a strong justification for further qualitative research into the professional experiences of counselling ECPs in South Africa.

Table 15*Median and Interquartile Ranges of Counselling Psychologists' Endorsement of Traditional Counselling Psychology Values*

	Counselling ECPs		Established CPs	
	Median	Range	Median	Range
Attention to people's assets, strengths, and resources, regardless of degree of disturbance	4.00	4.00 to 5.00	5.00	4.00 to 5.00
A focus on developmental issues and developmentally appropriate interventions across the lifespan	4.00	4.00 to 5.00	4.00	4.00 to 5.00
A focus on career-related issues and concerns pertaining to the workplace	3.00	3.00 to 4.00	3.00	3.00 to 4.00
An emphasis on relatively brief interventions	3.00	3.00 to 4.00	4.00	3.00 to 4.00
A focus on preventive interventions	4.00	3.00 to 4.00	4.00	3.00 to 4.00
Drawing on research to inform practice	4.00	4.00 to 5.00	4.00	3.00 to 5.00
Producing research that adds to knowledge of counselling/clinical psychology-related topics	2.00	1.00 to 3.00	2.00	1.00 to 3.00
A focus on person-environment interactions rather than exclusively on either the person or the environment	4.00	4.00 to 5.00	4.00	4.00 to 5.00
A focus on diversity, as well as a consideration of sociocultural context and systemic barriers in making sense of and understanding people's experiences	5.00	5.00 to 5.00	4.00	4.00 to 5.00
A focus on social justice and the necessity, when appropriate, to advocate for just causes that promote the welfare of others	4.00	3.00 to 5.00	4.00	3.00 to 4.00

Table 16

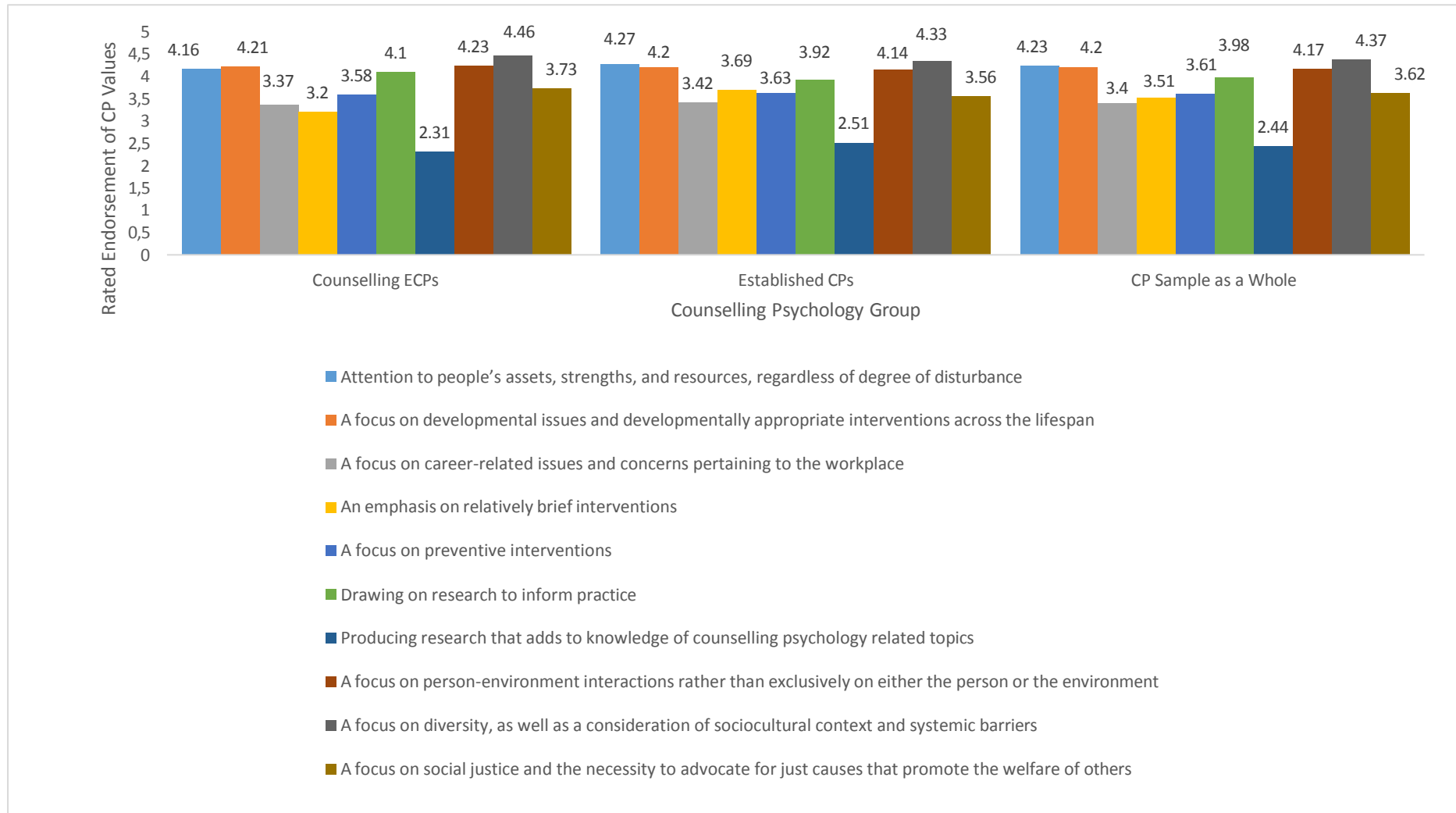
Mann-Whitney U Test Results of the Level of Endorsement of Traditional Values for Counselling ECPs and Established Counselling Psychologists

	Average Rank for Counselling ECPs	<i>n</i> Counselling ECPs	Average Rank for Established CPs	<i>n</i> Established CPs	<i>U</i>	<i>p</i>
Attention to people's assets, strengths, and resources, regardless of degree of disturbance	210.56	160	225.42	279	20809.0	.197
A focus on developmental issues and developmentally appropriate interventions across the lifespan	223.23	162	221.29	281	22562.50	.868
A focus on career-related issues and concerns pertaining to the workplace	216.90	162	223.38	279	21934.50	.594
An emphasis on relatively brief interventions	183.46	162	245.64	283	16517.00	.001**
A focus on preventive interventions	214.38	159	221.64	278	21366.00	.544
Drawing on research to inform practice	232.43	160	212.87	279	20331.50	.098
Producing research that adds to knowledge of counselling/clinical psychology-related topics	209.17	162	227.11	278	20682.50	.141
A focus on person-environment interactions rather than exclusively on either the person or the environment	227.86	161	218.65	282	21757.50	.433
A focus on diversity, as well as a consideration of sociocultural context and systemic barriers in making sense of and understanding people's experiences	235.16	162	216.04	283	20953.50	.093
A focus on social justice and the necessity, when appropriate, to advocate for just causes that promote the welfare of others	233.16	161	215.63	282	20904.00	.151

Note. * $p < .01$, ** $p < .001$, *** $p < .0001$

Figure 28

A Bar Graph Indicating the Endorsement of Traditional Counselling Psychology Values by Counselling Psychologists



Specifically, the following counselling ECP professional-related experiences were identified from the 'First Phase' as pertinent for further exploration in the 'Second Phase' of the study:

- (i) The experience of seeking and gaining employment as a counselling ECP in South Africa;
- (ii) The professional challenges experienced as a counselling ECP in South Africa;
- (iii) The experience of receiving professional support as a counselling ECP in South Africa.

A key purpose of the 'First Phase' of this study was, in turn, fulfilled in addition to addressing the first and second research objectives (see section 1.5, in Chapter One). In other words, if the 'First Phase' of this research had not been included, this research would have either focused on the researcher's personal area of interest or been restricted to experiences based on the limited local literature available on counselling psychologist in South Africa (see Table 1 in Chapter Three). It is thus indicated that the 'First Phase' of the sequential explanatory mixed methods approach allowed for an appropriate orientation for the qualitative focus, which could not have been achieved through a single-stage or mono- method research design.

5.9 Conclusion

This chapter outlined the research findings of the 'First Phase' of the research study, namely the quantitative and qualitative results captured from the survey questionnaires. The following chapter, Chapter Six, provides the research findings of the 'Second Phase' of the study, which specifically involved the use of semi-structured interviews with counselling ECPs.

CHAPTER SIX

'Second Phase' Semi-Structured Interview Findings

6.1 Introduction

This chapter outlines the research findings of the 'Second Phase' of the current study, namely the data elicited from the semi-structured interviews. In particular, this chapter outlines the lived professional experiences of ten counselling ECPs in South Africa, with a focus on their specific challenges and support needs. The chapter commences by offering a concise overview of the ten participants, aiming to provide context regarding their professional backgrounds and emphasise the unique nature of each individual's experience.

Subsequently, the chapter outlines the significant themes that emerged from the analysis of the ten semi-structured interviews that were conducted. Interpretative Phenomenological Analysis (Smith & Nizza, 2022) was utilised to analyse the textual data from the semi-structured interview transcripts. The findings are clustered under three group experiential themes, namely: (i) The complexity of finding and securing work; (ii) Navigating an array of personal, professional and systemic challenges; and (iii) Support as self-acquired. Each theme is described in detail and verbatim extracts of participant accounts referred to in order to maintain authenticity and trustworthiness. Efforts were made to strike a balance between the participants' individual experiences and the collective experience, ensuring that the unique and idiosyncratic nature of each participant's experiences remained preserved within the overall collective experience. In this manner, the voices of each of the ten counselling ECPs may be directly heard and the reader may gain an enhanced understanding of the intricacies and meanings attributed to their lived professional experiences in South Africa.

6.2 Description of Participants

Anonymity of the ten participants was ensured throughout the 'Second Phase' of this study by labelling the participants as "P1", "P2", "P3", "P4", "P5", "P6", "P7", "P8", "P9" and "P10", respectively. The sections below offer brief descriptions of each of the ten participants. As outlined in section 4.4.2.3 of Chapter Four, IPA requires a homogenous sample. The following ten participants represented a homogenous sample in that they shared two pertinent characteristics, namely: (i) all ten participants were registered with the HPCSA in the category of counselling psychologist; and (ii) all ten participants were HPCSA registered in independent practice between the years 2012-2020, and as such, met the criteria

Table 17*Summary of Semi-structured Interview Participant Demographics*

Participant	Age	Gender	Race	Province	Highest Professional Qualification	Languages Spoken Most Fluently	Marital Status	Children	Current Work Setting
P1	34	F	White	GP	PhD	English, German, Afrikaans	Married	None	School, Private Practice
P2	35	M	White	GP	PhD	English, Afrikaans	Single	None	Private Practice
P3	29	F	White	GP	Master's	English	Single	None	Private Practice
P4	36	F	White	KZN	Master's	English	Married	One	Private Practice
P5	32	M	Black	GP	PhD	English, isiZulu	Single	None	Tertiary Institution
P6	37	F	White	WC	Master's	English	Married	None	Private Practice
P7	35	F	Coloured	EC	Master's	English	Single	One	Tertiary Institution, Private Practice
P8	31	F	White	GP	Master's	English	Single	None	School, Private Practice
P9	34	M	White	GP	Master's	English	Married	None	Private Practice
P10	52	F	White	GP	Master's	English, Afrikaans	Married	Two	Private Practice

Note. GP = Gauteng, KZN = Kwa Zulu-Natal, WC = Western Cape, EC = Eastern Cape, M = Male, F = Female

for being an ECP. A summary of the demographic characteristics of each of the ten participants can be found in Table 17.

6.2.1 Participant 1 (P1). Participant 1, aged 34, is a White, English-, Afrikaans- and German-speaking female. At the time of the interview, P1 was married, with no children and held a PhD as her highest professional qualification. At the time of the interview, P1 was living in Gauteng and was working part-time as both a school psychologist and a solo practitioner in private practice. Prior to this, P1 worked in various settings and engaged in multiple roles, including as a temporary psychologist at a university student counselling centre, as a part-time lecturer at a private higher education institution, as a part-time psychologist at a local family center, as a part-time psychologist with a local Employee Wellness Programme (EAP) and as a part-time school psychologist at a local school.

6.2.2 Participant 2 (P2). Participant 2, aged 35, is a White, English- and Afrikaans-speaking male. At the time of the interview, P2 was single, with no children and held a PhD as his highest professional qualification. Moreover, at the time of the interview, P2 was residing and working in Gauteng as part of a group practice. In addition, at the time of the interview, P2 was involved in the training, supervision and coordination of the psychology internship programme held at the group practice. Moreover, P2 was an active columnist for a local magazine as well as a frequent guest speaker on various topics. Following his internship training, P2 spent six months completing his research dissertation before being temporarily employed as a part-time psychologist at a university student counselling centre. Subsequent to that role, P2 briefly attempted to establish a solo private practice through collaboration with local children's homes.

6.2.3 Participant 3 (P3). Participant 3, aged 29, is a White, English-speaking female. At the time of the interview, P1 was single, with no children and was living and working in Gauteng. While the highest professional qualification held by P3 at the time of the interview was a master's degree, it is noteworthy that P3 was in the process of completing her PhD degree. In addition to being a PhD candidate, at the time of the interview, P3 was running an online solo private practice from home, offering virtual psychotherapeutic services to clients. She was also employed on a part-time basis offering virtual mental-health related services to an organisation based overseas. Following her internship training, P3 was temporarily employed on a part-time basis in various settings and within multiple roles

including, as a psychologist at various local clinics, as well as a part-time lecturer at a local public university.

6.2.4 Participant 4 (P4). Participant 4, aged 36, is a White, English-speaking female. At the time of the interview, P4 was married, had one three-year-old child and held a master's degree as her highest professional qualification. At the time of the interview, P4 was living in Kwa-Zulu Natal and working on a fulltime basis in her solo private practice. That said, at the time of the interview, P4 was in the process of reducing her working hours, given her desire to spend more time with her child. Following the completion of her internship training, P4 spent a few months completing her master's research dissertation before taking a break to travel overseas. On her return to South Africa, P4 initially worked on a fulltime basis as part of a group private practice, before relocating to Kwa-Zulu Natal where she continues to live and practice to date.

6.2.5 Participant 5 (P5). Participant 5, aged 32, is a Black, English- and isiZulu-speaking male. At the time of the interview, P5 was residing in Gauteng, and was single with no children. Holding a PhD as his highest professional qualification, P5 was employed as a lecturer on a fulltime basis at a local public university. Prior to his engagement with the abovementioned work, P5 was employed for a number of years on a part-time basis at two universities as a research graduate assistant and as a student advisor, respectively.

6.2.6 Participant 6 (P6). Participant 6, aged 37, is a White, English-speaking female. At the time of the interview, P6 was married, with no children and held a master's degree as her highest professional qualification. At the time of the interview, P6 was living in the Western Cape and working on a fulltime basis in her solo private practice. Participant 6 initially extended her internship training in order to complete her master's dissertation. Following this, P6 took a break and travelled overseas. Upon her return to South Africa, P6 was briefly employed providing psychological services within sub-acute and private hospital settings. Simultaneously, P6 was involved in part-time work at a local NGO. Participant 6 then relocated provinces in order to join her spouse. While there, P6 worked on a part-time basis within various group private practice settings. Moreover, P6 was employed on a part-time basis as a psychologist within a university student counselling centre. Following a job offer made to her spouse, P6 and her spouse then relocated to the Western Cape where she continues to live and practice to date.

6.2.7 Participant 7 (P7). Participant 7, aged 35, is a Coloured, English-speaking female. At the time of the interview, P7 was single, had one three-month-old child and held a master's degree as her highest professional qualification. At the time of the interview, P7 was living in the Eastern Cape and was employed fulltime as a psychologist at a university student counselling centre. At the time of the interview, P7 was also running a part-time solo private practice on the weekends. Prior to her involvement in the abovementioned work, P7 was initially employed on a fulltime basis as a psychologist at a local school.

6.2.8 Participant 8 (P8). Participant 8, aged 31, is a White, English-speaking female. At the time of the interview, P8 was single, with no children and held a master's degree as her highest professional qualification. At the time of the interview, P8 was residing in Gauteng and working part-time as a psychologist within three distinct private practices. Prior to this, P8 was employed at a local school. After three years of working at the school, P8 then left the psychology workforce, emigrating to Australia to begin a new career in an unrelated field. However, P8 ultimately returned to South Africa to resume her role as a psychologist within a private practice setting, following the death of a family member.

6.2.9 Participant 9 (P9). Participant 9, aged 34, is a White, English-speaking male. At the time of the interview, P9 was married, with no children and held a master's degree as his highest professional qualification. At the time of the interview, P9 was residing in Gauteng and working fulltime as a psychologist within a solo private practice. Following his internship training, P9 was initially employed as a psychologist at a local Alcohol and Drug Rehabilitation Centre. Following this, P9 was briefly employed as a psychologist within a local Employee Wellness Programme (EAP). Soon after, however, P9 and his spouse left the psychology workforce, travelling overseas and working in an unrelated field. Upon returning to South Africa, P9 established a solo private practice while working as a part-time psychologist at the same Alcohol and Drug Rehabilitation Centre.

6.2.10 Participant 10 (P10). Participant 10, aged 53, is a White, English- and Afrikaans-speaking female. At the time of the interview, P10 was married with two children. While the highest professional qualification held by P10 at the time of the interview was a master's degree, P10 was in the process of completing her PhD. At the time of the interview, P10 was residing in Gauteng and working as a psychologist within two distinct private practices. In addition to this, P10 engaged in a few years of employment as a part-time lecturer at a local public university.

Table 18, on the following page, offers a summary of the group experiential and various sub-themes that emerged from the ten semi-structured interviews that were conducted. Each of the themes will be outlined and expanded upon in detail in the following sections.

Table 18

List of Group Experiential Themes and Sub-themes

Group Experiential Theme	Sub-theme
The complexity of finding and securing work	Feelings of poor work readiness and professional disillusionment Limited employment opportunities outside private practice The chaos of juggling multiple roles, in multiple settings Reasoning for and against private practice Settling in Varying levels of career satisfaction
Navigating an array of personal, professional and systemic challenges	Grappling with professional identity conflict CP's subordination within the profession's false hierarchy Lack of knowledge and misperceptions by the general public and broader healthcare community Financial challenges Increasing accessibility to mental health services Work-life balance challenges Adjusting to the COVID-19 pandemic Emigration contemplation
Self-acquiring support	Limited professional support received Personal therapy and supervision Networking Desired means of professional support

6.3 Group Experiential Theme 1: The Complexity of Finding and Securing Work

This first theme, 'the complexity of finding and securing work', sets the scene for the themes which follow as it attempts to illustrate the process participants experienced in attempting to find and secure work. Participants were simply asked to describe their experience of acquiring employment and/or starting a practice as a counselling ECP in South Africa. Sub-themes revealed that participants experienced feelings of poor work readiness and career disillusionment. In addition, participants revealed limited employment opportunities available to them outside of private practice settings and a sense of chaos in needing to juggle multiple work roles in multiple settings. Moreover, for many participants, the experience of

finding a niche and gaining professional confidence over time was crucial in developing a professional identity and ultimately ‘settling in’ to their careers. Expanding on their experiences, participants further reflected on the various advantages and disadvantages of their private practice work and revealed varying levels of overall career satisfaction.

6.3.1 Sub-theme 1: Feelings of Poor Work Readiness and Disillusionment

Eight participants expressed feeling ill-prepared upon entering the workforce. More specifically, participants indicated feeling as if they did not graduate with the requisite knowledge and skills to successfully navigate entrance into the marketplace, establish and run a private practice, as well as to engage in licensure and medical aid credentialing procedures. Moreover, some participants doubted their skills and questioned why certain tasks that characterised the early career stage were rarely discussed within professional training programmes. Participant 10, for example, reflected with shock how ill-prepared she felt on entering the workforce:

“I didn't realise how unprepared I was.” (P10)

For P10, this experience alludes to an expectation to have been fully prepared to navigate professional life on entrance into the workforce. This account mirrored the experience of three other participants. Participant P2, for example, articulated expectations to have acquired and mastered all relevant knowledge and skills upon entering the workforce:

“My expectation was that by the time my training was done that I'd be ready to face anything. So it's a bit of a paradigm shift to realise that actually you're not ready.”
(P2)

In the quotation above, P2 alludes to a sense of surprise surrounding his feelings of poor work readiness on entering the workforce. For P2, this experience required a cognitive shift involving the realisation for the need for continued professional learning and development throughout the professional lifespan. From a different perspective, P7 indicated with a sense of despondency:

“It's so hard already to get into a master's programme and you feel like, you know, once you've accomplished that you've gotten over this huge hurdle and you're finally at the top! But then you basically get crushed all over again.” (P7)

Participant 7's account above describes the deflating experience of overcoming the highly competitive master's selection and professional training process, only to be confronted with the start of a gruelling professional journey. A metaphorical layer of interpretation in the quotation above involves P7's depiction of entering the workforce, to that of summiting a mountain or in completing a race interspersed with 'hurdles'. For P7, however, reaching the 'end of the race' or 'summitting the mountain' feels insurmountable as new 'summits' and 'hurdles' continue to appear in her professional journey. Expanding on this, eight participants questioned with frustration, why certain early career tasks were not discussed within their professional training programmes. Participant 9, for example, expressed receiving limited professional training and guidance on how to navigate the job market and start a private practice:

"In our training, like no one kind of spoke to us about how to start up private practices or how, you know, if we wanted to do... if we wanted to do sort of like community work or whatever. There wasn't really a discussion on how do you get into these spaces." (P9)

Similarly, P1 felt she lacked the necessary skills to start and run a private practice on entering the workforce. For P1, this resulted in a challenging process of finding and securing work:

"I didn't have the necessary skills to start the work. So I think to start the process, it was really tough. Like just not knowing how do I... how do I market myself? Do I market myself? Am I being full of myself? How do I punt my services?" (P1)

In the extract above, P1 alludes to emotions of uncertainty and anxiety upon entering the workforce, demonstrated by her consecutive use of open-ended questions such as 'how do I?', 'do I?' and 'am I?'. This was echoed by P7, who expressed with frustration that she held limited knowledge surrounding licensure, credentialing and medical aid procedures upon entering the workforce:

"I ended up going through such a terrible process of eventually affiliating myself to the medical aids. I didn't know that I needed a BHF number. So with the Board of Healthcare Funders, I didn't know that I needed all that." (P7)

Similarly, P6 indicated limited knowledge on various financial aspects on entering the counselling psychology workforce, including expected income and medical aid claim procedures:

“I had no clue, absolutely no clue that psychologists were asking for R900 an hour... I didn't know how it all worked. I didn't know about ICD 10 codes, I didn't know about, you know, the procedural codes that you have to give to a medical aid. I went in absolutely ignorant.” (P6)

In the quotation above, P6's repeated use of the phrases “I didn't know...” and “no clue” emphasises her feelings of poor work readiness at the start of her career. Likewise, P9 revealed receiving limited guidance on various financial aspects relating to his future career. For P9, this was surprising, as he portrayed finances as comprising a significant proportion of professional practice life:

“Money was a very big... it was a very big thing. Like nobody... Nobody speaks to you about it. Like what is a reasonable amount of money to expect? You don't get any guidance around any of that.” (P9)

Beginning with feelings of poor work readiness on entering the workforce, eight participants went on to express feelings of disillusionment on transitioning into the workplace. Participant 1, for example, described the process of entering the workforce to have been more challenging than what she had expected:

“I think it was really a lot tougher than what I had expected. So I left master's, well I left my internship, believing that I was highly skilled and highly wanted, but it seemed like that wasn't really the case. I was highly skilled, but I just wasn't wanted.” (P1)

Participant 1's account suggests that she perceived her role as a counselling psychologist to be highly valuable within the South African mental healthcare context. However, for P1, her experience was that her self-perceived value was not reciprocally acknowledged by employers on entering the marketplace. Similarly, P2 expressed:

“I don't know what I was thinking initially, but for some reason people didn't line up outside my door to offer me a job [laughs]. It's an interesting situation in South Africa. I think that there's an immense need for psychology, for just emotional support in general, but there are so very few opportunities.” (P2)

In the above excerpt, P2 uses humour to diffuse the stark contrast between his prior career expectation and actual lived experience. In other words, in order to cope with his feelings of disillusionment and the dissonance between his prior expectations and actual lived experience, P2 uses humour as a defence mechanism to make light of his experience. More explicitly, P8 stated feelings of disillusionment about her early career years:

“After three years, I actually felt really disillusioned.” (P8)

Likewise, P3 noted the challenging process of amalgamating her prior career expectations with her actual lived experiences on entering the workforce:

“It’s been a big journey for me, in terms of how I thought my career would be and how it actually is... I’ve really struggled to come to terms with it.” (P3)

Participants’ accounts in this theme revealed their attempts to grapple with feelings of poor work readiness and disillusionment on entering the workforce as counselling ECPs in South Africa. These feelings of uncertainty, disillusionment and frustration pervade the participants’ professional experiences as counselling ECPs in the country and continue to appear as aspects within ensuing sections.

6.3.2 Sub-theme 2: Limited Employment Opportunities Outside Private Practice

Expanding on feelings of poor work readiness and disillusionment on transiting into the workforce, eight participants revealed difficulty in finding and securing work in South Africa. As such, this sub-theme revealed two experiences by counselling ECP participants. First, it revealed that participants experienced employment opportunities within the South African context as limited. Second, it revealed the subsequent need for participants to enter the less preferred context of private practice. Describing the challenging process he experienced in finding and securing work as a counselling ECP in South Africa, P2 expressed:

“I think that transition is the most difficult part... to get into the field, where you’re already well qualified, but with nowhere to go.” (P2)

In the excerpt above, P2 suggests that while he holds the requisite knowledge and skills to contribute meaningfully within the mental healthcare arena within the country, he experienced limited work opportunities available to him. From a metaphorical perspective, P2 is likely alluding to the phrase ‘all dressed up, but with nowhere to go’, suggesting that

while he appears appropriately ‘dressed’ with the adequate professional knowledge, skills and qualifications, there is ‘nowhere to go’, referring to the limited job opportunities available to exercise his expertise. Similarly, P6 described:

“These sites where you can register like on News24, I think it's called Job24 or something? All those, I was listed on so many of them. I joined LinkedIn, and just put my CV everywhere to just try and get something in my line of work. That was really, really, really hard. It was a real eye opener to see that there are not a lot of jobs.” (P6)

In the excerpt above, P6 calls attention to her extensive, yet unsuccessful, use of online search strategies to find and secure work in South Africa. Linguistically, P6’s repeated use of the word “really” emphasises the difficulty she experienced in securing employment within the country. Participant 6’s account reveals that, despite an abundance of online job search platforms, she experienced actual employment opportunities available to her as scarce. Nine participants went on to attribute their decision to enter into private practice settings to the limited employment opportunities available to them. Participant 1, for example, suggested that, despite private practice not being a personal aspiration, she was pushed to enter the space as a result of limited employment opportunities available:

“Although it was never my dream, I then decided to start a private practice because I really couldn't find any employment.” (P1)

This was echoed by P6:

“For us as counselling, there are only so many job opportunities out there... at schools, and... I don't even know where else? So we go into private practice.” (P6)

Likewise, P5 expressed:

“The reason why some psychologists... some counselling psychologists... end up in private practice, is because there's little to no work for them in the public sector.” (P5)

In the extract above, P5 pauses before bringing particular attention to the limited work opportunities available to psychologists in the category of counselling psychology. In other words, P5’s account implies that counselling psychologists, in particular, are faced with issues of poor work opportunities within the country. The experience of limited employment

opportunities elicited a number of emotions for four participants, including fear, anxiety, disappointment, frustration and general emotional dissonance. Participant 7, for example, revealed emotions of fear and anxiety as a counselling ECP:

“I was very scared and worried because there aren’t a lot of opportunities.” (P7)

From a different perspective, P8 expressed needing to reconcile with her emotions upon entering into private practice:

“I’m just trying to come to terms with that. To making peace with private practice, even though I’m not a private practice kind of girl.” (P8)

The excerpt above speaks to the sense of emotional dissonance P8 experienced on entering private practice. Speculatively, P8 was required to ‘make peace’ through shifting her sense of professional identity on what it means to be a counselling psychologist. Reflecting on emotions of frustration P5 stated:

“Even some of the sessional work that I was looking at doing in public hospitals, they all wanted clinicals... all of them... they wanted clinicals, clinicals, clinicals, and I was just like, this is crazy! And it wasn’t at psychiatric hospitals, it was often at sort of primary and secondary healthcare systems, so your local clinics and general hospitals. And I was just like, I don’t understand why you want clinical psychologists there?” (P5)

Participant 5’s account suggests employment opportunities available to counselling psychologists outside of private practice contexts are limited given that posts are availed to clinical psychologists. Participant 5’s repeated use of the word “clinical” was expressed in a sing song manner. For P5, allowing his voice to rise and fall while expressing the word “clinical” conveyed his strong sense of frustration at employment opportunities being predominantly availed to clinical psychologists. Similarly, seven participants made reference to the biased availing of work opportunities to psychologists registered within other professional categories. Participant 8, for example, indicated:

“Counselling psychologists have to go into private practice. I feel you’ve really got to create your own opportunities. Because clinicals, hospitals want them, institutions want them, rehabs want them, educationals the schools want them. So we’re a little bit in the middle.” (P8)

Participant 8 describes counselling psychologists as ‘in the middle’, possibly alluding to the significant professional overlap in roles and professional responsibilities of counselling psychologists with those of clinical and educational psychologists. For P8, this overlap is largely responsible for the limited employment opportunities available to counselling psychologists. From a metaphorical perspective, ‘in the middle’ likely implies that counselling psychologists are ‘on the fence’, without a clear direction and professional purpose. Speculatively, this speaks to counselling psychology’s ongoing challenge in moving towards a more coherent, identifiable and social relevant professional identity. Similar to P8, P3 expressed frustration with employment opportunities being consistently availed to clinical as opposed to counselling psychologists:

“I feel like that's the story of my life. It's like, you know, if there's a post they will be looking for clinical.” (P3)

Likewise, P4 described:

“In terms of what's come into my inbox, advertising of employment opportunities... I would say 9 out of 10 of those are only looking for clinical psychologists. They're not looking for counselling.” (P4)

In a similar manner, P7 reported employment opportunities as generally being advertised for clinical and educational psychologists:

“What I found, especially when searching for jobs is that they'll look for a clinical or an educational psychologist.” (P7)

The above quotations suggest a strong (mis)perception by recruiters in the marketplace of the professional role and training of counselling psychologists in South Africa. In other words, despite counselling ECPs willingness and requisite knowledge and skills to contribute meaningfully within the mental health arena, government and the marketplace (mis)perceive counselling psychologists as being ill-equipped and irrelevant to fill posts and meet the mental healthcare needs of the country. For the counselling ECP participants, this (mis)perception results in a lack of employment opportunities made available to them. Not surprisingly, the accounts in this theme thus illustrate how counselling ECP participants are pushed to carve out spaces for themselves within the less preferred context of private practice.

6.3.3 *Sub-theme 3: The Chaos of Juggling Multiple Roles, in Multiple Settings*

Given the lack of fulltime employment opportunities available within the country, eight counselling ECP participants went on to reflect a sense of chaos in needing to juggle multiple professional roles within multiple settings during their early career years. Many participants further attributed this experience to the need to match financial demands. Some participants noted the fragmented nature of committing to various work roles and responsibilities to be a challenging and frustrating experience. Participant 2, for example, experienced frustration in needing to engage in multiple professional roles in multiple settings:

“That initial part was especially frustrating... you do odd jobs here and there but it doesn't seem to really... Yeah... I didn't really feel like it got me far.” (P2)

In the above extract, P2 suggests that the fragmented nature of the work he engaged in during his early career years hampered his sense of career progression and resulted in him feeling ‘stuck’. Expanding on this, P8 described a sense of disorder and dissatisfaction in needing to juggle multiple professional roles in multiple settings:

“It's juggling, always juggling the three [practices] ... It's not ideal. It's not how I would like to practice. You know, you're in different offices and in different spaces... I do, I find it a bit chaotic”. (P8)

Participant 8's experience implies that not only are employment opportunities within the country scarce for counselling ECPs, but also that the process of establishing a solo private practice is challenging. For P8, the challenge in establishing a solo private practice resulted in her need to rotate between different private practices in order to meet financial demands. Similarly, P1 indicated that in order to match financial obligations, she engaged in multiple roles and in multiple settings in her early career years:

“I then started working at the school for two days. I was working at [another school]. I was working as a lecturer. I was working in my practice. So it was, I think at one stage, I had about seven different forms of income, just to cover all the costs.” (P1)

Interestingly, P3 experienced the juggling of multiple roles within multiple settings to be a stimulating and positive early career experience:

“What I do like is the diversity that I've created for myself, I do enjoy that. I think I would be really bored doing the same thing every day. So I've realised that I do actually enjoy doing a little bit of this and a little bit of that and a little bit of this...”
(P3)

The findings in this theme suggest that for most of the counselling ECP participants, their early career experiences were characterised by a sense of disorder in needing to juggle multiple roles in multiple settings. For many participants this was both a stress-inducing and frustrating experience in order to meet significant financial demands as well as in response to the limited fulltime employment opportunities available to them. Only one participant viewed the juggling of multiple roles in multiple settings as an opportunity for professional identity enhancement and which contributed towards feelings of career satisfaction and fulfilment.

6.3.4 Sub-theme 4: Reasoning For and Against Private Practice

Given that nine counselling ECP participants engaged in some form of private practice work, participants felt it necessary to outline their reasoning for and against engaging in private practice work. For many participants, the advantages of working within private practice involved feelings of empowerment in owning their own business, the flexibility of work hours, the ability to better manage burnout, the heightened emotional investment by paying clients and the security of a more lucrative income in comparison to alternative work options. Interestingly, three counselling ECP participants expressed that the opposite was true and noted the major disadvantage of private practice involve issues of financial unpredictability. Three participants alluded specifically to feelings of empowerment and independence in owning and running their own practice. Participant 6, for example, expressed:

“It was the best thing I did because now I manage my own practice. I manage all aspects of it. And it's a lot more empowering.” (P6)

In a similar manner, P3 reflected the advantages of being in private practice to include being her own boss, the lucrative income private practice allowed as well as the flexible working hours:

“I've appreciated the flexibility around being in a private practice. I've appreciated that it's, you know, it's fairly lucrative. You earn quite well. And, I enjoy the therapy. I also enjoy not working for someone. I enjoy working for myself.” (P3)

From a different perspective, P1 noted a sense of appreciation for the heightened levels of commitment she experienced from paying clients:

“I do really love the practice and I feel like my practice work is like my baby. And it's so different when patients are coming in that have paid for a service, there's so much more investment.” (P1)

Participant 1's metaphorical depiction of her private practice as her 'baby' demonstrates the deep sense of emotional and personal connection she has with her private practice work. Moreover, P1's use of the metaphor alludes to her deep commitment to nurturing and protecting her private practice as it grows and develops overtime. For two participants, private practice work allowed them an opportunity to manage and recover from burnout. Participant 9, for example, specified private practice offered him the opportunity to manage his burnout through controlling his own working hours and income:

“I just thought, okay, like I'll just go into private practice, it means I can manage my own workload. I can manage how much I charge people. I can manage myself around burnout.” (P9)

Similarly, P3 expressed:

“When I didn't get the job, I sort of reassessed and decided, you know, maybe it's better just to start private practice. That gives me space to earn and also some space to recover and sort of get back on my feet.” (P3)

Participant 3's quotation above implies that, while private practice was not an initial career aspiration for her, entering the private practice context offered her a secure foundation to navigate numerous early career challenges, such as, meeting financial obligations and recovering from burnout. For P9, the major advantage of private practice involved the financial security it offered:

“I could guarantee a decent income for myself working in private practice. So now I'm pretty much exclusively in private practice. Because it's kind of the most guaranteed stable income.” (P9)

In contrast, three participants noted the major disadvantage of private practice work to involve financial uncertainty. For P3, this financial instability elicited feelings of anxiety:

“Private practice is very unpredictable, which means that your income is unpredictable, and can be unstable. So that's obviously challenging, and I think quite anxiety provoking in terms of, you can't bank on having X amount of money at the end of the month.” (P3)

In a similar manner, P7 described the financial unpredictability of private practice to have deterred her from engaging in private practice work on a fulltime basis:

“It takes three to four months for me to chase after people for payments. So private practice was just really not an option for me, in terms of my financial security.” (P7)

This theme demonstrates that while counselling ECP participants initially grappled with being pushed to enter the less preferred context of private practice, participants experienced both advantages and disadvantages on entering the space. Speculatively, the benefits as revealed by the participants appeared to outweigh the disadvantages mentioned. These findings thus likely account for why many of the counselling ECP participants opted to continue working within the context of private practice, despite the context not being an initial aspiration.

6.3.5 Sub-theme 5: Settling In

Eventually finding and securing work within the context of South Africa, eight participants went on to reflect on the process of ‘settling in’ to their careers. Specifically, participants made reference to the benefits of finding a niche within the field or in gaining professional confidence over time as useful in developing a sense of a professional identity. Participant 3, for example, described establishing a niche in the areas of grief and disenfranchised grief, as seen in the quotation below:

“I really am working on developing this niche of, you know, for myself and my special interest in grief and disenfranchised grief.” (P3)

Similarly, P6 expressed having identified and developed a niche in the area of play therapy:

“I thought I would go in with becoming a play therapist because there's always a need, everywhere. This at least I knew. For people to bring their children somewhere. Not a lot of therapists work with kids.” (P6)

For P6, identifying a gap in the marketplace was key to establishing her sense of professional identity and settling into her career as a counselling ECP. Likewise, P2 outlined the benefits of finding a niche in the areas of sub-acute and physical rehabilitation:

“So I ended up in this field, the sub-acute and physical rehab field. And as we got involved in it, we just realised there’s a massive need, and so we built it from there.”
(P2)

In the quotation above, P2 implies that finding a niche was foundational to settling in to and building his career as a counselling ECP. Seven participants noted that, with increasing practice experience and time, came greater professional confidence. Participant 6, for example, reflected that it took her up to five years to ‘settle in’ to her career as an independent, confident professional in the workplace:

“I really went through my stormy waters to navigate where I am now, which is really in a much calmer, more stable place. It really took me five years from being in private practice to get me to where I am now.” (P6)

In the extract above, P6 alludes to a gruelling and tumultuous start to her early career years as a counselling psychologist. A metaphorical layer of interpretation involves P6’s depiction of entering the workforce, to that of a boat sailing through stormy seas. In other words, the ‘stormy sea’ represents the challenges that she faced upon entering the workforce. Nevertheless, with professional support and gaining of experience overtime, P6’s metaphorical depiction implies that she was able to grow in professional competence and confidence, in turn, reaching ‘calmer waters’. Similarly, P1 proposed that it took her a number of years to ‘settle in’ her career:

“It took me I think about maybe three or four years to really get myself established as a professional. I’m really chuffed where I am now. I think, although it was so tough, it was also a learning experience and I’m really, really grateful for what I learned about myself in that process.” (P1)

In the extract above, P1 alludes to feelings of empowerment and resilience in effectively navigating and progressing through her challenging early career years. P1’s repetition of the word “really” emphasises her immense sense of gratitude for the challenges she faced, in shaping her professional growth and development over time. This gaining of professional confidence and competence over time was echoed by P4 who reflected:

“I really think that it's gotten easier and easier as time has passed.” (P4)

In a similar manner, P8 measured her professional growth over time by her ability to tolerate emotionally challenging client cases:

“Now the cases feel quite... I'm trying not to say it in a belittling way... it doesn't feel like that it gets to me much. I don't know. Maybe I've also just grown.” (P8)

Likewise, P9 reflected gaining professional confidence over time:

“I began to believe that okay, like actually maybe I am capable. Maybe I am competent. Maybe I have earned what I've been doing.” (P9)

Participants 9's repeated use of the phrases 'maybe I am...' and 'maybe I have...' demonstrates how P9 began to challenge and change his own self-perception as a counselling psychologist. In other words, P9's account implies that with time, he gained back his sense of professional confidence and competence which he had, arguably, lost on initially entering the workforce. For P2, gaining professional confidence had occurred only once he had established a financially secure position:

“Thinking about it now it was actually quite a long time between when I qualified and until I actually felt like this is the place where I'm making a difference and it's not just for free. I'm getting paid and I can actually build from that.” (P2)

The above quotations speak to the counselling ECP participants' process of 'settling in' to their careers. For many counselling ECP participants the early career years are characterised by disorder and feelings of uncertainty, frustration, anxiety and disillusionment. However, as evidenced within this theme, most counselling ECP participants were able to reach a point in the professional lifespan characterised by a sense of stability, order, and feelings of professional competence and confidence. Albeit occurring over an extensive period of time, this 'settling in' process was crucial for counselling ECP participants in their journey of professional identity development.

6.3.6 Sub-theme 6: Varying Levels of Career Satisfaction

While all counselling ECP participants articulated the impact their early career experiences had on their overall levels of career satisfaction, there were differences in how this impact was portrayed. For example, while the majority of counselling ECPs expressed overall high levels of career satisfaction, participants simultaneously acknowledged

dissatisfaction with certain aspects of their careers. Participant 1, for example, specifically made reference to the psychological construct of splitting when describing her experience as a counselling ECP. Splitting, or all-or-nothing thinking, refers to an individual's inability to bring together the dichotomy of perceived positive and negative features of an experience into a cohesive whole (Pellegrini, 2010). This was demonstrated in the quotation by P1 below, where she described a sense of satisfaction working within the private practice setting, but dissatisfaction working within the school setting:

"It's almost like some splitting going on here because I do really love the practice. I think there I feel driven, I feel a desire to do that. But then I think at the school that would be like the least desirable part of my work." (P1)

Similarly, P4 described her work to be both fulfilling, but also emotionally exhausting:

"I find the work very, very, very fulfilling. I do find it tiring." (P4)

Participant 4's repeated use of the word 'very' emphasises her overall sense of career satisfaction, however, she simultaneously acknowledges the emotionally draining nature of work. In other words, for P4, the meaning and satisfaction she gained from the altruistic work she engaged in, arguably outweighed the associated emotional labour required. This was echoed by P2, who noted:

"Being with patients while they're going through something... On the one side, I find it extremely draining, but I also find it to be so meaningful". (P2)

In the quotation above, P2 alludes to the immense sense of meaning and value he gains from working with his clients, despite the emotionally draining nature of the work itself. Likewise, P8 expressed overall satisfaction with her career, despite noting dissatisfaction with associated financial stressors, the need to juggle multiple professional roles in different settings and professional isolation:

"When I'm actually like, doing the actual work, like the actual therapy, and sometimes the assessments, I find that very fulfilling, very stimulating, very interesting. So the actual job description, engaging with people, that I really enjoy. The bits that I don't enjoy... would be just having to bustle between the three practices to make ends meet. And that I'm never really part of a team." (P8)

In the extract above, P8 speaks to the fulfilling nature of the altruistic therapy work, while simultaneously revealing dissatisfaction with practical aspects of her career.

Specifically, P8 alludes to feelings of loneliness within the private practice setting as a counselling ECP, likely a result of her need to work within different settings. Two participants indicated overall high levels of career satisfaction, but concurrently reported feeling that there was still significant room for professional growth and a sense of fulfilment to be gained. Participant 5, for example, indicated:

“So I am satisfied, on the one hand, being hugely satisfied, but on the other... sort of feeling like you're not doing enough.” (P5)

In a similar manner, P4 described:

“I mean, right now, I'm happy with what I'm doing, but like, you know, I still do kind of have a sense that this is where I am for now and... I think I'll always have a practice but maybe include other stuff, like more diversity in my work.” (P9)

From a different perspective, three participants reported overall levels of career dissatisfaction. Participant 7, for example, indicated her strong dissatisfaction with her career as a counselling psychologist and her feeling that she had made the incorrect choice in career:

“If I'd known everything that I know now, I would have definitely not chosen this career path.” (P7)

Participant 7's account suggests that hindsight played an important role in making meaning of her experience as a counselling ECP. Participant 7's quotation implies that if she had acquired the requisite knowledge of the actual lived experiences of a counselling psychologists in South Africa, she would not have chosen to pursue the career. Expanding on feelings of career dissatisfaction, three participants indicated attempting to deter future potential counselling psychology candidates from entering the profession. Participant 8, for example, encouraged future candidates to rather enter a career in clinical psychology as opposed to counselling psychology:

“When I've got, you know, like younger friends or friends that are wanting to study psychology. I mean, I try not to be cynical, but I always say rather apply for clinical.” (P8)

With consideration of the quotation above, it is likely that much of the career dissatisfaction experienced by counselling ECP participants was exacerbated by the 2011 SoP, which idiosyncratically limited the degrees of freedom with which counselling psychologists were permitted to practice. Overall, this theme reveals that while the majority of counselling ECP participants experienced high levels of overall career satisfaction attributed to the self-filling and altruistic nature of the work itself, participants simultaneously experience dissatisfaction with certain aspects of their careers. These aspects predominantly included working in particular settings, financial stressors, the need to juggle multiple professional roles in different settings, professional isolation as well as the emotionally taxing nature of the work.

6.4 Group Experiential Theme 2: Navigating an Array of Personal, Professional and Systemic Challenges

The second significant experience revealed by counselling ECP participants involved navigating an array of challenges on entering the workforce, at personal, professional and systemic levels. Specifically, participants revealed grappling with professional identity conflict, financial challenges, attempting to increase accessibility to mental health service users and counselling psychology as subordinated within the psychology profession's apparent hierarchy. Moreover, many participants expressed frustration over the lack of knowledge or misperception by the general public and broader healthcare community about counselling psychology. In addition, almost all participants experienced challenges in establishing a work-life balance, managing high workloads and burnout, navigating the impact of the COVID-19 pandemic, and contemplated emigration.

6.4.1 Sub-theme 1: Grappling with Professional Identity Conflict

Participants were broadly asked to describe how they came to be a counselling psychologist in South Africa. All ten participants described having pursued, or at least strongly considered, an alternative career path prior to pursuing a career in counselling psychology. Alternative career paths predominantly considered by the participants included, for example, medicine, ministry, law, politics, clinical psychology, neuropsychology and educational psychology. Participant 4, for example, expressed initially pursuing a career in medicine:

“I wanted to pursue a career in medicine and was quite sort of focused on that.”

(P4)

In a similar manner, P7 expressed having initially pursued a career in law:

“I started off with BCom Law at UCT. The plan was that I wanted to become an attorney.”

Interestingly, six participants described initial aspirations to pursue a career in clinical psychology. Nevertheless, in order to increase their chances of being accepted into a professional psychology training programme, many participants mentioned having submitted applications to multiple universities in the categories of both clinical and counselling psychology. In the excerpt below, for example, P3 expressed her initial desire to pursue a career in clinical psychology, however, also applying for counselling psychology in order to increase her chances of being accepted into a programme:

“I got interviews, at Wits for clinical psychology and UJ for counselling psychology. UJ was actually the only place that I applied for counselling... and I yeah, I think... I mean, it's really been a struggle for me. I really wanted to do clinical. But then I sort of reconciled in my mind. You know what, it's pretty much the same, there isn't much difference. Let me just see, you know... diversify my chances. Let me see. So then I ticked the counselling box.” (P3)

Participant 3's account clearly demonstrates her experience of professional identity conflict on entering the counselling psychology profession. In order to manage her feelings of professional identity conflict, P3 appears to minimise the perceived distinction between a career in clinical and counselling psychology. Similarly, P4 expressed having applied for both clinical and counselling psychology programmes in order to increase her chances of being accepted into professional training:

“The first year I applied, I applied for both clinical and counselling because they had said that you would have the best chance if you applied for everything. So that's what I did.” (P4)

In a comparable manner, P10 poignantly expressed:

“I actually always wanted to be in clinical, but it just seemed it just wasn't meant to be [...] I was like a last minute admission to the [counselling] programme at Wits. [...] So counselling psychology found me; I didn't really find it.” (P10)

The above statement alludes to P10's serendipitous experience of starting a career in counselling psychology. In P10's case, this required reconciling her feelings of professional identity conflict at the start of her career. This experience was echoed by P5, who applied for both clinical and counselling psychology programmes, but who noted ultimately being selected for the counselling psychology programme:

"I just knew that I wanted to be a psychologist. I mean, the differences between clinical, counselling and maybe also educational psych, the differences are minute [...] So I ended up applying for clinical at UNISA and then I think I only applied for counselling at Rhodes." (P5)

The extracts above indicate that for many counselling ECP participants the opportunity 'to become a psychologist', surpassed the need to pursue a particular registration category. However, in order to manage feelings of disappointment and anxiety in failing to pursue their primary career aspiration of clinical psychology, most participants minimised differences between the professions. From a different perspective, two participants ascribed their eventual decision to pursue a career in counselling psychology to a heightened awareness of the distinction between clinical and counselling psychology. Participant 6, for example, expressed:

"When I became more aware of the differences, that's when I chose counselling."
(P6)

The above extract signifies that as P6 gained an enhanced understanding of the professional identity and role of counselling psychologists within the country, she began to view counselling psychology not as a second-rate option, but rather as a means of practicing psychology that better aligned with her inherent interests and values. This likely implies that as counselling psychology as a profession moves towards a more coherent, relevant and easily identifiable professional identity, that counselling ECPs with parallel and inherent interests and values will be drawn to the profession, in turn, likely reducing feelings of professional identity conflict at the start of their careers.

6.4.2 *Sub-theme 2: Counselling Psychology as Subordinated in the Profession's False Hierarchy*

All ten participants revealed facing the significant challenge of counselling psychology's subordination within the field. Specifically, all participants indicated the

negative impact of the SoP and professional registration categorical system on their professional experiences as counselling ECPs. Four participants, in particular, felt that despite equivalent training and combined classes with clinical psychologists, an apparent hierarchical system was evident within the profession, which afforded clinical psychologists more power, status and work-related opportunities. Participant 10, for example, mentioned:

“My perception always was to really have power or to have or to hold any sway, it was best to be clinical, because then you could choose for yourself, whereas with counselling a lot of people choose for you.... So employment offers, medical aids, for example. They are distinguished, even though our training is very much on a par.”
(P10)

In the excerpt above, P10 reflects that as a counselling ECP ‘people choose for you’. For P10, this implies experiencing heightened levels of restriction and subordination in the field, in comparison to psychologists in alternative registration categories. In particular, P10 draws attention to the numerous benefits afforded by the status of the clinical psychologist category in comparison to those affiliated with the counselling psychologist category. This experience was similar for P7, who expressed:

“There are a lot of psychologists out there that it does go to their head, especially if they are clinicals and it's like ‘I'm better than you because I'm a clinical’, but we trained the same and we can do the same work.” (P7)

In the quotation above, P7 implies that, despite equivalent training and similar professional roles, the registration category system impacts negatively on practitioners’ perceived sense of self and attitudes towards colleagues in the profession. Expanding on this, P3 revealed that despite shared and equivalent training, counselling psychologists faced discrepancies in job opportunities available to them in the marketplace:

“So our cohort was a mixed group of clinical and counselling students. I felt like, I don't understand, we're in the same group. We're learning the same things. Why? Why can't I be placed at a hospital?” (P3)

For P3, this experience elicited feelings of confusion and frustration, as demonstrated in her repeated use of the open-ended question ‘why?’. Expanding on this, P7 highlighted experiencing both financial and employment opportunity disparities between clinical and counselling psychologists:

“I do think that there's a big hierarchy in that the clinicals are always seen as sort of better than us. I mean, it's evident in the internship year when they get paid more. And also, when they are employed in government. I mean, it's easier for them to be employed in government positions. So then they get paid a lot more than us.” (P7)

In P7's account above, she draws particular attention to the experience of an apparent hierarchical system within the profession, by virtue of registration category. For P7, her general subordination as a counselling psychologist was experienced during both her professional training years and upon entrance into the workforce. In P7's case, this subordination was characterised both by reduced remuneration and job opportunities available. In a similar manner, P4 described her experience of subordination in the psychology profession's apparent hierarchy:

“There was always this feeling of being kind of like, you know, we're the lesser cousin of clinical psychology, you know, the second cousin, like not the first grandchild, like the second grandchild.” (P4)

A metaphorical layer of interpretation in the quotation above involves P4's depiction of counselling psychologists as the 'lesser cousin', the 'second cousin' and the 'second grandchild'. These depictions of counselling psychologists imply that, for P4, counselling psychologists are perceived as holding lower rank within the psychology profession. Similarly, P9 described being perceived as a 'second-class therapist' suggesting that counselling psychologists are viewed as being less valuable and less important than other registration categories in the field:

“Counselling psychologists, we're seen as kind of second-class therapists.” (P9)

Expanding on this, P3 described her experience of subordination as a counselling psychologist in the field:

“I've had some really unpleasant experiences with clinical counterparts and how they've treated me upon learning that I'm a counselling. I mean, I had a particular experience where I met someone, and he didn't realise that I wasn't clinical. But as soon as he did, he pretty much iced me out of the conversation. It was like he thought I had nothing to say of value because I was just a counselling psychologist. It was like 'let the big boys talk. You have something to learn from us'. And I've had that

experience a lot where I've sort of been looked over or ignored or iced out or sort of just made to feel patronised or infantilised based on my registration category.” (P3)

Interestingly, from a metaphorical perspective, P3 depicts clinical psychologists in the excerpt above as “big boys” who are implied to be “stronger”, “more superior” and “more competent”. Comparatively, this alludes to P3’s depiction of counselling psychologists as “girls” or “little boys” who are perceived as “weaker” “softer” and “more inferior”.

Elaborating on their experience of subordination as counselling ECPs within the field, participants spoke to the challenge of being remunerated by medical aids for their services¹. In the account below, for example, P7 suggested that despite being a counselling psychologist herself, her own medical aid only remunerated clinical psychologist services:

“My own medical aid, I've got a benefit on it for psychological services, but I need to go to a clinical psychologist, because if I go to a counselling, they won't pay for it.” (P7)

Similarly, P9 expressed frustration with certain medical aids refusing to remunerate counselling psychologists for their services, despite equivalent and combined training with clinical psychologists:

“There are particular medical aids that still really won't pay for any counselling psychologists. So even in private practice, you're more limited than clinical psychologists, despite the fact that the training and qualifications should be and are equivalent.” (P9)

In the account above, P9 suggests that ‘even in private practice’ counselling psychologists are subordinated within the profession. For P9, this implies that despite private practice being a viable career path for counselling psychologists, practitioners continue to face subordination and unique professional challenges within this work context. Interestingly, two participants highlighted improvements in payments by medical aids in more recent years. Participant 8, for example, expressed:

¹ In South Africa, medical aid schemes offer financial cover of medical expenses to the public who pay a monthly stipend to this cover. Unfortunately, medical aids have been basing their decision to remunerate psychologists in particular registration categories and not others, on the idiosyncratic 2011 SoP (see Young & Saville Young, 2019). Counselling psychologists, in particular, have been subject to remuneration refusal by medical aids in South Africa.

“It’s such a hierarchy. And I mean, I know it’s getting better with the scope of practice, scope of profession, that’s meant to be helping out a little bit. But you know, there’s still issues.” (P8)

In the quotation above, P8 suggests that despite improvements in the perception of counselling psychologists within the professions apparent hierarchy, counselling psychologists continue to face various challenges as a result of its professional subordination. Speculatively, counselling psychology’s general subordination comes as a result of the idiosyncratic 2011 SoP which limited the degrees of freedom with which counselling psychologists were permitted to practice.

6.4.3 *Sub-theme 3: Lack of Knowledge and Misperceptions by the General Public and Broader Healthcare Community*

Interrelated with the above theme, nine participants revealed a general lack of knowledge and misperception by the general public and broader health community on their roles and responsibilities as counselling psychologists within the country. More specifically, nine participants reflected how the registration category system was confusing and unhelpful to the general public. In particular, counselling ECP participants suggested that the general public were less interested in their registration title, and more concerned with the psychologist’s capacity to help them. This was highlighted, for example, by P7:

“The public itself, they don’t really understand the different categories so they just see it as though you’re a psychologist.” (P7)

Similarly, P5 expressed:

“Most people don’t know the difference between a counselling and a clinical psychologist. So most people don’t know and they don’t care. They just want to know that you can help them.” (P5)

Likewise, P2 described:

“Talking about the different categories is confusing for a lot of people I think. It feels like I can’t just say that I’m a counselling psychologist without having to explain how that’s different from clinical or from being a counsellor or a life coach.” (P2)

In order to avoid confusion, many participants revealed identifying themselves to the general public merely as ‘psychologists’. This was reported, for example, by P2:

“To avoid confusion, I usually just say I'm a psychologist. I wouldn't elaborate on it because I think it gets confusing.” (P2)

Similarly, P1 explained:

“When people ask me what I do, and I say, ‘I'm a psychologist’. They'll be like ‘Oh like a clinical psychologist?’, and then I'll say ‘No a counselling psychologist’. And then people would say, ‘Oh...’ almost like a like it's a disappointment. People don't really know what a counselling psychologist is.” (P1)

For P1, it appears that counselling psychology's subordination within the profession has impacted negatively on the public's perception of the category. In other words, for P1 the professional subordination of counselling psychologists has filtered through to the general public's perception of counselling psychologist services. This was also the case for P3, who argued that the profession's false hierarchy has impacted negatively on the public's perception of counselling psychology:

“There is a lot of... what's the word? Misinformation, misconception about counselling psychologists. There definitely appears to be a hierarchy. And it seems to me that it's not just within the healthcare community, it's with lay people too. They seem to think of a clinical psychologist being... I don't know what it is? That much more knowledgeable, that much more competent, that much more able to assist.” (P3)

Participant 3's account draws attention to significant misperceptions by the general public and broader healthcare community on counselling psychology's capacity to contribute meaningfully to the provision of mental healthcare services within the country. Specifically, P3 suggests a biased perception of the role of clinical as opposed to counselling psychologists. Expanding on this notion, P10 speaks to confusion by the general public on the distinction between psychologists, life coaches and lay counsellors:

“The other thing that's coming up more and more is the overlap between life coaches and wellness counsellors... your lay public don't have any sort of perception of the difference.” (P10)

Participant 10's quotation suggests that in addition to misperceptions surrounding counselling psychologists' role within the field of psychology, the general public are also unable to distinguish between the training, roles and responsibilities of psychologists and those of lay counsellors and life coaches. From a different perspective, three participants

spoke directly to the lack of knowledge or misperception by practitioners in the broader healthcare community on the roles and responsibilities of counselling psychologists.

Participant 9, for example, expressed:

“Even in the kind of the more initiated medical field, there’s still this kind of misconception around what it means to be a counselling psychologist.” (P9)

This was also the experience for P6, who reflected:

“They don't have a clue. Some people know, but I must say even the GPs, even the paediatricians that I've worked with... I don't think that they even know that there is a category such as counselling psychologists.” (P6)

The above extracts signify a major knowledge gap within the broader healthcare community on the roles and responsibilities of counselling psychologists within the country. This finding likely speaks to counselling psychology’s ongoing attempts to move towards a more coherent, identifiable and socially relevant professional identity.

6.4.4 Sub-theme 4: Financial Challenges

Nine counselling ECP participants expressed facing significant financial challenges upon entering the workforce. For many participants this elicited feelings of stress, anxiety and frustration. This was the case for P1, as seen in the quotation below:

“I was also doing sessions at Family Life, which is a counselling organisation. I remember getting paid like real peanuts for that and it almost cost me more in terms of petrol to drive there, than what I was earning. But really, I think what drove me was the hunger, like the physical hunger, that I didn't have enough money and that I had to make ends meet.” (P1)

In the excerpt above, P1 indicates earning ‘real peanuts’ in her early career phase. For P1, this metaphorical depiction suggests her earnings as a counselling ECP were so small it was almost not worth working. While P1’s narrative likely reflects a hyperbole, it is also possible that her physiological need for food was her motivation to continue practicing as a counselling psychologist, despite the limited amount she earned. Participant 1’s account speaks to Maslow’s hierarchy of human motivation, in which physiological needs are fundamental for survival and drive basic human motivation. This notion was echoed by P2, who indicated

that working within community-based settings was not financially viable, as he was driven by the basic physiological need for food:

“One of the contexts that I tried to enter was... I had some contacts in some children's homes. So I tried that. I tried to get in there but there's not a lot of funding available. So a lot of that ended up being pro bono. And so, although I have a passion for the work, you also have to eat.” (P2)

The above extract alludes to financial barriers playing a primary role in P2's work setting choices, compared to his practice values and inherent interests. In other words, P2's physiological needs surpassed his need for self-actualisation, aligning with Maslow's theory on human motivation. Likewise, this was the case for P9, who suggested that employment outside of private practice settings was financially not viable:

“I think that to earn a decent living, really, you have to be doing some sort of private practice work. I mean, other opportunities are kinds of things like NGO work or working for institutions like rehabs or employee wellness programmes or whatever. But you know, you're never going to earn a decent living there.” (P9)

Three participants reflected being ignorant about their earning potential as a counselling ECP on entering the workforce. This was indicated by P9, for example:

“They offered me a real pittance, which at the time, I thought was great. So I sort of gleefully accepted it. And then when I qualified as a psychologist, when I wrote the boards and got registered in independent practice, they really didn't offer much more than that.” (P9)

Participant 9's quotation above implies that a lack of knowledge on financial aspects associated with a career in counselling psychology unknowingly contributed towards financial stressors in his early career years. Similarly, P6 reflected:

“I later discovered actually it wasn't really what psychologists should be earning.”
(P6)

For P4, the financial challenges that she experienced as an ECP impacted on her ability to gain supervision:

“At the beginning, finances were tight. So supervision was tricky.” (P4)

Participant 4's account, can be explained by established psychologist's expectation to be remunerated for individual supervision services provided. Two participants attributed the significant financial pressures they experienced in their early career years to the limited financial support they had received during their professional training years. Participant 3, for example, expressed:

"I didn't even earn enough to pay for my rent. It didn't even cover my rent. And I didn't get any bursaries for my master's. And my clinical counterparts were earning... more than I mean, my maths is terrible [laughs], you know, four or five times more than what I was earning." (P3)

The above extract not only considers the limited financial support received by P3 during her professional training, but also the financial discrepancies in income she encountered compared to her clinical colleagues. This finding speaks to the psychology profession's false hierarchy and counselling psychologists' general subordination, inclusive of earning potential. For P3, this resulted in feelings of frustration, resentment and confusion. Similarly, P4 revealed the heightened financial pressures he experienced as a Black counselling ECP on entering the profession:

"Many universities don't have bursary programme. That was a struggle that I had... In 2015, I was on the brink of dropping out [...] There are real structural barriers, one of them being financial barriers that bar people, particularly Black people, Black woman, from entering into professional psychology, particularly those who come from poor backgrounds, poor and working class backgrounds." (P5)

The above extract highlights that financial challenges are perpetuated for certain individuals who fall within disadvantaged groups within South Africa. This is significant, considering the ongoing socio-economic disparities in South Africa that come as a result of the apartheid regime. Moreover, the finding is important given the strong call to increase the number of Black psychologists within the country. The financial challenges faced by counselling ECPs within this theme thus not only reveal the personal financial struggles participants faced in their early career years but also speak to a pertinent systemic issue and how these systemic issues are, arguably, perpetuating limited access to mental healthcare.

6.4.5 *Sub-theme 5: Increasing Accessibility to Mental Health Services*

Seven participants acknowledged the need to increase accessibility to psychological services within South Africa. Specifically, seven participants reflected on the need to improve psychological services available to vulnerable and historically marginalised populations. Interestingly, four participants working in private practice believed that by offering reduced rates and *pro bono* services that they were contributing towards improving accessibility to psychological services. For example, P4 expressed:

“The NGO was challenging. The actual kind of planning and organising was quite challenging. It wasn't a seamless move in and out. So what I have done in place of that is where there is a need, I do offer some reduced fee services or some pro bono services.” (P4)

The above quotation suggests that the unpredictable and time-consuming nature of NGO work was not viewed as practical or financially feasible for P4. Instead, P4 experienced the offering of reduced rates and *pro bono* services to be more professionally sustainable. Similarly, this was the experience for P9:

“I still try to charge below medical aid rates and stuff. And I do offer quite a lot of reduced rates.” (P9)

From a different perspective, P2 indicated that, despite working within the private sector, his experience was that much of his work was funded by the workers' compensation fund, which increased access to a larger population of employees who may otherwise have been unable to access the services:

“That's another reason why I enjoy the context we work in because a lot of the people might be here because of an injury on duty. So the workman's compensation fund pays for it and those people would never have gotten access to psychology.” (P2)

In the above account, P2 implies that contrary to popular belief, he found that working within the private practice context, offered him an opportunity to provide services to working class and lower socio-economic populations. However, in P2's case, it was necessary that employers of potential clients paid into the South African governments' Compensation Fund, in order to access his services. In this manner, P2 alludes to the important role government may play in supporting access to psychological services by individuals within private practice

settings. Nevertheless, many participants acknowledged that more work needed to be done at a community and societal level to increase accessibility to psychological services. For example, P4 acknowledged:

“I mean, it's not making a huge difference. It's not like a community wide change, it's making a difference for one person. But I feel there's such a need for mental health services in South Africa. We need to be doing things that are helping more people.”
(P4)

Other counselling ECPs suggested that the limited employment opportunities available to them within public health sector and community-based settings perpetuated the challenge of increasing accessibility to psychological services in South Africa. More specifically, four participants attributed the predominant availing of posts to clinical psychologists to be detrimental to increasing accessibility to services within the country. This was highlighted, for example, by P8 who expressed with frustration:

“It is quite frustrating, in that you go into private practice and you serve a sort of very small population in terms of race. So if the government wasn't so stuck up about clinical and counselling psychologists, you could pump us into the hospitals and different facilities.” (P8)

This was echoed by P3:

“We keep saying ‘Oh, there's such a shortage of practitioners’... Like no! Well yes, there's a shortage but there are so many of us that you could be using but you're not! The resources are there, you just need to use them properly. For example, don't pay a [clinical] intern R50 000 rather divide that between two people and pay them each R25 000. And then you've got an extra person. It seems really logical!” (P3)

In the extract above, P3 argues a misuse of government funds through the over expenditure of public monies on salaries of clinical psychologists. In other words, P3 implies that if more adequate budgets could be drawn, more mental health practitioners, inclusive of counselling psychologists, could be employed within public and community-based settings. The above extract is significant as it contradicts claims of a shortage of mental healthcare practitioners in South Africa. Rather, the findings signify a misuse of social capital and poor distribution of mental healthcare practitioners holding diverse registration categories other

than clinical. This is particularly concerning given the planned implementation of the National Health Insurance (NHI) system in South Africa. Similarly, P9 reflected:

“That's what counselling psychology was kind of founded for. To work with the disenfranchised populations... We are then not getting to work with those vulnerable populations.” (P9)

Participant 9 draws particular attention to counselling psychologists' inherent value and focus on social justice work. For P9, however, there is an incongruence in the professional purpose and identity of counselling psychologists and viable work opportunities to align with this expertise. From a different perspective, P5 ascribed his decision to enter the field of teaching and academia as an opportunity to advocate for broader scale change and the upliftment of communities:

“What I teach, so that for me feels like a contribution that I make into counselling psychology into getting students to think more about community, to think more about their context, actually, to work in their context.” (P5)

Three participants mentioned that mental health continues to be undervalued in South Africa. As such, these participants felt that access to mental healthcare would be an ongoing challenge. Participant 9, for example, mentioned:

“People aren't really interested at looking at mental health. And then they don't see things like poverty or homelessness or hunger... they don't see those things as kind of mental health issues or issues that mental health professionals can assist with.” (P9)

The above extract signifies misconceptions surrounding the intricate association between mental health and social justice issues, as well as counselling psychologists' training and capabilities to intervene in these issues. Moreover, the findings speak to ongoing stigma surrounding mental healthcare, as well as the general pattern of healthcare spending where less resources are allocated to the provision of mental healthcare services, or to practitioners in a single registration category. Overall, this sub-theme reveals that while counselling ECPs are indeed willing, and aware of the need to increase accessibility to psychological services within the country, participants found different ways to mitigate this challenge in private practice and academic settings.

6.4.6 *Sub-theme 6: Work-life Balance Challenges*

Eight counselling ECP participants described facing challenges in balancing their personal and professional lives. In particular, participants revealed the challenge in navigating the overlap in their personal and professional roles and identities, as well as in managing high workloads and burnout. Many participants, for example, indicated various personal roles such as being a parent, spouse, daughter and financial provider to have impacted on their professional experiences as counselling ECPs in South Africa. For example, this was indicated by P9:

“We've been trying for kids, but there have been fertility issues, right. And the only way we've been able to afford assistance with the fertility issues is because we're both in private practice. Like if I was working in the rehab, or [my spouse] was working in the rehab we wouldn't have the disposable income to pay for it.” (P9)

The above extract signifies that work-family interactions played an important role in P9's career development and practice setting choices. In particular, P9's struggle to start a family, and subsequent need for financial security, was critical in shaping his work setting choices. This was also the experience for P7, who indicated the need to re-strategise her working hours given the recent birth of her son:

“I can't do the whole private work every weekend and still work full time because I'll never see him... So I am definitely going to have to rethink that going forward.” (P7)

Similarly, P4 indicated the need to reduce her working hours following the birth of her son:

“I've also got this little person, he's three, so then I've still got to get home and make supper and all of those things. Whereas, before I was married, and before I had my little one, so when I was still pregnant... I was working until 20h00 at night.” (P4)

The above extract demonstrates that starting a family for P4 resulted in the need to reduce her working hours. This account alludes to an existential struggle in that in order to “live” one needs to work, however, the work in counselling psychology detracts from “living”. From a different perspective, four participants reported the death of a parent to have influenced their professional choices and career development. Participant 7, for example, indicated the death of her father to have resulted in her decision to relocate:

“I lost my dad then in the middle of the year in March of that year, and my mom was just experiencing a lot at home so I decided to come closer to home.” (P7)

Likewise, P8 described her decision to relocate back to South Africa to have followed the death of her father:

“My dad passed away. So he got COVID actually. Yeah, so he passed away in about three weeks, you know, from catching it. So, it was a tricky time deciding whether to come back [to South Africa], because at that stage if you left Australia it was difficult to get back in. So we were just sort of playing a day by day but then when he got really sick, then I actually came back.” (P8)

For many counselling ECPs, their personal identities impacted on their professional experiences. Participant 3, for example, reported her gender to have played a negative role in her experience of gaining employment as a counselling ECP:

“There were many sexist kinds of questions that I was asked in my interview. For example, ‘Oh you’re young, when are you getting married? Are you planning on having children? How’s that going to affect your work?’ And I was like ‘Excuse me? Are you asking my male counterparts these questions? Are you asking them when they’re getting married or when they’re having kids?’” (P3)

The above extract demonstrates that women counselling ECPs may continue to be confronted with expectations surrounding culturally sanctioned heteronormative personal milestones, such as having children and getting married. This is significant given that women comprise of the majority of the counselling ECP population within South Africa, making the process of finding and securing work opportunities to be more of a challenge. For P5, his race played a negative role in his experience as a counselling ECP:

“I’m in academia. So I have to deal with different kinds of conversations, right? Like I’m Black, therefore, I must be stupid.” (P5)

The above extract signifies that Black counselling ECPs continue to face the challenge of racism within the psychology workforce. This is concerning given the limited number of Black psychologists currently practicing within the profession as well as the strong call to increase the number of Black counselling psychologists in South Africa. Interestingly, P1 also described her race to impact on her experience as a counselling ECP, as seen below:

“I do think to a large extent, my career options in certain settings, are all so limited based on my demographics or my skin colour. And a lot of jobs that I had applied for had also explicitly said that we have BEE requirements and therefore we are unable to employ you past a contract stage. So in terms of employment, I think in South Africa, for me, as a White woman, I think there are somewhat limited options.” (P1)

The above extract signifies that White counselling ECPs may struggle to gain employment outside of private practice settings given current Black Economic Empowerment (BEE) reform policies¹. This is significant given that currently more than half of counselling ECPs identify as White. From a different perspective, P7 expressed her race, culture and language abilities to have negatively impacted on her professional experiences. More specifically, as a Coloured, English-speaking, counselling ECP, P7 felt excluded within her predominantly Black African and isiXhosa-speaking working environment:

“I'm not happy in my work environment and mainly because I feel very excluded. The population that the university targets is African students from rural areas. So there's always a language barrier issue and a cultural issue, and the unit that I work in is predominantly African staff members, and oftentimes they will have conversations in isiXhosa and I feel totally excluded. And in bringing it up to them as an issue, like you know, this is English university and I'm English speaking. And I mean, my boss just told me I need to learn how to speak isiXhosa.” (P7)

The above extract demonstrates the important influence of intersectionality on the experiences of counselling ECPs in South Africa. In other words, the above extract highlights how the different personal and professional dimensions of a counselling ECP's life cannot be separated out into discrete and isolated strands. Furthermore, P7's account point to the experience of alienation and professional isolation. Likewise, as a 53-year old counselling ECP, P10 indicated that age played a significant role in her professional experiences, as described on the following page:

¹Black Economic Empowerment (BEE) is a policy of the South African government with the purpose to include greater participation in the economy by Black people. The policy is intended to redress the inequalities created by apartheid.

“Most people see me and because they see me older, they think I've been practicing forever and ever and ever. So I've never had those early career experiences or challenges that I know my young colleagues have. So we've got a young colleague at the moment and I think people give her... they can see she's young, they can see she's fresh. So they always assume things...” (P10)

The above extract signifies how the age of counselling ECPs can, at times, be considered a challenge and a source of stigma. In other words, the above extract suggests that ‘younger’ counselling ECPs may experience feelings of being delegitimised in comparison to ‘older’ counselling ECPs who are assumed to be the more established and competent colleagues in the workplace.

Interrelated with this, all ten participants described the challenge of managing high workloads and burnout in their early career years. Four participants described reasons for high workloads, to include meeting financial demands, systemic demands following the COVID-19 pandemic and work-context related reasons. Speaking directly to the taxing nature of his work, P5 noted:

“It's a crazy amount of work. Just saying that makes me feel exhausted.” (P5)

Attributing her high workloads to the need to meet financial demands, P8 expressed:

“It's because you are needing to make money. It's quite easy to say okay, I'll just take on another assessment or I'll run this group.” (P8)

In contrast, P4 attributed her high workload to the high demand for mental health services within the country:

“I am seeing sort of between seven or eight patients a day. And I do find that quite tiring. If I'm being honest with myself... my limit is probably about six but because there's been such a demand, I am seeing more than I am probably comfortable seeing in terms of patients per day.” (P4)

For two participants, the high workloads and overall career dissatisfaction resulted in poor personal mental health and the resultant need to be treated with psychotropics. Participant 6, for example, expressed developing depression given dissatisfaction in her work setting:

“It was terrible. I went on antidepressants because I couldn't get out.” (P6)

Similarly, P9 described developing depression as a result of severe dissatisfaction in his work setting:

“I got severely depressed and I ended up on medication. I mean, yeah, I just really was miserable and I felt taken advantage of. And I was incredibly burnt out.” (P9)

Expanding on this, six participants alluded to feelings of burnout and overall career dissatisfaction during their early career years. Participant 8, for example, indicated feeling completely fed up with her career, just three years post-graduation:

“By the end of my time at the special needs school. I don't know if I was fully burnt out, but I was definitely... the only word I can think of is gatvol!” (P8)

In the excerpt above, P8 makes use of the word “gatvol” to describe her experience as a counselling ECP. “Gatvol” is a South African slang word often utilised to emphasise feeling fed up, being extremely unhappy or very upset. The use of the word “gatvol” in P8’s account thus emphasises her sense of dissatisfaction during her early career years. Given these feelings of general career dissatisfaction and burnout, six participants went on to report that taking a break from the profession allowed them the opportunity to recuperate from burnout and to eventually re-enter the workforce. Participant 7, for example, reflected:

“It can get quite overwhelming and tiring because it's... I work seven days a week then instead of the normal five days a week. So at one stage I did... I actually did burn out and I had to take two months off almost just to recuperate.” (P7)

Likewise, P9 described leaving the workforce for a year:

“I actually just sort of made the decision that I wanted to leave psychology. And so then... my wife is also a counselling psychologist, and she was also pretty unhappy in her job [...] We ended up deciding that we would take a gap year off work. So we ended up moving overseas and working. We did our TEFL certificates and taught English in in South Korea for a year.” (P9)

In a similar manner, P8 described pursuing her passion in the wedding and events industry to have been beneficial following feelings of burnout and disillusionment about the profession:

“I actually had a complete change of heart and went over into the events industry. So like weddings and events.” (P8)

This sub-theme demonstrates the challenge counselling ECP participants faced in balancing their personal and professional lives. More specifically, participants revealed that their personal roles and identities shaped their professional experiences, decisions, development and sense of career satisfaction. Furthermore, this theme revealed that counselling ECP participants struggle to find a work-life balance resulted in excessive workloads and burnout, which was mostly managed through taking a break from the profession and pursuing personal interests and hobbies.

6.4.7 *Sub-theme 7: Adjusting to the COVID-19 Pandemic*

Despite not being an area specifically explored by the researcher in the interviews, eight participants described the impact that the COVID-19 pandemic had on their experiences as counselling ECPs in South Africa. Five participants, in particular, acknowledged that in addition to the physical effects of COVID-19, the pandemic had indirectly affected the mental health of individuals across the globe. Participant 4, for example, made reference to the development of a “mental health pandemic” as a result of the COVID-19 pandemic, as indicated in the excerpt below:

“I think COVID has created a bit of a mental health pandemic.” (P4) This

was echoed by P5 who noted:

“Right now one of the most popular conversations is around mental health because of the pandemic and the impact it's had on people.” (P5)

Similarly, P2 noted the negative psychological effects that followed as a result of COVID-19:

“We can see a lot of the aftermath... the emotional and psychological aftermath of going through something like this. It's almost like the psychological effects of COVID drags on a little bit behind the different waves.” (P2)

Participant 2's use of the word “waves” implies a natural pattern of peaks and valleys as the number of positive COVID-19 cases and mental health service seekers rise and fall. Interestingly, P2 makes use of the word “aftermath”, often utilised in the context following a significant traumatic event, and thus emphasising the detrimental impact of the pandemic on the mental health of individuals globally. Not surprisingly, counselling ECP participants thus went on to describe an increase in the number of clients seeking mental health services, as

well as a heightened focus on anxiety disorders and grief-related work. For example, P10 expressed:

“Pre-pandemic, there was a lot more focus on, what is this called? Growth mind-set but on helping the child to develop emotional intelligence. Now, we're seeing a lot more just anxiety work, grief work and really heavy stuff.” (P10)

Expanding on this, four participants revealed that the COVID-19 pandemic had been a significant barrier in their professional development and career engagement as counselling ECPs. Participant 3, for example, described the challenge of starting a private practice during the pandemic:

“My practice opened on the same week as we went into level five¹. So it was really slow starting out...Really, really slow.” (P3)

Participant 3's repeated use of the word “really” was utilised to emphasise the extensive period of time taken to start her practice and build up a client base as a result of the COVID-19 pandemic. Similar to P3, P9 indicated aspirations to offer diversity training within institutions and organisations, which was no longer feasible as a result of the pandemic:

“I thought, okay, that's where I'll end up going with my private practice. I'll have the private practice, but then I'll also consult for these organisations and go into organisations or universities or corporates and do diversity training. But then COVID struck and there was no opportunity to really do the diversity training anymore.” (P9)

Three participants expressed a significant change in their deliverance of psychological services as a result of the pandemic. More specifically, three participants noted a transition from face-to-face or in-office practice, to that of telepsychology or therapy *via* online platforms. Participant 7, for example, indicated:

“We were doing online since the COVID pandemic hit but prior to that, it was all face-to-face.” (P7)

¹Level five lockdown in South Africa refers to a state of high COVID-19 spread with low health system readiness. Consequently, every person within the country was mandated to stay at home, unless they were deemed an ‘essential worker’.

In a similar manner, P10 described:

“Before [the pandemic], I worked four days at the practice. But with the pandemic, we've shut one room and I only work two days because we had to go... a lot of us went online.” (P10)

Likewise, P3 expressed permanently transitioning to the provision of psychological services *via* online platforms, given the financial benefits it afforded as well as for the convenience of working from home:

“After one of the waves hit I moved my practice online. And I've sort of stayed online, by choice in the end. I mean, at first it was because of COVID. And where I'm at now, it's sort of by choice. I prefer working online in terms of you know, you get to work from home, and you save on costs of having to rent a room.” (P3)

In addition to the familiar societal and personal impacts of the pandemic, including various social restrictions, losses and health concerns, the findings from this sub-theme signify that the pandemic impacted greatly on the professional lives of counselling ECPs in South Africa. Specifically, participants noted a significant increase in client numbers, a shift in focus to anxiety and grief-related work and experienced barriers in the delivery of services in certain settings. In addition, given the mandated social restrictions by health authorities, counselling ECPs revealed shifts from in-person therapy to online video conferencing.

6.4.8 Sub-theme 8: Emigration Contemplation

Participants were broadly asked to reveal how they felt about their future career as a counselling psychologist in South Africa. Seven participants specifically, made reference to the prospect of emigration. Four counselling ECP participants, in particular, expressed not wishing to leave South Africa, however reported the prospect of improved employment opportunities was a major incentive. This was highlighted by P10, as seen below:

“I have no desire to emigrate. But if I have to, I will. There are opportunities out there and if my husband got a job overseas, we'd move, but not by choice.” (P10)

This was echoed by P9, who further highlighted an incentive to emigrate to involve the lack of a hierarchy within the psychology profession in other countries:

“I've got quite mixed thoughts and mixed feelings about it... you know, I'm like, proudly South African and a proud patriot and, you know, South Africa is really like a

breeding ground for social justice work. Which, again, is like really important to me. But I also kind of then wonder like, are there better possibilities elsewhere? And I mean, for example, I know in a lot of other countries ... they don't have the category of counselling psychologist so then you register as clinical.” (P9)

In the quotation above, P9 draws particular attention to the abundance of ‘opportunities’ to engage in social justice work within South Africa, however, alludes to a lack of “work” or “employment” opportunities for counselling psychologists within the country. This is gleaned from P9’s suggestion that registering as a clinical psychologist in other countries will likely afford greater work opportunities to him and is thus a significant incentive for emigration. This was also the case for P3 who further suggested an incentive for emigration to involve the opportunity to be employed within diverse settings outside of private practice and the ability to focus on work which better aligns with her inherent interests:

“I was definitely attracted to going [to the UK] because of the opportunities and because there's less distinction and there's less of a hierarchy. I could literally find a place that I would want to work in and doing the kind of work that I'd be interested in and easily get a job because there's also a shortage there.” (P3)

Participant 3’s account further suggests that the false hierarchy within the psychology profession in South Africa is a significant factor in her decision to emigrate. In contrast, two participants described that their decision to emigrate would be motivated by political, crime and safety related reasons. Participant 1, for example, described:

“In terms of living overseas or moving overseas, it has been a consideration and I think I would say a decision around it would be determined either by experiencing something traumatic where there might be a knee jerk reaction of okay, what we've got to get out of here or if the political situation in South Africa changes.” (P1)

This subtheme revealed that, overall, counselling ECP participants are content with living within South Africa and do not plan on emigrating in the short term. Nevertheless, most counselling ECPs still contemplated the prospect of emigrating based on various professional incentives, including improved work and financial opportunities, other countries having less of a hierarchy within the profession as well as due to political and safety concerns.

6.5 Group Experiential Theme 3: Professional Support as Self-acquired

Participants were not asked close-ended, specific questions, but simply to describe their experience of support as a counselling ECP in South Africa. Participants revealed receiving limited professional support and, rather, self-acquiring support through engagement in personal therapy, individual and peer group supervision as well as through networking. In addition, many participants reflected ideas about future preferred means of professional support.

6.5.1 *Sub-theme 1: Limited Professional Support Received*

Eight participants expressed having received limited or no professional support as counselling ECPs in South Africa. Instead, participants described having acquired their own means of professional support. Speaking to the limited formal support she received upon entering the workforce, P1, described actively taking steps to establish support for herself:

“There was nothing that I'd say I received, I would say there was... there was support that I put in place for myself.” (P1)

Similarly, P3 expressed:

“I sort of feel like I figured it out on my own. Most of it, actually... I didn't have too much guidance.” (P3)

Likewise, P9 noted:

“Formally, the support was non-existent. And informally, it still wasn't great.” (P9)

Given the lack of support he had received on entering the workforce, P2 described actively seeking out means of professional support for himself:

“I deliberately sought out a lot of people to learn from as much as possible.” (P2)

Comparatively, P7 attributed her poor experience of starting a practice to the lack of professional support she received:

“I didn't get any support, and I ended up, especially starting in private practice, I ended up going through such a terrible process.” (P7)

Two participants specifically complained about the limited formal support they had received from the HPCSA, the BHF and PsySSA. Participant 5, for example, complained

about the limited support he had received as a counselling ECP from the HPCSA and the BHF:

“The professional board offers nothing. You go there and you give them R4000 off the bat, to register you. They send you a letter, you then go to BHF. You know, they don't offer anything, they put you on some database then, you know, the medical aids send you an email about how to claim or whatever it is. It's like, I just paid all of you. I think at that time, I paid just under R5000. And I was still left with.... Why did I give all of you all of this money? To just give me these numbers? Like the HPCSA gave me a number, the BHF gave me a number. And I'm like this is not supporting me.” (P5)

In the quotation above, P5 alludes to feelings of confusion and frustration at paying exorbitant professional fees on entering the workforce, in return for limited professional support. For P5, these feelings are likely perpetuated by significant financial challenges experienced on entering the workforce. Comparatively, P4 expressed receiving limited support from PsySSA, the BHF and the HPCSA:

“I'm no longer a member of PsySSA. The HPCSA, I just feel like it's an organisation that I pay money to every year so that I can still have a number... and the BHF... the same.” (P4)

Expanding on the notion of professional support received, six participants critiqued their training programmes for offering limited professional support on their transition into the workforce. Participant 1, for example, expressed receiving limited professional guidance during her training on setting up a private practice, with the exception of a single workshop which she experienced as helpful:

“So if I think about master's and what we actually learned about the working environment, it was very little.... And now that I think about it, in my internship year, I did attend a brief workshop on setting up a private practice. So that I think... that was another support and that was quite helpful.” (P1)

Similarly, P4 expressed:

“During internship year... I can't think of his name, but I can see his face, he came in and he gave us a bit of a talk on how to set up private practice. And he told us all about it and I wrote everything down. Everything that we need to register for and then getting malpractice insurance.” (P4)

This notion was echoed by P3, who further commented on the insufficient amount of time spent on setting up a private practice during her professional training:

“I must say one lecturer gave us one lesson on private practice and she told us about her experience and I remember that quite well. But an hour is definitely not enough.”

(P6)

In a similar manner, P3 expressed acquiring small pieces of information about setting up a private practice:

“In my internship, we had a very quick discussion on private practice. And yeah, I feel like it was like only titbits.” (P3)

This was echoed by P10 who reflected on the value of the workshop she had engaged in on setting up and running a private practice:

“A previous intern who was in private practice, came in and did a workshop with us on private practice. And she talked about basic stuff like billing, what to put on your invoice. And that was so useful because without that I think it would have been a lot harder for me to transition into private practice.” (P10)

The above quotations reveal that while professional training programmes offered at least some guidance to participants on their transition into the workforce through means of brief workshops and informal discussions, participants felt that the support offered to them was insufficient. In addition, the support offered focused predominantly on the transition into private practice settings as opposed to alternate workforce settings. This is contrary to national redress agendas as private practice generally caters towards white middle-class populations.

6.5.2 Sub-theme 2: Personal Therapy and Supervision

Expanding on the forms of support acquired on entering the workforce, nine counselling ECP participants revealed engaging in personal therapy, individual and peer supervision as major forms of professional support. In particular, four participants perceived their personal therapy process as offering a major means of professional support. In contrast, eight participants perceived gaining either individual or peer supervision as a major means of

professional support. Participant 1, for example, revealed personal therapy as a major means of professional support:

“So I was in therapy and I continued with that. That was very helpful and because my psychologist also provided guidance. Yeah and also I think, encouraged me to set up a private practice having known me already for a few years. So that was quite useful.” (P1)

For many participants, engaging in individual and peer supervision was viewed as a major means of professional support. Participant 3, for example, expressed:

“So one of my supervisors at my internship site, I continued supervision with her and I'm still in supervision with her. And yeah, I mean, I would say she's given me a lot of support.” (P3)

In a similar manner, P8 strongly expressed the benefit of engaging in individual supervision:

“I then made a point to find a supervisor, who I met with once a month. But if I could, I'd meet with her once a week! Because it is, I mean, it is such a nice space. One, yeah, to debrief, but also, you know, insight is incredible.” (P8)

For P8, engaging in individual supervision offered her both the opportunity to gain clinical guidance and insight from a more experienced colleague, but also an opportunity to professionally reflect and share thoughts and experiences. Expanding on her experience of supervision, P1 described the useful nature of seeking peer supervision as a means of support:

“I was in supervision. So I would seek supervision when I experienced difficulties with cases. I would occasionally meet with colleagues. Yeah and that provided some sort of informal support.” (P1)

Likewise, P10 noted the benefits of engaging in both individual and peer group supervision:

“I joined other supervision type groups and that really also just gives you a sense of what's out there because I think you can become very narrow in your own sort of experience of private practice. So that's been nice. The other thing I did was I went into art therapy supervision with a supervisor. That was very, very useful.” (P10)

In the quotation above, P10 repeats the word “very” to emphasise the useful nature of the supervision she acquired. In addition, P10 draws attention the usefulness of supervision in

supporting her reflective practice as a counselling ECP. This was echoed by P2, who further highlighted the value in gaining both personal and professional support as a counselling ECP:

“So I've always, since I've studied, I've had regular personal supervision, one on one supervision. I'm also part of a supervision group, so a group of about eight psychologists and we are all sort of in a similar place now in our careers. And it's both an academic support group so that we bring cases and discuss cases, but it's also a personal support group where you can also bring your more personal stuff. Having support both professionally and personally, I think is extremely valuable.” (P2)

In the excerpt above, P2 suggests supervision additionally offers a means of personal support. Interestingly, four participants revealed experiencing difficulties in securing individual and peer supervision in their early career years. In the excerpt below, P3, for example, described the challenge of gaining peer support given the staggered nature of her cohorts' completion of professional training:

“I was the only one from my cohort, who had finished research who was writing the board exam.... So it wasn't like we were all writing boards together, all qualifying together and all figuring it out together with that sort of support. I was figuring it all out on my own.” (P3)

Participant 3's account draws attention to the professional isolation which occurs on completion of professional training, making engagement in peer supervision as an ECP a challenging experience. Similarly, P1 expressed:

“A lot of my colleagues were still studying, so they were in a different stage of their career progression.” (P1)

Comparatively, P6 revealed the challenge she experienced in securing a reliable, committed and credible individual supervisor:

“In essence, actually for two years, I didn't have a supervisor. I tried with a woman who again promised me she would and we would do it every month. I saw her I think three times, she wouldn't answer my calls or wouldn't make an appointment. And again, I didn't know that I must go out there and find someone that can commit.” (P6)

The findings in this subtheme reveal that counselling ECPs experienced engagement in formal individual and peer supervision as well as in personal therapy as a significant

means of gaining professional support in their early career years. For many participants, however, this experience involved the challenge of locating and securing credible, committed and available supervisors and peer supervision groups in the workforce.

6.5.3 *Sub-theme 3: Networking*

Eight participants identified networking as a useful means of professional support. For many participants, networking allowed them to secure some form of employment and /or to successfully establish a private practice on entering the workforce. This was the experience for P8, who indicated starting her private practice as a result of support she received from a colleague:

“A friend of mine, so I'd studied with her. She was the year ahead of me. She had a busy practice and she said, if you're interested, why don't you jump in.” (P8)

This experience was echoed by P6:

“I opened a practice in [a town], with a friend of mine.” (P6)

In a similar manner, P8 indicated securing employment within a school setting through means of networking:

“I also do some work, for a remedial school. So I think I was offered that position through connections and friendships.” (P8)

Interestingly, four participants noted clinical supervisors and training programme staff to have afforded them opportunities to secure employment. Participant 6, for example, reported her master's research supervisor to have offered her a job opportunity, as demonstrated in the quotation below:

“My supervisor from my thesis had actually, had a business and... I can't remember how it happened, but she offered me a job.” (P6)

In a similar manner, P9 gained traction in his private practice through assistance from his post-training supervisor:

“My supervisor is just incredibly, incredibly well connected. And so she had a lot of overflow in her practice and a lot of people would ask her if she had any ideas for people to refer to. So she would kind of pass my name around and that's how I built my practice.” (P9)

Participant 9's repeated use of the word "incredibly" in the above quotation emphasises the extent to which P9's supervisor was professionally connected. For P9, networking was thus experienced as key to establishing himself in his career. Likewise, P2 expressed having secured employment through a connection with a past lecturer:

"One of my lecturers that was from my master's class, she started working at a sub-acute hospital close to her and she asked if I wanted to locum for her, or stand-in for her, as she couldn't do it. And that's sort of how I ended up in this field." (P2)

From a different perspective, two counselling ECP participants indicated gaining support as counselling ECPs through networking within group practice settings. This is evident in the excerpt from P10 below:

"I received a lot of support in a lot of ways, because I was lucky enough to join this group practice, where two of the counselling psychologists have been practicing for over eight years. So that really helped. And that support is ongoing, because to this day, we are part of that group." (P10)

The findings in this sub-theme demonstrate that most counselling ECP participants experienced their informal networks and connections as a means of professional support in their early career years. Specifically, counselling ECP participants revealed networking was a useful means to find and secure work-related opportunities in South Africa. For the counselling ECP participants in this subtheme, networks predominantly consisted of friends, family, working within group practices, supervisors and training programme staff.

6.5.4 Sub-theme 4: Desired Means of Professional Support

Although participants were not explicitly asked to provide examples of support they wished to receive, six participants felt it necessary to propose the types of professional support that could be offered in the future. The ideas varied greatly amongst the counselling ECPs and included, for example, the incorporation of modules on career guidance and business within professional training programmes, enhanced management of career expectations of counselling trainees, the establishment of formal support and supervision structures post-internship, the training of 'general psychologists' at a master's degree level and improved opportunities for counselling psychologists to enter into different work contexts. In the excerpt below, P1 for example, suggested a need to incorporate career guidance for counselling trainees within the master's curriculum:

“There could be more support. I think to have something be part of a master's curriculum or part of the programme during internship would be so useful. To play around with the idea of what would it be like to be a psychologist? Because I think we engage in, for example, career guidance, but yet, we are not reflecting on that process for ourselves and what that could be like for ourselves. So I think having something in the curriculum.” (P1)

Similarly, P7 expressed the need to incorporate a business module into the master's training curriculum:

“They need to actually incorporate the business module, I think, into the master's programme just to teach you about this. Like basic things like, how to market your business, how to sign yourself up with the medical aids.” (P7)

Participant 2 felt that it would be useful for training programmes to better manage counselling trainees' career expectations, as well as to encourage an ethos of lifelong learning and the need for ongoing supervision:

“I think that would be valuable to sort of manage expectations as well that you're not going to be a specialist by the time you're done studying. And then encourage people to keep on studying and actually continue with supervision afterwards.” (P2)

In the excerpt below, P1 suggested the need to establish support structures post-internship training:

“I also think maybe providing like a support group could be quite useful, post internship, that perhaps a more experienced psychologist, supports a group of five newly qualified psychologists, you know. So that it can be a space where they come together every second week just to debrief, to support each other, to motivate each other, to encourage each other.” (P1)

Two participants made suggestions relating to the issues of SoP and turf wars. More specifically, P2 proposed establishing a generalist category of psychologists by collapsing the registration category system at a master's degree level:

“I think a solution would be to not have those distinctions but to have general psychologists... to have people do the same training and not nit-pick about where you did your internship or whether you studied to be a clinical psychologist.” (P2)

In a similar manner, P7 expressed the need to establish a generalist category of psychologists by collapsing the registration category system but also to combine the honours and master's training years:

“They should actually just do away with the whole master’s thing completely. And have it run from your honours. Like honours and master’s should be almost like one. Where there are those three years that they’re training you as a general psychologist, and then you then qualify as a general psychologist.” (P7)

At a system level, P9 indicated the need to reduce bottlenecks of counselling psychologists entering into community-based contexts:

“There should be more opportunities to kind of do like the real work that South Africa needs, you know, like community interventions and stuff.” (P9)

The findings from this subtheme demonstrate that the counselling ECP participants hold a variety of strong thoughts, feelings and attitudes towards their professional futures and the corresponding support needs. In other words, counselling ECPs in this subtheme reveal a plurality of ways in which the profession can be taken forward and propose ideas for individual ECP and training programme support as well as for the optimal utilisation and distribution of mental health practitioners within the country.

6.6 Summary

This chapter has outlined the key professional experiences of counselling ECPs in South Africa. Furthermore, this chapter has synthesised and presented the specific challenges and support needs of counselling ECPs within the country. The findings were detailed according to three group experiential themes, namely: (i) The complexity of finding and securing work; (ii) Navigating an array of personal, professional and systemic challenges; and (iii) Professional support as self-acquired. Table 18 offers a summary of the group experiential and sub-themes that emerged from the data. A nuanced discussion of these findings will be provided in Chapter Seven.

The sub-themes within the group experiential theme of “The complexity of finding and securing work” included feelings of poor work readiness and professional disillusionment, limited employment opportunities outside of private practice, the chaos of juggling multiple roles in multiple settings, reasoning for and against private practice, settling in and varying levels of career satisfaction

The sub-themes within the second group experiential theme of “Navigating an array of personal, professional and systemic challenges” explored issues such as grappling with professional identity conflict, counselling psychology’s subordination within the psychology professions false hierarchy, a lack of knowledge and misperceptions by the general public and broader healthcare community, financial challenges, the challenge of increasing accessibility to mental health services, work-life balance challenges, the challenge of adjusting to the COVID-19 pandemic, and contemplation over emigration.

Finally, sub-themes within the third group experiential theme of “Professional support as self-acquired” involved the participants’ experience of receiving limited professional support, self-acquiring personal therapy, individual as well as peer supervision, networking and reflecting on desired means of future support.

6.7 Conclusion

This chapter has outlined the research findings of the ‘Second Phase’ of the research study, namely the results captured from the ten in-depth semi-structured interviews. The following chapter, Chapter Seven, integrates and provides a joint discussion of the ‘First Phase’ and ‘Second Phase’ research findings to offer a more holistic understanding of the professional lives of counselling ECPs in South Africa.

CHAPTER SEVEN

Discussion

7.1 Introduction

In this seventh chapter, the results from the ‘First Phase’ and the ‘Second Phase’ will be discussed. The ‘First Phase’ involved the collection of quantitative data, in order to provide a strong justification and phenomenological orientation for the second, qualitative, phase. This is in alignment with the elaborating purpose of the mixed methods sequential explanatory design that was employed in this study (Creswell et al., 2003; Green et al., 1989). The findings from the two research phases will thus be combined within a joint discussion to ensure a level of methodological complementarity and a more holistic understanding of the professional lives of counselling ECPs in South Africa. In addition, the discussion will be augmented by citing relevant literature, thus situating the current study’s findings within extant written works on the topic.

7.2 Employment trends

The quantitative findings indicated that a large proportion of the counselling psychologist category in South Africa comprised counselling ECPs. The findings mirror both local (Ngobeni, 2019) and international (Scalise et al., 2019; Smith et al., 2012) trends, which demonstrate that counselling ECPs represent both a growing and substantial proportion of registered counselling psychologists. Given that the attrition of psychology professionals from the workforce most often occurs during the early career stage (Kaslow et al., 2018), the findings both justify and necessitate ongoing research on this vulnerable, yet valuable and essential, group of practitioners within the country. The slight overrepresentation of counselling ECPs in the current study’s sample as compared to the total HPCSA population of counselling psychologists may be explained by ECPs enthusiasm to engage in a study focusing on early-career experiences as compared to more senior generations of psychologists. In addition, the slight overrepresentation of counselling ECPs in the current study’s sample might be explained by the notion that ECPs are digital natives (Good et al., 2013), and thus digitally more connected and more inclined to complete an online survey questionnaire than more senior generations. A further explanation may include that participants were recruited via email, garnered from the HPCSA’s database of email addresses which may, arguably, be more up-to-date and reliable, for ECPs who joined the register more recently than for senior psychologists who joined prior to 2010.

The quantitative findings suggested that the provision of psychological services to Black, non-English speaking communities by counselling psychologists in South Africa continues to be a problem. This is significant as findings from a national survey of registered practitioners (Padmanabhanunni et al., 2022) suggests that individuals seeking mental healthcare services prefer to consult with practitioners with similar racial, cultural and linguistic backgrounds as their own. According to Padmanabhanunni et al. (2022), the preference by clients to consult with practitioners with similar demographics as their own involves the ease with which rapport between the practitioner and client can be built, contributing greatly towards feelings of being heard and understood.

That said, a promising finding demonstrates significant transformation and a trend in greater demographic diversity among counselling ECPs, as mirrored in international contexts (Lichtenberg et al., 2018; Smith et al., 2012). Specifically, counselling ECP participants were shown to be significantly more diverse, racially and linguistically, as compared to more established counselling psychologists. The changing demographic profile of the latest cohort of counselling psychologists in South Africa suggests that counselling psychology as a profession in South Africa is responding to the call to recruit more Black, indigenous speaking psychologists, albeit at a slowed pace. This can be explained by Young and Saville Young (2019), who suggest that given that so few psychologists are trained each year and the longevity of professional psychology, it is not surprising that the demographic profile of psychologists in South Africa is slow to change. As such, the small number of counselling psychologist applicants recruited and trained each year is possibly a point in the professional lifespan that warrants further investigation and scrutiny (Manganyi, 2013; Pretorius, 2012).

The gender distribution of the current study's sample was found to be representative of the total HPCSA population of counselling psychologists, where counselling ECPs and more established counselling psychologists were similar in their representation of more women than men. Ostertag and McNamara (1991, p. 349) refer to this as the "feminisation of psychology" where, increasingly, more women are pursuing a career in psychology, compared to men. Such trends in the counselling ECP workforce match global (e.g., Lichtenberg et al., 2018; Smith et al., 2012) as well as local trends (e.g., Young & Saville Young, 2019) and are likely to reflect demographic shifts in higher education, as women, racial and ethnic minorities now have greater access to and representation within universities than ever before. That said, it is concerning that the gender profile of counselling ECPs is currently disproportionate to the gender characteristics of the country, where 49% of the population identify as male (Statistics South Africa, 2021). This follows research that

outlines various gendered preferences, considerations and satisfaction outcomes in men seeking therapy (Liddon et al., 2018; Seidler et al., 2022). This can be explained by the Social Identity Theory (SIT), which posits that behaviour is guided by an individual's effort to maintain in-group status and social identity (Hogg, 2016). As such, men in South Africa may be less likely to utilise and seek out psychological assistance as they may prefer to consult with practitioners with the same gender identity as their own (Chatmon, 2020).

As expected, the quantitative findings demonstrated that counselling ECPs and more established counselling psychologists differed significantly, and in expected directions, in age and doctoral degrees acquired. For example, while counselling ECPs were on average much younger in chronological age, with a small minority holding a doctoral degree, more established counselling psychologists were on average much older in chronological age, and with a greater proportion holding a doctoral degree. This numeric data suggests that age and experience are positively related to the likelihood of acquiring a doctoral degree by counselling psychologists in South Africa. This proposition aligns with suggestions by Van Veldhoven and Dorenbosch (2008) that age and experience are positively associated with professional proactivity and career development. This finding also speaks to the extensive amount of time generally required to obtain a doctoral degree after graduating as a counselling psychologist. Expanding on this notion, however, it is likely that as counselling psychologist's progress in their careers, there is a greater tendency for practitioners to be drawn to the completion of doctoral degrees in order to compensate for any perceived discrepancy in professional status. This supports findings by Young and Saville Young (2019) that a greater proportion of counselling psychologists had acquired a doctoral degree as compared to clinical psychologists, despite the finding not being statistically significant.

The potential impact of the abovementioned quantitative findings was expanded upon in the qualitative interviews with counselling ECPs. Specifically, participants described how their professional lives were at times negatively impacted on based on various aspects of their personal identities, including gender, race, culture, languages spoken and age. These qualitative findings are consistent with the concept of intersectionality, defined as the complex effects which ensue when multiple aspects of an individual's identity intersect within historically specific contexts (Crenshaw, 1989). Furthermore, the qualitative findings mirror global data indicating that psychologists' personal and professional identities are not mutually exclusive and overlap in complex ways (O'Shaughnessy & Burnes, 2014; Pedrotti

& Burnes, 2016; Wilhelmi et al., 2019). Moreover, these findings align with international findings suggesting that counselling ECPs struggle to balance their work and personal lives given discrimination based on gender and race (Smith et al., 2012). Taken together with the quantitative findings demonstrating trends in greater demographic diversity among counselling ECPs in South Africa, such findings are significant as they suggest that the new diverse cohort of practitioners face unique barriers in their professional lives compared to more senior generations and, as such, affirms the need for tailored means of support.

Geographical trends of the current study's sample were found to be representative of the total HPCSA's population. Specifically, geographical trends of counselling ECPs demonstrated that the majority were located in Gauteng followed by the Eastern Cape, whereas more established counselling psychologists were near evenly distributed between Gauteng and the Western Cape. According to Padmanabhanunni et al. (2022), the trends should be expected given that the Gauteng and Western Cape provinces are two highly urbanised and populace provinces, generally associated with improved economic conditions and job prospects in comparison to other provinces in the country. In this instance, the numeric results suggest that both early career and more established counselling psychologists in South Africa cluster where there are improved work-related opportunities and amenities available for their own comfort. The finding that more established counselling psychologists were located within the Western Cape as compared to counselling ECPs can possibly be attributed to the historical location of training programmes for counselling psychologists within the Western Cape, which have since been disbanded. For example, while historically, Stellenbosch University and the University of the Western Cape offered training programmes in counselling psychology, both universities have since discontinued their programmes. The finding that the second largest proportion of counselling ECPs were found to be residing in the Eastern Cape, can likely be attributed to the fact that the Eastern Cape is the only province where the training of counselling psychologists outnumbers the training of clinical psychologists. The quantitative data thus might suggest that counselling psychologists locate themselves in close proximity to where they completed their professional training. The clustering of counselling psychologists within these geographic locations is problematic, however, as it results in other parts of the country remaining underserved. Nevertheless, it is likely that many counselling ECPs eventually disperse from their original training location in search of improved economic, lifestyle and work-related opportunities.

Similarly, the quantitative data demonstrated that the majority of counselling ECPs and established counselling psychologists were located within urban as opposed to rural settings. The clustering of the majority of counselling ECPs in urban as opposed to rural

areas is concerning given that this is contrary to efforts by the South African government to address issues of service delivery and access to mental health services through the decentralisation of psychologists to community health centres and district hospitals (Petersen et al., 2009). As such, the findings suggest that currently counselling ECPs are not serving rural and under- resourced communities who are most in need of the services. This aligns with local literature suggesting the same (e.g., Leach et al., 2003; Watson & Fouche, 2007; Young et al., 2016). This should not be surprising, however, as arguably, it would be unrealistic to expect professionals to locate themselves within contexts characterised by minimal resources and limited available employment opportunities.

Expanding on the geographical trends of counselling ECPs as delineated above, the quantitative findings of the two career stage cohorts were similar in that more than half of counselling ECPs and established counselling psychologists were practicing privately. The second largest proportion of counselling ECPs, a small minority, were employed in university settings compared to established counselling psychologists who were practicing within corporate and business settings. The finding that counselling ECPs in South Africa were mostly practicing privately, mirrors Australian work setting trends where almost half of counselling psychologists were found to be practicing privately (Goodyear et al., 2016). That said, the current study's results are contrary to Global North work setting trends where more ECPs are employed in organised care and institutional settings than in individual or group private practices (Michalski et al., 2011; Rozensky, 2014). A possible explanation for this includes that governments in the Global North are generally responsible for 80% of healthcare expenditure, compared to governments in low- and middle- income countries (LMICs) where less than 25% of healthcare services are state funded (de Carvalho et al., 2020). In South Africa, this is exacerbated by evidence indicating that only 5% of the total public healthcare budget is allocated to the provision of mental healthcare (Docrat et al., 2019; Nguse & Wassenaar, 2021). As such, it should not be surprising that the majority of counselling psychologists in South Africa are located within the contested private sector, as one can likely assume that employment opportunities available in state funded settings for mental healthcare practitioners are relatively scarce.

Furthermore, a significant finding in this study is that, while the second largest proportion of counselling ECPs was found to be practicing within university counselling centres, this compared to only a small minority of more established counselling psychologists

in the same setting. The numeric data might suggest that, while university counselling centres, indeed, offer employment opportunities to counselling ECPs, that universities may be exploiting counselling ECPs in a labour market that compels them to work for long hours and for limited pay before they are more confident and experienced to transition into private practice or alternate workforce settings. Comparably, the second largest proportions of more established counselling psychologists were found to be working in business and corporate settings and in university psychology departments. It is likely that the tendency for more established counselling psychologists to be found within business and corporate settings can be attributed to heightened levels of professional competence and confidence as compared to counselling ECPs; and thus, demonstrating the capacity to advocate for the utilisation of their unique skills, knowledge and experience within less traditional workforce settings. From a different perspective, it is likely that the large proportion of more established counselling psychologists found in university psychology departments can be attributed to the increased number of practitioners acquiring doctoral degrees later in their careers, and as such, being drawn to enter academic workforce settings.

The notion of limited employment opportunities available to counselling psychologists in South Africa was corroborated by quantitative findings indicating that the majority of counselling ECPs had actively searched to secure jobs outside of private practice settings in South Africa. Interestingly, counselling ECPs were significantly more likely to have searched for jobs outside of private practice settings than more established counselling psychologists. This possibly suggests that, while counselling ECPs remain hopeful to secure employment outside of private practice settings in South Africa, more established counselling psychologists have likely become despondent in their attempts with time, opting to settle within the private practice space. Alternatively, the quantitative findings suggest that the new generation of counselling psychologists in South Africa are responding to the call to shift from the provision of services to the privileged minority in private practice settings to working with more diverse populations in alternative work settings. Either way, the findings in this study point to external barriers as being responsible for counselling ECPs entering private practice settings within the country. Such claims were substantiated by quantitative findings, which demonstrated that, overall, both counselling ECPs and established counselling psychologists were highly dissatisfied with the employment opportunities available to them in South Africa.

These quantitative findings were expanded upon and corroborated by the qualitative findings based on the semi-structured interviews. More specifically, the qualitative findings

uncovered experiences by counselling ECP participants suggesting that the limited employment opportunities available resulted in most participants being inadvertently pushed to enter the less preferred private practice space. The findings support global claims that predominant issues facing counselling ECPs include the job search process and navigating the job market (Butt et al., 2011; Green & Hawley, 2009). Moreover, the findings mirror local claims by Haine and Booysen (2020) demonstrating that while counselling ECPs preferred to be employed in community-based and public health settings, limited employment opportunities were available to them in such settings. These experiences serve to elucidate why counselling ECPs opt to practice privately. This is significant to the professional identity of counselling psychologists in South Africa as it is a characteristic of the professions' perceived irrelevance in the country, as extensively discussed in the literature (De la Rey & Ipsier, 2004; Kagee, 2014; Long, 2016; Pillay, 2017). Moreover, the findings point to a major disconnect in practitioners' preferences and attempts to enter diverse workforce settings and the readiness of government, the marketplace and communities to receive them. This is consistent with international claims that the bottleneck from graduation to first job is particularly problematic for psychologists (Kaslow et al., 2018). Furthermore, this identified workforce entry bottleneck is detrimental to the majority of the population in South Africa as it acts as a critical barrier to accessing mental health services.

The abovementioned claims surrounding issues of accessibility to mental healthcare in South Africa were substantiated and elaborated on in the qualitative data. Most counselling ECPs in the semi-structured interviews perceived the limited employment opportunities available to them as perpetuating issues of accessibility to psychological services in South Africa. More specifically, many participants described the biased availing of posts to clinical psychologists in a variety of healthcare settings as a misuse of practitioner resources within the country. According to local authors, the predominant availing of posts to clinical psychologists within the country's healthcare system comes as a result of clinical psychology's historical associations with the medical model (Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Young et al., 2016; Young & Saville Young, 2019). However, this justification should be questioned given counselling psychology's traditional focus on the promotion of health and its origins in health psychology. Moreover, this justification should be interrogated given recurrent demonstrations in the local and international literature of the potential for counselling psychologists to make valuable contributions in under resourced medical and community contexts, for example, through the adoption of social justice and advocacy roles, getting

involved in the development of policy as well as in utilising psychological knowledge to aid physical health and wellbeing (Bantjes et al., 2016; Leach et al., 2003; Mrdjenovich & Moore, 2004; Watson & Fouche, 2007; Young, 2013; Young et al., 2016). Yet, limited opportunities for counselling psychologists to practice in South Africa's public healthcare sector, serving around 84% of the South African population (Docrat et al., 2019), continue unabated.

As such, the current findings are important as they offer an additional view to the longstanding conception of a shortage of mental healthcare practitioners in the country. Rather, the findings point to a major misuse of social capital through the underutilisation and poor distribution of counselling psychologists within South Africa's healthcare system. This is particularly concerning given the planned implementation of the NHI Bill in South Africa; a health financing system aimed at ensuring all South Africans have equitable access to quality healthcare services as enshrined in the country's constitution (Kleintjes et al., 2021). While in theory, the purpose of the NHI to provide universal health coverage in South Africa is supported, the Psychological Society of South Africa (PsySSA) has critiqued the implementation of the NHI fund for its current underinvestment in mental healthcare as well as its underutilisation and underrepresentation of diverse categories of psychologists (Kleintjes et al., 2021; *Parliamentary Monitoring Group*, 2021). The future professional lives of counselling ECPs, the optimal utilisation of practitioner resources in the country and the viability of the counselling psychology profession thus currently stand in the balance.

Interestingly, despite most counselling psychologists practicing in the less preferred context of private practice, qualitative findings demonstrated that participants continued to respond to the call to increase accessibility of psychological services to under-resourced and low-income populations within South Africa. Specifically, participants perceived the offering of *pro bono* and reduced rate services as a means to increase accessibility to services within their communities. Such findings support claims by Goupil and Kinsinger (2020), who conclude that the implementation and provision of *pro bono* and reduced rate healthcare services fill an important healthcare gap and can be successfully applied by healthcare professionals in independent practice. Given the currently limited employment opportunities available to counselling psychologists, combined with the finding that the majority are practising privately, the offering of *pro bono* and reduced rate services by counselling psychologists in private practice settings may contribute towards a short-term and small-scale solution to increasing accessibility to services within the country. However, given the demographic profile of counselling ECPs, it is more than likely that such a temporary

solution will not contribute significantly to increasing accessibility to the majority, Black, working-class communities. As such, it is imperative that steps are taken by the state and various stakeholders to better balance the utilisation of counselling psychologists at individual and broad-based public health and community levels, through the creation of posts. In this manner, counselling ECPs unique skills, knowledge and eagerness to increase accessibility to mental health services within the country may be better supported. This aligns with work by Young et al. (2016, p.6) who suggest that “(t)o propose that counselling psychologists should provide services to the poorest and most marginalised members of society is to suggest that the profession should take on the state’s work of economic redistribution”. According to Young et al. (2016), the state’s responsibility of ensuring economic distribution should thus not fall on the shoulders of individual counselling psychologists. Rather, it should be understood that the labour services offered by counselling psychologists produce a combination of merit and public goods which hold widespread social benefits, and thus should be subsidised by the state.

The quantitative findings demonstrated that both counselling ECPs and established counselling psychologists were highly satisfied in their primary work setting, which was for the majority of the participants, private practice. This is surprising, given that counselling ECPs generally positioned private practice as the less preferred work setting and that 80% ($n = 144$) of practitioners had attempted to secure work in alternative settings prior to entering private practice.

Qualitative data offered a plausible explanation to the abovementioned quantitative findings. That is, while reporting disadvantages of private practice to include reaching a limited number of people, the challenge of starting out as well as issues of financial unpredictability, participants mostly emphasised the advantages of private practice. For counselling ECPs, these advantages included feelings of empowerment, the flexibility of work hours, the ability to better manage burnout, the heightened emotional investment by paying compared to non-paying clients and the security of a more lucrative income in comparison to alternative available work options. These findings are important as they explain why, in addition to limited employment options available, counselling ECPs continue to be drawn to, and remain in, the private practice space in South Africa. In addition, this qualitative data is important in guiding future recruiters and employers in the marketplace in how to best incentivise counselling ECPs in diverse work settings. These findings are similar to global claims suggesting that flexibility of work hours (Walfish & Walraven, 2005), more control at work (Rupert & Kent, 2007;

Rupert et al., 2012), reduced emotional exhaustion and risk of burnout (Rupert & Kent, 2007) and financial incentives (Doran et al., 2016) resulted in high career satisfaction for psychologists in solo and group private practices. In addition, the findings match global data suggesting that low levels of career satisfaction in private practice were mostly associated with income and payment concerns (Walfish & Walraven, 2005) as well as the challenge of setting up a practice (Butt et al., 2011; Good et al., 2013; Green & Hawley, 2009).

Related to the process of finding and securing work in South Africa, the quantitative findings demonstrated that the majority of counselling ECPs searched for jobs through use of online resources and informal job search channels. This aligns with global job search strategy trends (e.g., Michalski & Kohout, 2011). The findings point to potential benefits in recruiters making use of online platforms to locate and secure job-seeking counselling ECPs in the workforce. Moreover, the findings point to the need to assist counselling ECPs in establishing, nurturing and making use of their informal networks in the process of finding and securing work within the country.

The quantitative findings were substantiated and corroborated by the qualitative data elicited in the semi-structured interviews. However, while counselling ECPs reported making use of both online and informal networking search strategies, participants experienced informal networking as the most 'successful' method to secure work and related opportunities. The interpretation of this finding is twofold. First, it is promising that counselling ECPs successfully made use of their informal networks to secure work since global data suggest that networking is generally a major challenge for ECPs (Butt et al., 2011; Kaslow et al., 2018). Nevertheless, the interview data point to the importance of supporting counselling ECPs in maintaining and utilising their informal networks to secure work. Second, it is concerning that counselling ECPs generally did not experience online search strategies as a useful means to secure work as hiring processes have increasingly moved online with general technological advancement and accelerated digitalisation with the COVID-19 pandemic (Amankwah-Amoah et al., 2021). In addition, the finding is problematic given that, while almost all counselling ECPs made use of online resources to search for work, few mentioned experiencing success with this method. A plausible explanation might, again, involve the current marketplace bottleneck where the number of counselling ECPs applying for jobs outweighs the number of posts available and formally advertised online.

It is significant that while the quantitative findings demonstrated that both career stage cohorts were, overall, highly satisfied with their careers, only a third of counselling ECPs and established psychologists would choose the same career again knowing what they know now. Specifically, around half of both counselling ECPs and established psychologists would choose clinical psychology rather than their current category. While the current study's findings contradict global data suggesting that ECPs generally experience feelings of overall career dissatisfaction (Braxton et al., 2004; Rønnestad & Skovholt, 2003), the current findings mirror international evidence proposing that ECPs often contemplate whether they have made the correct choice of profession (Rønnestad & Skovholt, 2003; Silva et al., 2016). It is interesting to note, however, that contemplation over whether they had made the correct choice in career was not limited to the counselling ECP group but was also reported by the majority of the more established career stage cohort. A plausible explanation for this is offered by local authors Young and Saville Young (2019). Specifically, these authors propose that the high levels of career satisfaction by counselling psychologists, but the general preference for a career in clinical psychology, follows as a result of the negative perceptions of the counselling psychology SoP promulgated in 2011. In other words, the numeric data suggest that, while counselling psychologists are highly satisfied with their day-to-day tasks and responsibilities, counselling psychologists are largely dissatisfied with the evident structural and social issues that hamper their career progression, status, power and work-related opportunities. In this instance, the numeric data suggest that counselling psychologists, irrespective of career-stage, perceive a career in clinical psychology as affording significantly less social and structural obstacles to their career development and service provision.

Expanding on the abovementioned claims, the qualitative data offered further explanations. In particular, the semi-structured interviews revealed that the majority of counselling ECPs attributed their high levels of overall career satisfaction to the self-filling and altruistic nature of the work itself. This aligns with local qualitative findings by Haine and Booyesen (2020). Consistent with suggestions by Young and Saville Young (2019), many participants also revealed great dissatisfaction with the various repercussions of the promulgated 2011 SoP, which idiosyncratically limited the degrees of freedom with which counselling psychologists were permitted to practice. The extent of the dissatisfaction with certain structural and social barriers to practice for some participants resulted in their deterrence of potential candidates from pursuing a career in counselling psychology. Nevertheless, expanding on this major aspect of career dissatisfaction, participants also

revealed dissatisfaction with other aspects of their careers, including dissatisfaction with working in particular settings, financial stressors, the need to juggle multiple professional roles in different settings, professional isolation as well as the emotionally taxing nature of the work.

In addition, qualitative evidence elicited from the semi-structured interviews further demonstrated that most counselling ECP participants did not initially perceive counselling psychology as a primary career choice. Rather, the findings signified that most of the participants chose counselling psychology as an ‘alternative’ or secondary career path. It is noteworthy that, while participants described initially pursuing or at least strongly considering a diverse number of professions, the majority specifically described initial aspirations to pursue a career in clinical psychology. This possibly explains the quantitative findings (see section 5.6 in Chapter Five) indicating that more than half of counselling ECPs questioned their choice of career and indicated wishing to pursue a career in clinical psychology if given the opportunity to start again. These findings are not surprising given the apparent hierarchy within the profession, affording more power, status and practice opportunities to clinical psychologists by virtue of registration category (Haine & Booyesen, 2020). Interestingly, however, two participants indicated pursuing counselling psychology after gaining a heightened awareness and understanding of the professional identity and values of counselling psychology. These findings are promising as they may suggest that as the professional identity of counselling psychology becomes more clear, coherent and better understood, the speciality is more likely to attract trainees who view counselling psychology not as a second-rate career option but as a way of practicing psychology that best aligns with their inherent interests, values, attitudes and beliefs.

Related to this, the qualitative findings illustrated that counselling ECPs experienced incongruencies between their workforce expectations and their lived workforce experiences. In other words, the findings revealed discrepancies in counselling ECP expectations for the world of work in South Africa compared to the realities of their professional experiences. For many counselling ECPs, this resulted in feelings of disillusionment, frustration, and disappointment, aligning with international claims that the majority of ECPs experience feelings of disillusionment upon entering the workforce (Skovholt & Rønnestad, 2003). This is significant given that such discrepancies may result in professional identity asymmetries, which is already a collective challenge for the counselling psychology profession, as well as contribute towards career dissatisfaction and attrition from the workforce. Nevertheless, the

findings align with suggestions by Bangasser et al. (2016) that the reality of career paths for ECPs often depict a stark contrast with the careers psychologists aspired to pursue during their education and training. Moreover, according to Skovholt and Rønnestad (2003), ECPs are often more idealistic about their professional lives and the potential impact of their efforts than is warranted. The result is likely that, with time and experience, counselling psychologists may gain much more clear, realistic and less glamorous expectations for their careers. In this manner, it is possible that senior generations of counselling psychologists hold a more coherent understanding of the professional role and identity of counselling psychologists in South Africa.

Being unprepared for different aspects of their early career professional lives was a theme illuminated in the qualitative analysis. Specifically, counselling ECPs revealed doubting their skills and levels of competence upon entering the workforce. These experiences mirror global data demonstrating that feeling overwhelmed and underprepared in their early career years is a common occurrence for psychologists (Green & Hawley, 2009; Kolar et al., 2015; Rønnestad et al., 2019; Thériault et al., 2009). Expanding on feelings of being unprepared for the workforce, many participants went on to question why certain tasks that characterise the early career stage were rarely discussed within professional training programmes. More specifically, many of the participants felt that they did not graduate with the requisite knowledge and skills to successfully navigate the job marketplace, establish and run a private practice, as well as to engage in licensure and medical aid credentialing procedures. International authors refer to this as poor work readiness (Kolar et al., 2015).

The experience of poor work readiness by counselling ECPs is concerning and points to the possible need for professional training programmes to better understand and align with counselling ECP perspectives on what constitutes a sufficiently prepared early career workforce. Moreover, the finding that ECP processes are rarely discussed in training programmes aligns with suggestions by Scott et al. (2000) that, globally, early career developmental tasks and challenges are infrequently discussed within professional psychology training programmes. That said, literature simultaneously highlights that there is almost a universal criticism by ECPs who question the applicability of their training (Silva et al., 2016; Skovholt & Rønnestad, 2003), holding training staff and programmes accountable for feelings of anxiety, incompetence and ‘unpreparedness’ in their early career years. As such, counselling ECPs may benefit from open discussions with training staff in order to ‘normalise’ feelings of poor work readiness, disillusionment and anxiety upon entering the workforce. In addition

training programmes should adopt, emphasise and encourage an ethos of continued professional development (CPD) and training, given the impossibility of ‘fully’ preparing graduates for ‘all’ aspects of professional life and case scenarios.

Quantitative data indicated that counselling ECPs and more established counselling psychologists most endorsed the following professional values, in particular: (i) diversity; (ii) person-environment interactions; (iii) developmental issues; and (iv) attention to people’s assets, strengths and resources. Interestingly, only one statistically significant difference was found in the level of endorsement of values between counselling ECPs and established counselling psychologists. Specifically, established counselling psychologists were significantly more likely to endorse the value of brief interventions than counselling ECPs established counselling. The results in the current study somewhat vary with results in the local literature (Young & Saville Young, 2019) which indicate that counselling psychologists most endorsed the following values: (i) prevention; (ii) producing research; (iii) person-environment interactions; and (iv) social justice and advocacy.

In the current study, both counselling ECPs and more established counselling psychologists indicated diversity as being the most endorsed professional value. This finding is interesting given that international findings generally demonstrate a heightened focus by counselling ECPs as compared to more senior generations on the professional value of diversity (Lichtenberg et al., 2018). In the current study, however, both career stage cohorts most endorsed the value of diversity in their professional practice. One possible explanation for this involves the heightened consideration of South Africa’s oppressive and segregated history as well as the potential influence of social desirability bias (Marlow & Crowne, 1961). Social desirability refers to an individual’s need or wish for social acceptance and approval, and the belief that this is possible through culturally acceptable and appropriate behaviours (Holtgraves, 2004; Marlow & Crowne, 1961). In this instance, the findings can possibly be explained by societal norms in post-apartheid South Africa, which prohibit stereotyping and negative evaluations of individuals based on group characteristics. That said, an alternative explanation might involve that counselling psychologists are responding to the calls to improve disparities in the representation of practitioners within the country as well as in working with more diverse and previously marginalised client populations.

Counselling ECPs reported a heightened focus on person-environment interactions compared to more established counselling psychologists. This finding is encouraging given calls to move beyond the medical model to understand how various social and contextual

determinants impact on individual and group mental health outcomes. The findings thus suggest that not only are counselling ECPs more diverse as a group, but also that counselling ECPs consider person-environment interactions as central to their professional identities. This philosophical lens is important considering relevance debates of the profession within the country (e.g., Long, 2016; Pillay, 2017) and ongoing SoP debates, and may thus serve as a guide to future regulatory changes as well as to advocate for the creation of contextually relevant employment opportunities.

The qualitative data suggested that finding a niche was beneficial for many counselling ECP participants in the process of developing a professional identity and in finding and securing work in South Africa. In other words, the findings suggested that establishing a unique professional identity in the workforce based on individual expertise, skills and interests was key in promoting positive professional experiences for most counselling ECP participants. This is consistent with global findings, that suggest that the development of a professional identity can involve establishing a niche in the field (Devine, 2015; Green & Hawley, 2009; O'Shaughnessy & Burnes, 2014). This is encouraging and points to the tailoring of a professional identity as a possible means for counselling ECPs to navigate the marketplace more effectively. Moreover, the findings are promising as global authors suggest that the construction of a professional identity by ECPs is a major challenge and has been linked to premature career abandonment by ECPs (Butt et al., 2011; Karel & Stead, 2011; Kaslow et al., 2018; Magaletta et al., 2016).

Expanding on this, the qualitative data demonstrated that the counselling ECP participants gained professional confidence through the accumulation of experience over time. For many of the participants, professional confidence underpinned professional competence, both of which appeared to be linked to the development of a professional identity. This is consistent with suggestions in the literature that ECPs require an extensive proportion of time to develop a professional identity (Karel & Stead, 2011; Mistler, 2007). In addition, the results mirror suggestions that poor professional confidence inhibits the establishment of a professional identity (Earle-Reybold & Alamia, 2008), resulting in negative early career experiences (Kolar et al., 2015). This affirms the need for training programmes to focus on building trainees' professional confidence, as well as for training programmes to offer a multitude of opportunities for trainees to gain practical experience over time.

According to Pillay and Kramers (2003, p. 54), South Africa faces the issue of the “brain drain”, referring to the mass emigration of professionals since the apartheid era. In the current study, the quantitative findings illustrated that around half of counselling ECPs and one third of established counselling psychologists reported their own emigration was possible, likely or very likely in the next five years. These findings are concerning and are similar to local results by Pillay and Johnston (2011) suggesting that over one third of intern clinical psychologists planned on emigrating following professional training. Interestingly, counselling ECPs were significantly more likely to consider emigrating than more senior generations of counselling psychologists. A plausible explanation for this involves the differences in mean ages of the two cohorts. In other words, the process of emigration is likely more complicated for older psychologists who may hold an array of responsibilities and additional considerations such as debt accrued, home ownership, pets and children. This supports literature highlighting that younger adults claim the highest migration rate annually (Zaiceva, 2014). Data outlined by the International Labour Organisation (2022) suggest younger adults are generally motivated to emigrate for work opportunities, improved living conditions, education, family ties and reunification as well as for humanitarian-related reasons.

These quantitative findings outlining the likelihood of counselling ECPs emigrating in the next five years were expanded upon by the qualitative findings from the semi-structured interviews. More specifically, the qualitative data suggested that, overall, counselling ECP participants were content with living within South Africa and did not plan on emigrating in the short term. Nevertheless, most counselling ECPs considered emigrating on the grounds of various professional incentives, including improved work and financial opportunities, less of an apparent hierarchy within the profession in other countries as well as due to political and safety concerns. These findings somewhat align with local suggestions that motivations for emigration generally include political reasons, elevated crime rates, as well as poor infrastructural support and working conditions (Pillay & Johnston, 2011).

7.3 Professional Challenges

For most psychologists, the early career years are experienced as the most intense and challenging in the professional lifespan (Bangasser et al., 2016; Dorociak et al., 2017). The current study demonstrated both quantitative and qualitative data supporting this claim and identified various personal, professional, and systemic challenges facing counselling ECPs within the South African context. This is significant as the variety of barriers facing counselling ECPs within the country are likely to hinder professional advancement and the provision of mental health services as well as deter practitioners from entering and remaining within the profession. The challenges identified are somewhat similar to claims in international literature (see, for example, Bangasser et al., 2016; Dorociak et al., 2017; Kaslow et al., 2018; Sim et al., 2016), with some exceptions mostly as a result of the promulgated 2011 SoP. While many employment and work-setting challenges have already been discussed in section 7.2 of this chapter, discussion of various other challenges facing counselling ECPs in the South African context will be fully outlined in the paragraphs below.

First, the quantitative findings demonstrated that counselling ECPs faced significant financial challenges. Specifically, quantitative evidence illustrated that counselling ECPs earned significantly less per annum than established counselling psychologists. According to Dash et al. (2017), however, this finding should not be surprising, given that work experience and financial compensation are generally positively correlated. Nevertheless, counselling ECPs and established counselling psychologists were similar in the amount of graduate debt accrued upon receipt of professional qualification. More specifically, over a third of both counselling ECPs and established counselling psychologists held a mean graduate debt of more than R100 000 upon entry into the workforce. This finding is problematic given that the combination of high graduate debt, low starting salaries and various financial demands to start out inclusive of licensure fees and costs of starting a practice, significantly limits professional advancement and service provision by counselling ECPs. In other words, less disposable income by ECPs is likely to result in reduced opportunities to gain supervision, attend conferences and engage in professional development, CPD and training workshops. In addition, heightened financial obstacles in their early careers are likely to contribute to reduced levels of career satisfaction and possible attrition of practitioners from the workforce. That said, the abovementioned quantitative findings relating to finance and debt accrued, should be considered with caution, given that the findings were not adjusted for inflation over time.

Nevertheless, the quantitative findings are consistent with claims by Haine and Booyesen (2020) that financial factors are a major concern for ECPs in South Africa. In addition, the quantitative findings are similar to international trends demonstrating issues of high costs of professional memberships, student loan debt, costs involving licensure, low starting salaries and limited financial resources as the top challenges for ECPs (Butt et al., 2011; Green & Hawley, 2009; Hall et al., 2007; Rozensky, 2014; Smith et al., 2012; Scalise et al., 2019). Within the context of South Africa, the current findings are particularly problematic given that such financial obstacles are exacerbated for historically marginalised and economically disadvantaged groups entering the profession. Moreover, the findings are noteworthy given strong calls to increase the number of Black psychologists in the country, who are often bound by “Black tax”, also referred to as “family tax” or “historical tax”, involving the obligation to provide financial support to extended family members (Magubane, 2016, p. 1).

Corroborating and expanding on the above quantitative findings, textual data from the qualitative interviews with counselling ECPs signified how financial challenges played a major role in shaping participants’ professional experiences in South Africa. More specifically, counselling ECP participants revealed that the nature and amount of financial support received during training and on entry into the workforce impacted on their early career progress, ability to access supervision, choice of work setting, and emotional and mental health. This mostly mirrors global literature, which highlights the implications of early career financial challenges to include difficulty in accessing paid for supervision, in attending professional conferences and CPD seminars, in starting up a private practice and in the ability to relocate for job opportunities (Butt et al., 2011; Goodyear et al., 2013; Scalise et al., 2019), as well as costly licensure, credentialing and professional membership fees. It is thus likely that the above-mentioned financial obstacles experienced early in their careers are a significant motivating factor for counselling ECPs to consider emigrating, where improved employment opportunities and stronger currencies may assist in addressing student debt and mitigating significant early career financial constraints.

An interesting and noteworthy finding from the qualitative interviews was that counselling ECP participants interested in working with underserved and marginalised populations experienced significant financial barriers in entering and remaining in such relevant work contexts, including, for example in NGO-, NPO- and community-based settings. Specifically, the qualitative data revealed that participants did not experience work in such settings as being financially viable. The current study’s findings thus suggest that in

addition to the limited employment opportunities available to counselling psychologists in such community-based contexts, there are limited financial incentives in recruiting and retaining practitioners in these contexts. For this reason, participants perceived private practice as the most financially viable work-context option. This supports suggestions by Young (2013) that counselling psychologists are required to choose between an altruistic and entrepreneurial approach to practice within the country. As such, evidence points to the need to carve out spaces for counselling psychologists in the public sector, where the profession may be better supported in embodying an altruistic as opposed to an entrepreneurial stance to psychological practice. Alternatively, government should subsidise counselling psychologists in private practice, given that the major issue with private practice is that only a small minority of people in South Africa have the funds to afford private sector care.

The abovementioned results indicating various financial challenges experienced by counselling ECPs possibly serve to explain why significantly more counselling ECPs were found to be engaging in additional work to supplement their income, compared to established counselling psychologists. In addition, the findings are consistent with international claims suggesting that as a result of financial demands in their early career years, ECPs are often required to juggle more professional roles than more established psychologists (Craig & Sprang, 2010; Doran et al., 2016; Green & Hawley, 2009; Rupert et al., 2015).

These quantitative findings were substantiated and elaborated on by counselling ECPs in the semi-structured interviews. Specifically, the qualitative evidence suggested that counselling ECP participants took on additional work and balanced a plurality of professional roles as a means to match financial demands as well as in response to the limited full-time employment opportunities available to them. Most participants mentioned reduced career satisfaction in response to the need to juggle a multitude of professional roles. This finding aligns with suggestions by Good et al. (2013) that a prominent challenge facing ECPs includes the integration and balancing of multiple job roles and expectations.

For the abovementioned reasons, not surprisingly, all counselling ECPs in the semi-structured interviews mentioned experiencing the challenge of high workloads in their early career years, with many reporting poor mental health and burnout. This aligns with international data suggesting that ECPs are at a greater risk of burnout and emotional exhaustion than more established psychologists (Craig & Sprang, 2010; Dorociak et al., 2017; Rupert et al., 2015; Volpe et al., 2014). Moreover, this is consistent with international research suggesting that around 36% of counselling psychologists suffer from depressive

symptomology (Gilroy et al., 2002). Interestingly, global evidence attributes increased risks for burnout in psychologists to the considerable emotional labour of the work itself, long hours, variable schedules, high administrative demands, substantial levels of stress and poor prioritisation of self-care (Springer et al., 2009; Volpe et al., 2014; Wise et al., 2011).

Comparably, the current study's qualitative data revealed that participants attributed depressive and burnout symptomology to financial concerns, high workloads, notable administrative demands, emotional exhaustion, increased client numbers following the COVID-19 pandemic and dissatisfaction working in particular settings. While global authors emphasise that psychologists are not immune to stress, burnout and poor mental health (Gilroy et al., 2002; Guy & Liaboe, 1986; Kolar et al., 2015) and often engage in therapy themselves (Moe & Thimm, 2021), the findings in the current study are concerning as two thirds of counselling ECPs would not choose a career in counselling psychology again and six participants in the semi-structured interviews reported taking temporary leave of the counselling psychology workforce in order to recover. Nevertheless, the findings possibly support suggestions by Kolar et al. (2015) that burnout and stress in ECPs can be mitigated by taking a break between graduation and entering the workforce. This, however, may not be financially feasible for economically disadvantaged populations who are bound by heightened financial obligations and constraints. From a different perspective, participants also revealed that engaging in personal therapy, spending time with friends and family, setting firm work-life boundaries and reducing overall work hours was beneficial in managing burnout and mental health challenges.

Despite some of the personal mental health and burnout challenges mentioned above, interestingly, quantitative data indicated that both counselling ECPs and established counselling psychologists were mostly satisfied with the balance of their personal and professional lives. Nevertheless, the qualitative data expanded on this result and suggested that, while participants were largely satisfied with their work-life balance, ECPs perceived personal and familial factors as greatly impacting on their career strategies, decision-making activities and development, as mirrored in global literature (Cassin et al., 2007; Good et al., 2013; Lee et al., 2009; Solem & Foote, 2006). More specifically, the qualitative evidence demonstrated that counselling ECP participants experienced the decision to start a family as greatly influencing their working hours, work setting choices and levels of financial anxiety. This is consistent with global literature suggesting that work-family interactions are a fundamental influence in the lives of ECPs (Doran et al., 2016; Karel & Stead, 2011;

Wilhelmi et al., 2019). It is noteworthy that women counselling ECP participants, in particular, experienced some discrimination in gaining employment given concerns by employers on the potential impact of culturally sanctioned heteronormative personal milestones on their professional lives, such as having children and getting married. This echoes international data illuminating the impact of family and caretaking expectations on the professional lives of women ECPs (Green & Hawley, 2009; Moss-Racusin & Rudman, 2010; O'Shaughnessy & Burnes, 2016).

In addition, the qualitative data revealed that the death of a family member was a critical personal experience impacting on participants' professional timelines, emotional capacity to provide services and practice location choices. This finding is important considering that grief and the loss of a loved one is rarely cited in the literature as a factor significantly impacting on the work-life experiences, practice decisions and service provision by psychologists. Nevertheless, while this is a noteworthy finding within the current study, it is also likely that such an experience has not featured in the previous literature.

Despite not being an area investigated in the quantitative phase of this research, participants revealed in the semi-structured interviews that the COVID-19 pandemic had posed noteworthy challenges in their lives. In addition to the familiar societal and personal impacts of the pandemic, including various social restrictions, losses and health concerns, the qualitative findings signified that the pandemic impacted greatly on the professional lives of counselling ECPs in South Africa. Specifically, participants noted a significant increase in client numbers, a shift in focus to anxiety and grief-related work and experienced barriers in the delivery of services in certain settings. In addition, given the mandated social restrictions by health authorities, counselling ECP participants emphasised shifts from in-person therapy to online video conferencing with insufficient training, preparation and support for this mode of service. Overall, these experiences in response to the COVID-19 pandemic are consistent with recent international findings (Aafjes-van Doorn et al., 2022; Békés & Aafjes-van Doorn, 2020; Nuttman-Shwartz & Shaul, 2021). Of significance in the current study was the experience by all counselling ECP participants of the unexpected and necessary transition to online therapy. This finding is noteworthy considering that recent exploratory research indicates that ECPs experienced the transition to online therapy as more challenging than seasoned psychologists (Aafjes-van Doorn et al., 2021). According to Aafjes-van Doorn et al. (2021), this can possibly be explained by heightened levels of professional self-doubt by ECPs. This finding is important as such experiences pose threats to the therapeutic relationship and efficacy of

treatment interventions, arguably even more important amid a global crisis. Nevertheless, the benefits of telepsychology services were mentioned by one participant who emphasised reduced financial outlays as well as the convenience of practicing from ‘anywhere’. This finding is interesting and potentially offers a practice approach that may assist counselling ECPs in navigating financial burdens in their early career years, while simultaneously gaining experience. This approach to psychological practice, however, should be considered with caution as rural and socio-economically disadvantaged populations in South Africa generally do not have access to the requisite technology, network services and skills to engage in telepsychology services (Aruleba & Jere, 2022), possibly perpetuating and even exacerbating disparities in access to mental healthcare within the country. In addition, it is likely that with the return to ‘normal’ social functioning in the post-pandemic era, that telepsychology services may become less competitive, with clients opting for “in-person” therapy.

The quantitative evidence demonstrated that the majority of both counselling ECPs and established counselling psychologists perceived the SoP as problematic. Few counselling ECPs and established counselling psychologists felt that the SoP was aligned with their training and practice as counselling psychologists and almost none agreed that the SoP provided a coherent definition of the discipline. This finding mirrors local data (Young & Saville Young, 2019) and supports the necessity of recent undertakings to point counselling psychology in South Africa towards a more coherent, identifiable and socially appropriate professional identity (Watson & Fouche, 2007; Young, 2013; Young et al., 2016). The findings in the current study thus suggest that efforts to strive towards a more clear, widely recognisable and relevant counselling psychology professional identity should continue and not stagnate. A clear and recognisable professional identity is critical to effectively demonstrate and advocate for the optimal utilisation and distribution of counselling psychologists as a valuable and unique mental health resource in South Africa. This contrasts work by Moodley (2021), who questions the necessity of socialising counselling psychology into a particular version of professional identity.

Interestingly, quantitative data in the current study demonstrated that, while counselling ECPs and established counselling psychologists were overall equally dissatisfied with the SoP, counselling ECPs experienced the SoP as impacting significantly more on their professional practice lives than more senior generations of counselling psychologists. A possible explanation for this involves that the incoherent and idiosyncratic SoP was promulgated in 2011, a time when the majority of counselling ECPs in this study began

entering the workforce (i.e., between 2010 and 2020). As such, counselling ECPs in this study arguably entered the profession at a particularly contentious time involving scope wars (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Young & Saville Young, 2019) and heightened attempts by the professional board to demarcate the categories both in training and in practice (Young, 2013; Young et al., 2016). This is in contrast to more senior generations of counselling psychologists who experienced a significant overlap and blurring of boundaries in training and practice with clinical psychologists (Leach et al., 2003) and who entered the workforce in a less tumultuous period.

Elaborating on the abovementioned findings, the qualitative data collected from the semi-structured interviews indicated that counselling ECP participants experienced the favouring of certain registration categories over others within the profession, as also illuminated in local literature (Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young & Saville Young, 2019). Specifically, participants noted an apparent hierarchical system within the field of psychology in which clinical psychologists at the top, by virtue of registration category, continue to be granted significantly more power, status and practice opportunities than other registration categories. As previously mentioned (see section 7.2), this historical bias comes as a result of clinical psychology's associations with the medical model (Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Young et al., 2016; Young & Saville Young, 2019). In addition, the historical bias may be attributed to claims that the distinction between counselling and clinical psychology can be drawn along the normality-pathology continuum, with counselling associated with the former and clinical associated with the latter (Ægisdóttir et al., 2019; Bantjes et al., 2016; Haine & Booysen, 2020; Leach et al., 2003; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019). The current study's quantitative results, however, serve to shed more light on such claims, demonstrating that the majority of counselling psychologists predominantly worked with clients presenting with moderate levels of psychopathology. In addition, quantitative evidence indicated no statistically significant difference between the proportions of counselling ECPs and established counselling psychologists working with clients presenting with moderate levels of psychopathology. As such, these findings confirm the premise by Young and Saville Young (2019) that counselling psychologists' negative perceptions surrounding the SoP come as a result of the limited degrees of freedom with which they are permitted to work with psychopathology. In other words, while the SoP was drawn along the normality-pathology continuum, with

counselling psychologists demarcated to the former and clinical psychologists to the latter (Young & Saville Young, 2019), it is clear that counselling psychologists are, indeed, working with moderate levels of psychopathology in their daily practice lives.

Not surprisingly, counselling ECPs thus perceived the apparent hierarchical system as a noteworthy challenge in their professional practice lives, which was also corroborated by the semi-structured interviews. More specifically, counselling ECPs revealed the apparent hierarchy within the profession as impacting negatively on their levels of career satisfaction, professional attitudes and identities as well as in their employment and work-related opportunities. That said, a promising finding is that, while local literature outlines longstanding payment issues with medical aids refusing to reimburse counselling psychologists for their services (Haine & Booysen, 2020; Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young & Saville Young, 2019), counselling ECP participants in the current study reflected a reduction in discrimination and payment issues by medical aids in more recent years. A plausible explanation for this is due to extensive regulatory efforts by the HPCSA's Professional Board of Psychology. Such regulatory efforts have been critical given that medical aids rely on HPCSA documentation to make reimbursement decisions. Noteworthy is that once the promulgation of the 2011 SoP was denied, the profession reverted to the 2008 SoP framework. Most recently, however, a document outlining the 'List of Professional Competencies' has been introduced which, arguably, permits counselling psychologists far more degrees of freedom in which to practice. Despite some evident changes in the extent of medical aid reimbursement in the country, however, counselling ECP participants revealed continuing to experience some challenges with a handful of medical aids. This signifies that more advocacy work needs to be done to enhance understanding of the profession and to correct misconceptions that followed as a result of attempts to promulgate the idiosyncratic 2011 SoP.

Related to the abovementioned claim, the qualitative findings revealed that counselling ECP participants experienced the registration category system as mostly confusing and unhelpful to the general public and broader healthcare community. It is for this reason that most participants indicated identifying themselves as merely 'psychologists' as opposed to '*counselling* psychologists'. This is problematic not only because it is a contravention to the obligation to practitioners to utilise the complete title, but also because it serves to perpetuate a lack of understanding and misperceptions surrounding the profession within the country. Furthermore, the findings suggest that the Professional Board for Psychology is currently not fulfilling their mission 'to effectively *guide* and protect the

public' (HPCSA, 2022).

Expanding on this, counselling ECP participants attributed the lack of knowledge and misperceptions by the general public surrounding the category to the apparent hierarchical system within the profession. For example, counselling ECP participants revealed experiences of being professionally marginalised and generally being perceived by the public as inferior, less competent and offering substandard services in comparison to clinical psychologists. Furthermore, counselling ECPs noted serious confusion by the general public and broader healthcare community surrounding the difference in roles and training between '*registered counsellors*' and '*counselling psychologists*' given the similarity in names. This is concerning, as it perpetuates challenges in establishing a professional identity and exacerbates the narrative of a shortage of relevant, accessible and credible psychological services and mental health practitioners within the country (Bantjes et al., 2016).

Possibly more concerning is that participants noted significant confusion by the general public surrounding the differences between 'life coaches', 'lay counsellors' and psychologists. For this reason, combined with the extensive financial and time commitments involved in training to become a counselling psychologist, it is likely that future generations may perceive the completion, for example, of a brief lay counselling or life coaching course as a more convenient and financially lucrative option. This has important implications for the viability, relevance and service provision by the profession. Moreover, it should be said, that the poor understanding and recognition by the general public and broader healthcare community of the profession, taken together, with the current lack of employment opportunities afforded to counselling psychologists, it should thus not be surprising that counselling psychologists have, thus far, struggled to fulfil their intended purpose within the country.

7.4 Professional Support Needs

Bangasser and colleagues (2016) propose that meeting the support needs of ECPs individually, in training programmes, and in the field in general, should assist in mitigating challenges faced by ECPs in the professional lifespan, while bolstering successful entry into the profession. As such, discussion on the relevant professional support needs of counselling ECPs in South Africa, as revealed in the current study, will be outlined below.

An abundance of international evidence indicates that supervision offers a fundamental means of professional support and development for ECPs (e.g., Arora et al. 2016; Burney et al., 2009; Doran et al. 2018; Green & Hawley, 2009; Karel & Stead, 2011; Magaletta et al., 2016;

O'Shaunessy & Burnes, 2016; Silva et al., 2016; Smith et al., 2012). Consistent with these suggestions, the quantitative results indicated that counselling ECPs were significantly more likely to engage in supervision than established counselling psychologists. This implies that counselling ECPs in South Africa both value and prioritise supervision as a means of professional support in their practice lives. However, interestingly, the results demonstrated that the majority of both counselling ECPs and established counselling psychologists engaged in supervision only on an '*as needed*' basis, suggesting that the frequency with which counselling psychologists gained supervision was, arguably, less frequent and irregular. Thus, while it is promising that the majority of practitioners were found to engage in some form of supervision, it is concerning that engagement in supervision was not found to be a routine aspect of counselling psychologists professional practice lives. This is particularly concerning for counselling ECPs who would benefit from supervision as a fundamental means of support.

Interestingly, the quantitative results demonstrated that the largest proportion of counselling ECPs (46%) engaged in *formal paid-for* supervision, compared to established counselling psychologists, who predominantly engaged in *unpaid peer* supervision (53%). This finding is surprising considering the numerous financial constraints facing counselling psychologists in their early career years (Butt et al., 2011; Green & Hawley, 2009; Hall et al., 2007; Rozensky, 2014; Scalise et al., 2019; Smith et al., 2012). Nevertheless, the finding demonstrates the investment and sacrifices counselling ECPs are willing to make in order to engage in supervision in their early career years. This is especially important given quantitative findings which demonstrated that only a small minority of counselling ECPs were afforded supervision through their place of work.

A plausible explanation for counselling ECPs reliance on formal '*paid-for*' supervision upon entering the workforce possibly involves the struggle for ECPs to transition from a dependence on formal supervision to the autonomy expected of practitioners in establishing and utilising supportive networks of peers and mentors (Kolar et al., 2015).

Similarly, a possible explanation might include evidence that ECPs struggle to establish, utilise, maintain and grow professional networks of peers and mentors as they enter the workforce (Butt et al., 2011; Kaslow et al., 2018), exacerbated by the professional isolation of the majority of counselling ECPs working within private practice settings. Moreover, the tendency of counselling ECPs to rely on formal '*paid for*' supervision may come as a result of more experienced psychologists who rely on closed peer supervision groups, presumably

with other experienced psychologists, to the exclusion of ECPs. In this instance, the results of this study point to the broader issue of a poor professional culture, where more established counselling psychologists are less likely to ‘give back’ to new generations of counselling psychologists in the field. This poor professional culture can possibly be attributed to the competitive way in which counselling psychologists are remunerated, in which practitioners struggle to receive compensation for their work. Consequently, other counselling psychologist practitioners are seen as competition rather than allies. A landscape dominated by market forces rather than the interests of the public or professional good detracts from the altruistic values of the counselling psychologist profession.

The implications of the findings are twofold. Firstly, it is commendable that counselling ECPs value, prioritise and invest in gaining formal, paid-for supervision in their professional practice lives, as it signifies a commitment to their own professional development, critical self-reflection and ethical practice. Secondly, however, the gaining of formal ‘*paid-for*’ supervision and limited access to supervision through their place of work is concerning considering the noteworthy financial challenges facing counselling ECPs, potentially leading some practitioners to experience formal supervision as inaccessible. This is particularly problematic for historically marginalised and underrepresented groups who face heightened and unique financial barriers (Haine & Booyen, 2020). Combined with evidence indicating shifts in the demographic profile of counselling ECPs in South Africa, efforts to support economically disadvantaged ECPs from diverse and marginalised backgrounds in gaining credible, reliable and accessible supervisory services is thus essential (Lichtenberg et al., 2018; Pedrotti & Burnes, 2016).

Expanding on the abovementioned results, the qualitative data revealed that some participants faced challenges in finding and retaining supervisors in their early career years. More specifically, participants struggled to locate and secure credible, committed and available supervisors in the workforce, resulting in feelings of disillusionment, heightened anxiety and professional isolation. Skovholt and Rønnestad (2003, p. 54) describe the absence of supervisory support, or the presence of supervisors who are critical, confusing and unreliable, as resulting in “orphan distress” and “novice neglect” in ECPs, respectively. Challenges in finding and securing adequate supervision and mentoring by ECPs are similarly described in international literature (Butt et al., 2011; Green & Hawley, 2009; Scalise et al., 2019). A possible explanation for this is that, while mentorship and supervision are plentiful in the context of South African training programmes, access to formal supervision by counselling ECPs is arguably less obtainable given the time and resource constraints of

senior psychologists, a lack of formalised or mandatory mentorship and supervision programmes and financial constraints preventing counselling ECPs from joining professional organisations. This is concerning, as global evidence suggests that poor supervision experiences result in negative early career experiences, reduced career satisfaction and heightened attrition rates of practitioners from the career pipeline (Kolar et al., 2015). In addition, this is concerning given that counselling ECPs are likely to lose out on the fundamental benefits of engaging in clinical supervision and mentoring in the vulnerable early career years (see, for example, Karel & Stead, 2011 and O'Shaunessy & Burnes, 2016).

Nevertheless, counselling ECPs further revealed in the semi-structured interviews that in addition to formal individual supervision, the decision to engage in personal therapy and use of peer networks, where possible, was perceived as significant means of gaining professional support in their early career years. This mirrors global evidence demonstrating that a fundamental means of directly supporting the needs of ECPs and promoting positive early career experiences involves supervision and utilisation of peer networks (Arora et al., 2016; Burney et al., 2009; Doran et al., 2018; Green & Hawley, 2009; Karel & Stead, 2011; Kolar et al., 2015; Lorentzen et al., 2011; Magaletta et al., 2016; O'Shaunessy & Burnes, 2016; Silva et al., 2016; Smith et al., 2012). Moreover, the findings align with global data suggesting that involvement in personal therapy mostly leads to positive outcomes in ECPs' professional development and transition into the workforce (Grimmer & Tribe, 2001; Lorentzen et al., 2011; Scalise et al., 2019).

Perhaps not surprisingly, given that the professional support discussed above was predominantly self-acquired, the quantitative data indicated that counselling ECPs and established counselling psychologists were greatly dissatisfied with the formal professional support afforded in their early career years by formal regulatory bodies and professional organisations in South Africa.

Elaborating on these quantitative findings, the qualitative data revealed that unless counselling ECP participants entered the workforce within group private practice settings, participants felt professionally isolated and unsupported in their early career years. Specifically, participants critiqued the support offered by the HPCSA and professional organisations such as PsySSA and the BHF, emphasising that any professional support experienced in their early career years was self-initiated and self-acquired. This finding is concerning as it assumes a heavy reliance on the individual onus and characteristics of counselling ECPs to seek out professional support and assistance. Moreover, the finding is

problematic given that counselling ECPs are unlikely to locate and secure adequate means of professional support if clear, relevant support channels and systems are not established and made available. In addition, counselling ECPs are less likely to secure adequate supervisory and mentoring services if the profession does not endorse a culture that values and encourages supervision and mentoring practices by senior psychologists. This would be consistent with Erik Erikson's (1950) eight stages of psychosocial development, which posits that the final stages of healthy development involve the sharing of wisdom and demonstrating generativity in guiding the up-and-coming generation.

Nevertheless, the general feelings of dissatisfaction of counselling ECPs in response to support offered by professional organisations is not limited to the South African context (e.g., Fouad et al., 2004; Green & Hawley, 2009; Smith et al., 2012) and is a support challenge facing various other healthcare workers within the country (e.g., Assegai & Schneider, 2019; Malatji et al., 2022; Yuhwei et al., 2019). For example, a study conducted in the United States by Smith and colleagues (2012) noted that practitioner ECPs, as compared to academic ECPs, were mostly unaware of the professional organisations available to them, were dissatisfied with the professional support offered and felt that their voices are unheard by leaders and senior colleagues. As such, Smith et al. (2012) concluded that professional support offered to ECPs by professional organisations is generally tailored to support the advancement and needs of academic rather than practitioner ECPs. This is hypothesised to be the case for counselling ECPs within the South African context. Similarly, Fouad et al. (2004) suggest that professional organisations do not engage in adequate socialisation of practitioner ECPs and lack relevance to the unique practice challenges and demands of practitioner ECPs.

From a different perspective, global authors suggest that a fundamental means of supporting ECPs emanates from training programmes (Kolar et al., 2015; Scalise et al., 2019). More specifically, authors suggest that training programmes play an important role in adequately preparing trainee psychologists academically for their careers but also in developing requisite knowledge and skills for successful entry into diverse professional environments (Rozenky, 2014). Expanding on this, Kolar et al. (2015) suggest that training programmes are helpful in their focus on work placements, supervision, work-integrated learning, job-relevant coursework, self-care education, critical thinking skills and offering career management support.

Comparably, qualitative evidence elicited in the current study revealed that

participants mostly experienced training programmes in South Africa to have offered limited means of training and support on the breadth of workplace setting prospects and strategies for negotiating such career transitions. Instead, participants noted some exposure within training programmes to the transition into the private practice work setting through engagement with brief workshops, seminars and informal discussions. This is in direct contrast to the strong call for psychologists to enter public and community-based work contexts. Moreover, this is in contrast to suggestions by Magaletta et al. (2016) that training programmes should remain sensitive to particular settings in which trainees wish to practice upon entering the workforce.

Nevertheless, the findings support claims by Fuhrmann et al. (2011) that training programmes often fail to provide formal training on how to transfer core psychology competencies to a broad range of emerging career pathways and work settings. As such, the current study findings suggest that counselling ECPs are limited in their knowledge of viable alternative career options in South Africa outside of private practice settings, or rather, lack knowledge on how to successfully transition into them. It is possible that this follows as a result of the historical positioning of counselling psychologists within private practice settings and, as such, the limitations of trainers to provide useful information and guidance to trainees in exploring and successfully entering diverse and less conventional career pathways. In line with suggestions by Bangasser et al. (2016), the findings thus suggest that enhanced efforts are needed to expose counselling trainees to a variety of career options in their training years as well as on effective methods on how to locate and successfully transition into them.

Finally, the qualitative findings revealed that the participants held a variety of strong thoughts, feelings and attitudes towards their professional futures and the corresponding support they required. As such, counselling ECPs offered a plurality of ways in which the profession could be taken forward and proposed ideas for individual ECP and training programme support as well as for the optimal utilisation and distribution of mental health practitioners within the healthcare system in the country. While many of the suggestions offered by the counselling ECP participants, may indeed, be viable, the benefits of such suggestions can only be determined through further research and possible implementation. Nevertheless, the call for change by counselling ECP participants suggests that change is needed, whatever the change may look like. Suggestions by counselling ECP participants in the semi-structured interviews included, for example: (i) the incorporation of modules on career guidance and business within professional training programmes; (ii) enhanced

management of career expectations of counselling trainees; (iii) the establishment of formal support and supervision structures post-internship; (iv) the training of ‘general psychologists’ at a master’s degree level and specialisation into registration categories at a doctoral level; and (v) improved opportunities for counselling psychologists to enter into diverse work contexts (i.e., outside of private practice settings) through, for example, the creation of state- funded posts.

While counselling ECP participants’ suggestions to create a ‘generalist psychologist’ category are not new to discussions in local literature (e.g., Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019) as well as suggestions to create posts for counselling psychologists within the countries public health sector (e.g., Bantjes et al., 2016; Haine & Booyesen, 2020; Leach et al., 2003; Young, 2013; Young et al., 2016; Young & Saville Young, 2019), a multitude of novel ideas on professional means of support for individual practitioners, training programmes and the field in general were offered. This finding confirms the need to enhance opportunities for the individual voices of counselling ECPs to be heard such that practitioners may be afforded the opportunity to engage as active participants in navigating their own professional lives and to effectively take the profession forward. For this reason, it will be crucial for the HPCSA, professional organisations and training institutions to consider establishing improved communication structures and platforms as well as enhanced representation of counselling ECPs within various decision-making and governing professional committees. In this manner, such efforts would then be consistent with international attempts to promote, advocate, and develop resources for ECPs, for example, through the APA’s creation of the Committee on Early Career Psychologists (CECP) (Good et al., 2013; Smith et al., 2012) and ensuring adequate representation of ECPs in leadership and governing positions (Smith et al., 2012).

7.5 Conclusion

This chapter provided a joint discussion of the ‘First Phase’ and ‘Second Phase’ results in order to ensure a level of methodological complementarity and a more holistic understanding of the findings captured. The results were clustered and discussed according to the three pertinent areas identified in this study namely: (i) Employment trends; (ii) Professional challenges, and (iii) Support needs. In this manner, the discussion addressed this study’s three research objectives, which were: (i) To investigate the current employment trends of counselling ECPs in South Africa; (ii) To compare the employment trends of

counselling ECPs with more established counselling psychologists in South Africa; and (iii) To explore the lived professional experiences of counselling ECPs in South Africa with a focus on their specific challenges and support needs.

Evident in this discussion was a synergy between the quantitative and qualitative findings. In addition, this discussion allowed for both breadth (i.e., through discussion of the quantitative findings) as well as depth (i.e., through discussion of the qualitative findings) of understanding, enhancing the overall knowledge gained on the professional lives of counselling ECPs in South Africa. In this instance, breadth spanned the employment trends across the counselling psychologist category, while depth amplified the rich, intricate and tangible professional experiences of counselling ECPs inclusive of their challenges and support needs. For this reason, the theoretical, practical and methodological implications of this research, recommendations for individual counselling ECPs, training programmes, the HPCSA, professional organisations and the workforce, as well as recommendations for future research will be discussed in the following chapter, Chapter Eight.

CHAPTER EIGHT

Implications, Recommendations and Limitations

8.1 Introduction

This chapter reflects on theoretical, practical and methodological implications of the current research. Stemming from this, the chapter offers pertinent recommendations to enhance support of counselling ECPs in South Africa at the individual, training programme, professional organisation and/or HPCSA, and workforce levels. Discussion of the current study's limitations as well as recommendations for future research will also be outlined.

8.2 Implications of the Research

The current research holds theoretical, practical and methodological implications. Theoretically, this study offers a novel contribution to understanding the professional lives of counselling ECPs in South Africa, inclusive of contemporary employment trends, challenges and support needs. Practically, the implications of this study serve as a direct guide to individual counselling ECPs, training programmes, professional organisations, the HPCSA and the workforce within the country. Methodologically, this study demonstrates the value in adopting a mixed method sequential explanatory design in gaining both breadth and depth of understanding and in ensuring topical relevance within a single study. The theoretical, practical and methodological implications of this study will be expanded upon in the sections below.

8.2.1 Theoretical Implications

This study is the first of its kind to explore the lived professional experiences of counselling ECPs in South Africa, inclusive of their current employment trends, specific challenges and support needs. For this reason, the present study's findings have illuminated important and original theoretical knowledge on the topic. Undergirded by an interpretative phenomenological paradigm, this study's mixed methodological approach to exploring the professional lives of counselling ECPs in the country provides both breadth and depth of perspective on the topic. In this manner, the study's findings have contributed towards a theoretical understanding of issues that may be contributing towards challenges in the optimal provision of mental health services in the country.

8.2.2 Practical Implications

The findings in this study illuminate the breadth, depth, texture and colour of the lived professional experiences of counselling ECPs in South Africa, inclusive of their challenges and support needs. These findings hold important implications for the praxis of counselling psychologists in South Africa. More specifically, the findings from this study serve as a practical and direct guide to individual counselling ECPs, training programmes, professional organisations, the HPCSA and the workforce in terms of bolstering early career experiences of counselling psychologists. In this manner, the findings from this research hold important implications for the development of mental healthcare policy, administration, governance and funding.

First, the practical implications of the present employment trends of counselling ECPs in South Africa are that if more employment opportunities in diverse work settings cannot be opened up for counselling psychologists, then it is likely that the majority of counselling psychologists will continue to practice privately, leave the profession, or emigrate in search of improved opportunities in other countries. In this manner, if more employment opportunities are not opened up where counselling psychologists can be better utilised, integrated and distributed in South Africa's healthcare system, then it is likely that the majority of the South African population, who have for so long been without access to mental health services, will continue to face significant barriers in access to mental healthcare. This, of course, is unless the government is able to subsidise practitioners in the private sector where the broader public, who would otherwise not have sufficient funds for private psychological services, would be able to access appropriate care.

Second, the findings in the current study confirm that counselling ECPs in South Africa encounter a number of obstacles in their professional lives and, as such, demonstrate how these obstacles may impact on the practice of, and service provision by, counselling psychologists. The implications of the professional challenges facing counselling ECPs are that if improved means of professional support, in order to combat such experienced challenges, cannot be afforded to practitioners, then counselling ECPs are likely to experience feelings of disillusionment, anxiety, and frustration as well as develop burnout or other mental health challenges upon entering the workforce. In this manner, counselling ECPs are likely to consider changing professions or steering future potential candidates away from the profession. This has important practical implications for the relevance and longevity of counselling psychologist training programmes, professional organisations and the

profession at large.

Third, the findings of the research assert that currently counselling ECPs receive limited means of professional support upon entering the workforce. Results from this study suggest that enhancing the professional support available to counselling ECPs to overcome various professional challenges faced, is imperative to retaining, bolstering and improving the early career experiences of counselling psychologists in the country.

8.2.3 Methodological Implications

The current study's use of a mixed methods sequential explanatory design presents a possible framework for future research studies which aim to ensure breadth and depth of understanding as well as an appropriate and relevant phenomenological area of focus.

Interrelated with this, the current study offers a unique methodological contribution by providing a philosophically sound example of "mixed method phenomenological research (MMPR)", as described by Mayoh and Onwuegbuzie (2013, p. 1). In other words, this study demonstrates how research underpinned by a phenomenological research paradigm, can effectively incorporate phenomenological research methods with methods grounded in the postpositivism research paradigm. This supports work by Johnson and colleagues (2010), who suggest that multiple research methods holding paradigmatic differences can be used within a single study and may be underpinned by an overarching research paradigm.

The implications of employing the mixed method sequential explanatory design specifically within the current study includes its value in fulfilling the study's three research objectives (see section 1.5, in Chapter One). To reiterate, the primary research objective of the 'First Phase' (quantitative phase) was to gain breadth of knowledge on the employment trends of counselling ECPs in South Africa. This information was useful in broadly describing the counselling ECP workforce as well as in outlining the professional landscape in which they practice. In addition, the breadth of data gained from the 'First Phase' was useful in revealing a relevant phenomenological orientation for exploration in the 'Second Phase' (qualitative phase) of this study. The second research objective of the 'First Phase' (quantitative phase) was to compare the employment trends of counselling ECPs with those of more established counselling psychologists in South Africa. Gathering this information was valuable in contributing towards this study's discussion as well as in situating the findings of counselling ECPs in relation to those of more senior counselling psychologists in South Africa. In this manner, gaining a tangible portrait of the extent to which transformation is occurring within the category over time was possible.

Comparatively, the sole purpose of the ‘Second Phase’ (qualitative phase) was to gain an in-depth understanding of the professional lives of counselling ECPs in South Africa, inclusive of their challenges and support needs (see section 1.5, in Chapter One). In this manner, the depth of information gained in the ‘Second Phase’ was valuable in expanding upon, and bringing texture to the ‘First Phase’ findings. The value then in combining the breadth and depth of data within the joint discussion was that it ensured a level of methodological complementarity and offered a more holistic understanding of the professional lives of counselling ECPs in South Africa.

8.3 Recommendations

The current study demonstrated a number of professional challenges faced by counselling ECPs in their transition from graduation into the workforce in South Africa. Given that no literature has, until this point, specifically explored the unique professional lives of counselling ECPs within the country, understandably, there has been a lacuna in terms of solutions and recommendations to meet their particular concerns. With strong consideration of the current study’s findings as well as acknowledgement of various recommendations outlined in the global ECP literature (e.g., Kaslow et al., 2018; Kolar et al., 2017; Smith et al., 2012) and local counselling psychology literature (e.g., Bantjes et al., 2016; Young & Saville Young, 2019), the following sections offer actionable recommendations that may be implemented to enhance professional support for counselling ECPs in South Africa. Kaslow and colleagues (2018) suggest that supporting the needs of ECPs requires intervention at different levels of the ECP ecology. As such, the following sections offer a series of actionable recommendations at the individual, training programme, professional organisation and/or HPCSA and workforce levels. Table 19 outlines a comprehensive list of these recommendations.

It should be acknowledged that some of the following suggestions have the potential to be implemented with immediate effect, while others may require more time, resources and research before they can be effectively implemented (e.g., formal mentoring and supervision programmes). In addition, while the researcher is conscious of a scarcity of empirical data supporting the efficacy of the following recommendations within the South African context, it is the researcher’s hope the current research, together with its recommendations, may lay the foundation for future empirical investigations to determine the utility and efficacy of such suggestions. In this manner, gathering of empirical data will best inform which practices should be eliminated, which require modification, and which will be essential in facilitating

the successful transition of counselling ECPs into the South African workforce. Nevertheless, the following recommendations serve to guide the profession in the interim on an important and novel topic.

Table 19

List of Recommendations to Enhance Support of Counselling ECPs at Various Levels

Level	Recommendation
Individual counselling ECPs	<ul style="list-style-type: none"> • Engage in critical self-reflection <ul style="list-style-type: none"> - Become familiar with information on ECPs and CP in SA (e.g., through literature, websites, social media platforms) - Converse with peers, family, trainers, supervisors, mentors and/or personal therapist - Utilise career assessment and guidance services - Allow career aspirations and decisions to be guided by genuine self-reflection • Capitalise on opportunities to gain employment and provide services <ul style="list-style-type: none"> - Research diverse career paths and work settings available to CPs - Take opportunities to meet with senior CPs in preferred work settings and ask questions - Develop niche areas of interest and gain professional confidence in these areas - Make use of informal networks to secure work-related opportunities - Be an advocate for the CP category - Be proactive in pioneering social justice, community outreach and intervention initiatives - Incorporate <i>pro bono</i>, reduced rate and sliding scale options into private practice service rates • Manage work-life balance challenges, high workloads and burnout <ul style="list-style-type: none"> - Develop and follow firm work-life boundaries - Engage in self-care, relaxation and time management strategies - Reduce workloads and work hours where possible - Take a break from the profession if financially viable • Gain support <ul style="list-style-type: none"> - Seek out and commit to personal therapy, mentorship and supervision - Build and maintain connections with peers and trainers - Establish and maintain an external support structure (e.g., friends, family, hobbies, exercise) - Become an active member in professional organisations - Engage in CPD workshops and training • Master's selection

Training
Programmes

- Select and train more Black, male and indigenous speaking CPs to be representative of the SA population
- Academic curriculum
 - Reinforce and revisit trainees' understanding of the unique professional identity of CP throughout training
 - Provide trainees with resources on the range of career opportunities available to them
 - Incorporate more support for career development and the pursuit of diverse career pathways (e.g., teach effective job search strategies)
 - Introduce a self-care and work-life balance module
 - Incorporate a business/private practice module
 - Provide concrete information and socialise trainees to the benefits of joining and being active members of professional organisations
 - Integrate training on the provision of telepsychology services
- Practicum
 - Attend to and assist in facilitating trainee transitions into diverse work settings
 - Focus on identifying and developing trainees niche areas of interest
 - Build more opportunities for work-integrated learning and especially within community-based settings
 - Focus on building trainees' self-confidence and self-efficacy
 - Integrate self-care and work-life balance initiatives into practicum
 - Require CPs to complete a mandatory paid community service year
 - Model the offering of *pro bono*, sliding scale and reduced rate services
- Networking and peer support
 - Actively assist trainees to build strong peer networks through team building activities and collaboration with other CP training cohorts
 - Host alumni events to maintain strong peer support networks and to inspire future ECPs
- Programme structure
 - Continue to evaluate training programmes for the benchmarks of CP
 - Clarify any variation across CP training programmes
 - Offer and assist trainees in securing funding for training (e.g., bursaries, scholarships)
 - Offer national awards to training programmes that successfully facilitate the transition of ECPs into diverse career pathways and settings

Professional
organisations
and the
HPCSA

- Mentoring and supervision
 - Develop formal mentoring and supervision programmes
 - Emphasis on providing mentoring and supervision to individuals with diverse backgrounds (i.e., minority, vulnerable and previously marginalised populations)

- HPCSA to acknowledge provision of supervision as a CPD activity
 - Online resources
 - Create a centralised website with ECP resources and information
 - Acknowledge ECP activities and accomplishments
 - Publish a list of mentors and supervisors willing to work with ECPs
 - Publish a list of recently graduated ECPs such that senior CPs may reach out to them
 - Routinely publish a list of CP workforce data (e.g., employment trends)
 - Publish a complete list of licensure and credentialing procedures to be followed by ECPs (e.g., in gaining licensure with the HPCSA, registration with the BHF, malpractice insurance)
 - CP to develop more of a presence on social media networking sites (e.g., Facebook, LinkedIn)
 - Publish a centralised list of employment opportunities available to CPs
 - Publicise information about emerging career pathways and steps on how to transition into them
 - Leadership and governance
 - Dedicate at least one ECP seat on each decision-making committee
 - Establish a division represented by and dedicated to supporting ECPs
 - Continue to propel CP towards a more coherent, socially relevant and recognisable professional identity
 - Enhance efforts to advocate for the integration, utilisation and distribution of CPs in diverse work settings
 - Strengthen ties with broader fields of healthcare professionals
 - Collaborate with international counselling psychologists
 - Licensure, credentialing and professional memberships
 - Offer reduced fees for ECPs for at least the first 2 years
 - Conferences and CPD training
 - Encourage continued engagement in CDP workshops and training
 - Offer 'ECP Boot Camp'
 - Workforce
 - Employment opportunities
 - Build an evidence base for the value and practice contributions of CPs in diverse settings
 - Conduct routine, systematic and comprehensive workforce analyses (i.e., track the employment trends of CPs, identify gaps in the marketplace, monitor transformation and service provision)
 - Design a system to track individuals from entry (e.g., master's selection), through training, and then into the workforce
 - Training programmes to partner with prospective employers to facilitate hiring of ECPs
-

- Improve incentives for ECPs to remain in SA
 - Policy and advocacy
 - Better publicise the professional role and value of CP within SA
 - Lobby for the establishment of a state-funded model to create posts for CPs in the public health system
 - Set guidelines and policies regarding excessive workloads and hours
 - HPCSA to re-evaluate its current regulations, standards, guidelines and policies to be more effective, efficient and transparent to the general public
 - Establish policies to ensure formal mentoring or supervision is provided to all ECPs for at least the first two years
 - Focus on developing policies and procedures in support of ECPs with diverse, vulnerable and marginalised backgrounds
 - More established counselling psychologists
 - Reach out and foster meaningful connections with ECPs
 - Notify ECPs of available resources and opportunities and ensure they know how to access them
 - Model a culture of self-care and work-life balance
 - Foster a culture of paying it forward (e.g., offer mentoring or supervisory support to ECPs)
-

8.3.1 Individual ECPs

In order to optimise the professional experiences of counselling ECPs in South Africa, individual counselling ECPs are responsible for engaging in critical reflection, capitalising on opportunities to gain employment and provide services, striving for work-life balance, managing high workloads and burnout, and being proactive in seeking out and gaining individualised means of professional support. The above-mentioned recommendations will be expanded upon in the paragraphs below.

8.3.1.1 Engage in Critical Self-reflection. First, counselling trainees and ECPs are urged to critically reflect on their own individual values, interests and willingness to confront multi-level barriers in their transition into, and service provision within, the South African workforce context. This aligns with suggestions by Judge and Hurst (2008, p. 850) that higher levels of “core self-evaluations” by ECPs are associated with improved early career experiences by psychologists. Kaslow and colleagues (2018) suggest that, in order to engage in critical self-reflection, counselling trainees and ECPs should familiarise themselves with relevant ECP and counselling psychologist literature and engage with respective online resources and social media platforms. In addition, counselling trainees and ECPs should be

proactive in reflecting on their desired career trajectories by conversing with peers, family members, trainers, mentors, supervisors and personal therapists as well as through acquiring career assessment and guidance services.

Second, despite the evident bottleneck of employment opportunities available to counselling psychologists in South Africa, counselling ECPs are encouraged to make career decisions guided by genuine self-reflection, rather than to alter their early career decisions, goals and aspirations simply to secure a role. The latter approach to their early career is misguided and will likely result in feelings of disillusionment, career dissatisfaction, and attrition from the workforce. Instead, counselling ECPs are encouraged to advocate for their integration, utilisation and representation within diverse and preferred work settings. This is especially important for those counselling ECPs wishing to practice within public healthcare and community-based contexts, as it will assist in addressing major disparities in access to mental healthcare in the country.

8.3.1.2 Capitalise on Opportunities to Gain Employment and Provide Services. According to Blair and Haworth (2004), trainees who are proactive and motivated are more likely to be exposed to opportunities that support their early career experiences. For this reason, counselling ECPs are urged to capitalise on work-related opportunities to steer and optimise their early career experiences. In this manner, counselling trainees and ECPs should be driven to research diverse career pathways, settings and work-related opportunities available to them. This could possibly be accomplished through meeting with successful senior counselling psychologists in the field, asking questions and exploring opportunities to secure work and provide services within the community.

Interestingly, the current study's findings demonstrated that identifying or establishing a niche area of interest was greatly beneficial to counselling ECPs in enhancing feelings of professional confidence and competence, as well as in securing employment and work-related opportunities in South Africa. As such, counselling ECPs may be urged to reflect on, identify and develop niche areas of professional interest (e.g., a focus on youth populations, community-based work, trauma work etc.). In a similar manner, counselling ECPs are strongly encouraged to make use of their informal networks as an effective means to secure employment and work-related opportunities, as demonstrated in the findings.

Given evidence of the current lack of posts available to counselling psychologists in diverse settings in South Africa, and the findings that the majority are situated within private practice settings, counselling psychologists should be proactive in championing social justice,

community outreach and intervention initiatives. In this instance, counselling ECPs should be reminded that while there are limited *employment* opportunities, *opportunities* to provide mental healthcare services are plentiful within the country and should thus be harnessed wherever possible. Counselling ECPs are, in turn, encouraged to become creative in establishing spaces for themselves within the marketplace. That said, until such time that more *employment* opportunities can be created for counselling ECPs, practitioners may wish to incorporate *pro bono*, reduced rate and sliding scale services within their practices, where financially feasible; offering a small-scale and temporary solution to increasing accessibility to mental healthcare services in the country. Nevertheless, practitioners should be reminded that the responsibility of economic redistribution to disadvantaged and vulnerable populations, ultimately lies with the state, and thus cannot fall on the shoulders of individual practitioners, as similarly argued by Young et al. (2016). Rather, individual counselling ECPs should lobby to have their services, which produce merit and public goods, to be subsidised by the state.

8.3.1.3 Manage Work-life Balance Challenges, High Workloads and Burnout. In order to better manage work-life balance challenges, high workloads and the risk of developing burnout, counselling ECPs may be encouraged to develop and maintain firm work-life boundaries, engage in self-care, relaxation and time management strategies and to reduce workloads and work hours, where possible. Similar recommendations are offered to ECPs by Kaslow et al. (2018) and Kolar et al. (2019). While findings from the current study align with suggestions by Kaslow et al. (2018) that taking a break from the profession may be beneficial to counselling ECPs in managing poor mental health and burnout, this is a recommendation that may only be suitable to counselling ECPs who are in a financially viable position to do so.

8.3.1.4 Gain Individualised Support. The findings from the current study demonstrate that counselling ECPs should be proactive in gaining individualised professional support in their early career years. Specifically, counselling ECPs might be encouraged to seek out and engage in personal therapy, mentoring and supervision. This aligns with recommendations in the global literature (Arora et al., 2016; Burney et al., 2009; Doran et al., 2018; Green & Hawley, 2009; Grimmer & Tribe, 2001; Karel & Stead, 2011; Lorentzen et al., 2011; Magaletta et al., 2016; O'Shaunessy & Burnes, 2016; Silva et al., 2016; Smith et al., 2012). Furthermore, as suggested by Kolar et al. (2016), counselling ECPs would benefit from establishing external frameworks of support, including for example, making time for

non-work related activities such as exercise, hobbies, friends, and family.

Global literature suggests that becoming an active member of professional organisations generally affords ECPs opportunities to gain professional support (Arora et al., 2016; Devine, 2015; Smith et al., 2012). As such, counselling ECPs might be encouraged to become active members of professional organisations in South Africa, such as PsySSA and the CPSA. However, given the current study's findings that counselling ECPs are overall greatly dissatisfied with the formal support offered by professional organisations within the country, further research is needed to explore, confirm, adjust or interrogate this recommendation. Nevertheless, an alternative benefit to counselling ECPs becoming active members of professional organisations would be in mobilising counselling psychologists to unite as a socially cohesive whole in order to reflect, regenerate and promote the counselling psychologist profession in South Africa. Finally, while counselling psychologists in South Africa are already mandated to accumulate 60 CPD points per 24 month cycle, counselling ECPs are nevertheless strongly encouraged to continue engaging in CPD training and workshops in their early career years as a fundamental means of gaining professional support and expanding their professional knowledge, skills and networks.

While it is evident that counselling ECPs play a major role in their own early career experiences, such experiences are strongly influenced by ecological variables including those within which counselling ECPs find themselves such as training programmes, professional organisations, regulatory bodies and the workforce. The following sections thus propose recommendations to enhance support for counselling ECPs at the various identified ecological levels. This is syntonic with the interpretative phenomenological paradigm which makes an "explicit commitment to person-in-environment and not just phenomenon-as experienced" (Quest, 2014, p. 43).

8.3.2 Training Programmes

For counselling ECPs to thrive and best serve the public, South Africa requires a well-prepared, and thus well-trained, workforce comprised of practitioners with the knowledge, skills and commitment to assume diverse roles and responsibilities. It is thus imperative that trainers and training programmes commit to understanding the early career stage as a vital extension of the training programme model. Without doing so, trainers and training programmes are likely to fall short in adequately preparing its counselling trainees for their early career years in the workforce. As such, this requires that training programmes, inclusive

of trainers involved in selection processes, as well as those involved in the development of curricula, practicum, and holistic programme structures, continue to reflect on, and be guided by, the evolving marketplace trends that impact on the professional lives of counselling ECPs and their service provision within the country.

8.3.2.1 Master's Selections and the Academic Curriculum. First, it is recommended that strategies are designed by the HPCSA's Professional Board for Psychology in collaboration with training programmes to attract and secure more Black, male and indigenous speaking candidates into the master's degree training programmes. This is critical to ensuring that the counselling psychologist workforce continues to transform and is more representative of the broader South African population.

Second, training programmes may be encouraged to (re-)visit and (re-)affirm counselling trainees understanding of the unique role and professional identity of counselling psychologists in South Africa. This should ideally occur at different points in the professional training programme, such as at the initial master's selection stage, at examination points of the training programme and prior to graduation. This may be useful in consolidating the professional identity of the category and in enhancing the confidence of individual practitioners in creating spaces for themselves within the marketplace as well as in advocating for their utilisation within South Africa's healthcare system.

Third, training programmes may be urged to better balance the transition of counselling psychologists in South Africa into traditional work settings (e.g., private practice, universities and schools settings) as well as into emerging and non-traditional work settings (e.g., community-based and public sector settings). In this manner, trainers are encouraged to ensure that career development opportunities are offered and are consistent with the career trajectories and employment interests of the new generation of counselling trainees (Kaslow et al., 2018; Kolar et al., 2017). This can possibly be accomplished through incorporating a dedicated career development module and by directly soliciting the thoughts, perspectives and attitudes of counselling trainees towards their future employment and career trajectories. According to Fuhrmann et al. (2011), the need to directly solicit the perspectives of ECPs is important given that trainers tend to prioritise or solely offer training in alignment with their own practice values, interests or professional experiences.

Fourth, counselling trainees may be provided with a range of concrete resources on the career opportunities available to them in South Africa. For example, trainers might consider: (i) providing resources such as journal articles, books or links to websites or job

portals; (ii) inviting more established counselling psychologists in diverse work settings to present seminars to counselling trainees based on their unique career experiences; and (iii) guiding counselling trainees through the process of career planning by offering structures for the self-reflection process (Blickley et al., 2013).

Fifth, in order to reduce counselling ECPs risk of developing burnout or mental health challenges in their early career years, it would be beneficial to incorporate a module into training programmes focusing on various self-care, time-management, and work-life balance strategies specifically for psychologists. Introducing such a module will likely enhance counselling ECPs resilience, wellbeing and management of their own mental health, in turn, contributing towards the reduction of attrition rates of counselling psychologists from the workforce (Smith et al., 2006; Williams et al., 2015). Trainers play a crucial role in modelling such healthy work-life balance, self-care and effective time management strategies for trainees.

Sixth, trainers should share tangible information and socialise trainees to the benefits of joining professional psychology organisations in South Africa, such as PsySSA or the CPSA. This aligns with recommendations offered by Smith et al. (2012). As previously mentioned, however, given global studies suggesting that professional organisations are generally perceived as unhelpful, unwelcoming and not relevant to the needs of practitioner ECPs as compared to academic ECPs (Smith et al., 2012), as well as evidence from the current study that counselling ECP participants were dissatisfied with the formal support offered to them by professional organisations and regulatory bodies.

Seventh, the findings signify that the COVID-19 pandemic has had a sudden and substantial impact on the practice lives of counselling ECPs in the country. While more research is needed to ascertain the long-term implications of the pandemic on the experiences and practice approaches of counselling psychologists, it is evident that more intensive training and support in the provision of telepsychology services is a training programme approach that likely warrants further attention and scrutiny. Moreover, given counselling ECPs experience of a reduced financial outlay in delivering online psychological services, early career practitioners may consider offering telepsychology services at the start of their careers, primarily as a means to meet and overcome initial financial burdens, while simultaneously gaining work experience and continuing to provide necessary mental health services.

8.3.2.2 Practicum. In order to optimally prepare counselling ECPs for the workforce within South Africa, it is recommended that training programmes continue to enhance opportunities for counselling trainees to engage in applied learning activities, and especially within community-based contexts. This may assist in improving disparities in access to mental healthcare as well as in providing trainees with palpable insights into the world of work in South Africa. Subsequently, this approach is likely to assist in reducing incongruencies experienced by counselling ECPs on their career interests, aspirations and expectations, on the one hand, and actual professional experiences and career opportunities available on the other. Furthermore, such an approach to practical training may assist in reducing counselling ECPs evident feelings of disillusionment, anxiety and unpreparedness on entering the workforce; likely contributing to an increase in overall career satisfaction and retention of practitioners within the workforce.

Second, training programmes might be urged to (re-)visit and (re-)commit to the application of work-life balance and self-care initiatives by counselling trainees within practical training (Kolar et al., 2017). Such an emphasis on applied wellbeing, time management and stress-management techniques within the practical training programme will likely set the foundation for improved management of mental health and wellbeing for counselling psychologists in their early career years, in turn, likely decreasing attrition rates of practitioners from the workforce.

Third, counselling trainees should be assisted in exploring and developing niche areas of interest through exposure to, and engagement in, a wide range of practical experiences and work settings. This can possibly be accomplished through a rotational approach to the practical training, mirroring the practical training requirements of a broad range of healthcare practitioners in South Africa. For example, counselling trainees may benefit from practical rotations, or designated shifts, in an array of work sites such as those within school settings, correctional facilities, community centres, student counselling centres, general hospitals and/or rehabilitation centres. Such an approach may, moreover, be beneficial in reducing disparities in access to mental healthcare services as well as in collating evidence to demonstrate the value of counselling psychologists a wide range of settings in South Africa

Fourth, counselling ECPs should be required to complete a compulsory paid community service year (Young, 2013) in diverse public sector settings within South Africa (e.g., in general hospitals, clinics, state-funded schools, correctional facilities, or community centres). The completion of a community service year by counselling ECPs will assist in demonstrating the capacity for counselling psychologists to be meaningful agents of change

in South Africa and contribute towards addressing disparities in access to mental healthcare services in the country. In addition, affording counselling psychologists a greater role in the public sector in South Africa, will likely support practitioner's altruistic rather than entrepreneurial approach to service provision within the country, as proposed by Young et al. (2016). In addition, the introduction of a mandatory paid community service year for counselling psychologists, may assist in dismantling the false hierarchy in the profession by more closely aligning training requirements and work opportunities of counselling psychologists to those of clinical psychologists.

8.3.2.3 Networking and Gaining Peer Support. Given that many employment and work-related opportunities were demonstrated to have been secured by counselling ECPs through networking experiences, training programmes are encouraged to assist counselling trainees to build strong peer support networks. Expanding on this, it is important that training programmes assist counselling trainees in establishing a network of colleagues beyond the university setting (Bangasser et al., 2016). According to Bangasser et al. (2016) this may be accomplished, for example, through offering networking seminars, funding trainees to attend professional development activities that occur outside of the university setting, and directly acknowledging trainers who support trainees in such professional networking endeavours. Another approach includes encouraging training programmes to host alumni events (Kolar et al., 2017). Through inviting alumni to return and speak about their early career experiences, challenges and accomplishments, counselling trainees may be introduced to more established counselling psychologist role models and provided with a broader platform to ask questions. In addition, the hosting of alumni events by training programmes may offer the opportunity for trainers to gain critical feedback on how best to adapt training to facilitate the optimal transition of counselling psychologists into the workforce.

8.3.2.4 Programme Structure. In the interest of strengthening the professional identity, role and support of counselling ECPs in South Africa at the professional training programme level, the following recommendations are made in relation to the holistic training programme structure. First, it is recommended that counselling psychologist training programmes continue to be regularly evaluated by the HPCSA to ensure that the training programmes are characteristic of, and effectively guided by, the unique benchmarks of counselling psychologist professional identity inclusive of its values, domains and approaches to professional practice. In a similar manner, it will likely be important that variations

across counselling psychologist training programmes are identified and adjusted accordingly.

Second, training programmes, in collaboration with the HPCSA and professional organisations, are strongly encouraged to rethink and (re-)commit to the development and provision of funding to counselling trainees and especially those with minority, vulnerable or previously marginalised backgrounds. In other words, given evidence of the significant financial challenges experienced by counselling ECPs upon entering the workforce in South Africa, training programmes could play a vital role in financially bolstering candidates through the provision of bursaries and scholarships.

8.3.3 Professional Organisations and the HPCSA

Professional organisations and the HPCSA provide a wealth of opportunities to support the needs of ECPs (Devine, 2015; Smith et al., 2012). For this reason, the following recommendations are offered at the professional organisation and regulatory board level to enhance the support of counselling ECPs in their early career years.

8.3.3.1 Mentoring and Supervision. The results of the current study clearly demonstrate that while mentoring and supervision support is plentiful at the training programme level, counselling ECPs faced barriers in accessing mentoring and supervision in their early career years. This is concerning given that gaining of effective mentoring and supervision has been identified as an important factor influencing ECP success (Silva et al., 2016). This suggests that steps could be taken to increase access to supervision and mentoring for counselling ECPs in South Africa. Supervision and mentoring opportunities might be facilitated through collaboration with three stakeholders, namely: (i) the HPCSA; (ii) professional organisations such as PsySSA and the CPSA; (iii) and training programmes. Specifically, it is recommended that formal mentoring and supervision programmes are developed, as similarly recommended by Smith et al. (2012). Moreover, given evident shifts in the demographic profile of counselling ECPs in South Africa, increased efforts are necessary in supporting the needs of ECPs from diverse backgrounds and marginalised groups.

One approach to improving support of counselling ECPs could be to mandate engagement in supervision and mentoring for at least the first two years of independent practice. In this instance, training programmes may consider providing supervision and mentoring opportunities to its counselling ECP graduates for a reduced fee. Alternatively, the

HPCSA may assist by acknowledging supervision as a CPD activity in order to incentivise more established counselling psychologists to offer mentorship and supervision services to ECPs. Similarly, professional organisations may assist in facilitating access to supervisors and mentors by identifying interested and experienced counselling psychologists, and by compiling a list of their contact information for recently graduated counselling ECPs.

Employers and group practices may also consider stipulating mandatory supervision and mentoring times as part of their work or practice contracts.

In the current study, the majority of counselling ECPs indicated engaging in paid for individual supervision as opposed to group supervision. However, group supervision has been documented as an effective supervision modality (e.g., Mastoras & Andrews, 2011), and the literature comparing group with individual supervision has not demonstrated more favourable outcomes from either approach (Bernard & Goodyear, 2014). For this reason, professional organisations may assist in mobilising districts to run peer supervision groups as a viable alternative.

8.3.3.2. Online Resources. As similarly proposed by Smith et al. (2012), it is vital that a convenient, accessible and centralised webpage is developed and populated with resources relevant to counselling ECPs. Included resources on the webpage may involve, for example, a list of key documents, application forms, links to reliable resources (e.g., debt load calculators and salary predictors), and detailed instructions on start-up activities and licensure and credentialing procedures to be followed on completion of graduation (e.g., guidance in gaining licensure with the HPCSA, in gaining registration with the BHF and in gaining of malpractice insurance).

In addition, it is recommended that employment trend data on the counselling ECP cohort be regularly collected and published on the centralised ECP website (see, for example, Michalski & Kohout, 2011). Publicising employment trend data will likely assist in describing the employment environment into which counselling ECPs are headed or into which they have recently entered. This approach may be beneficial in guiding trainers and training programmes on the development of curricula and practicum approaches for the next generation of counselling ECPs. An additional webpage resource may include links to various social media platforms such as professional You Tube channels, LinkedIn, Instagram or Facebook pages. Increased engagement on social media platforms may offer the opportunity for counselling ECPs to mobilise, share resources and advocate for the profession. In addition, the development of a centralised webpage may be beneficial as a repository for information

pertaining to the successes, challenges and needs of counselling ECPs in the country. In this manner, special awards may be established and publicised on the webpage, to reward and acknowledge the successes, resiliency and significant contributions of counselling ECPs and emerging leaders in the field (Kolar et al., 2015; Smith et al., 2012).

As mentioned in section 8.3.3.1, a centralised webpage accessible to all counselling ECPs may also be utilised in connecting counselling ECPs with willing and available supervisors and mentors (Smith et al., 2012). In other words, it is suggested that professional organisations commit to routinely publishing a list of mentors and supervisors who are available and willing to work with counselling ECPs. In addition, a list of recently graduated counselling ECPs should also be regularly published to ensure that more experienced counselling psychologists have the opportunity to reach out to them.

In a similar manner, it is strongly recommended that information about emerging career pathways and steps on how to transition into them is publicised on the website for counselling ECPs to access. This may assist in both informing and inspiring counselling ECPs, trainees and future counselling psychologist candidates (Kaslow et al., 2018).

Expanding on this, professional organisations are urged to develop a centralised job portal, publishing employment opportunities and/or vacancies available to counselling psychologists in South Africa. In this manner, professional organisations may play an integral role in bridging the burgeoning treatment gap by linking job-seeking counselling psychologists with counselling psychologist-seeking recruiters and employers.

8.3.3.3 Leadership and Governance. The findings in the current study demonstrate the need for counselling ECPs to be afforded more opportunities to engage as active participants in supporting their own professional lives. For this reason, it is recommended that the HPCSA and professional organisations consider establishing improved communication structures and enhanced representation of counselling ECPs within various decision-making committees. For example, as recommended by Smith et al. (2012), leadership and governing committees are encouraged to include at least one ECP among its members. Alternatively, as proposed by Good et al. (2013), a division of ECPs should be established with the idea that ECPs themselves are best able to understand and meet their own needs.

From a different perspective, it is imperative that increased efforts are made by leaders in the HPCSA and professional organisations to enhance employment opportunities for counselling psychologists through advocating for their integration, utilisation and

distribution within diverse settings and especially within the public healthcare sector in South Africa. This could be accomplished by conducting, collating and disseminating evidence-based research on the contributions of counselling psychologists within diverse settings in the country. In addition, leaders are encouraged to continue propelling the counselling psychologist profession towards a more coherent, socially relevant and recognisable professional identity. This might be accomplished through collaboration with international counselling psychologist leaders and professional organisations. In addition, it would be highly beneficial for leadership to strengthen ties with broader fields of healthcare professionals and advocate for the value of counselling psychologists within multidisciplinary healthcare teams.

8.3.3.4 Licensure, Credentialing and Professional Memberships. The current study revealed that financial constraints are a major challenge for counselling ECPs in South Africa. For this reason, it is recommended that professional organisation applications, licensure and credentialing costs for ECPs may be eased for at least the first two years of independent practice. This aligns with recommendations to support ECPs, as proposed by Hall and Boucher (2008). An alternative approach, however, might include the establishment of a dedicated ECP fund by professional organisations, such as PsySSA, the CPSA and the HPCSA. Such a fund may offer scholarships and bursaries to exceptional or socio- economically disadvantaged counselling ECPs, and founded, for example, on donations solicited from more established counselling psychologists in the field. Counselling ECPs should then be encouraged to utilise the funds to tackle various financial obstacles in their early careers such as, settling student debts, gaining licensure, securing credentialing and attaining malpractice insurance. Alternatively, funding awards may be utilised by ECPs for professional development activities such as attending conferences, CPD training and workshops (Hall & Boucher, 2008; Smith et al., 2012) or in gaining supervision.

8.3.3.5 Conferences and CPD Training. In an effort to enhance support for counselling ECPs, one may be quick to suggest additions to professional training programmes. However, post-training professional development activities such as conferencing and CPD training workshops provide a unique opportunity to boost knowledge, skills and awareness both for, and of, counselling ECPs; after all, learning should not end at the completion of formal education and training.

An approach to consider might include designing and mandating the engagement of counselling ECPs in an “early career boot camp” (p. 117), as described by Foran-Tuller and

colleagues (2012). According to these authors, the “early career boot camp” is an intensive workshop experience run for ECPs to assist them to strategise their career goals, build a supportive network, access mentorship, develop supervisory relationships and acquire strategies to successfully navigate entrance into the workforce. The implementation of a similar, contextually-relevant, and data-driven ECP Boot Camp in South Africa could be useful in addressing similar domains, such as the impact of the country’s employment trends on various dimensions of their early career lives as psychologists and their resultant mental health service provision. In this manner, the ultimate goals of the ECP Boot Camp would be to optimise the support of early career experiences of counselling psychologists and their subsequent service provision in the country.

8.3.4 Workforce

A broader systemic approach to supporting the needs and mitigating the challenges experienced by counselling ECPs requires that workforce data be routinely collected, analysed and disseminated. Such an approach will assist in effectively guiding the profession, government and relevant stakeholders on key aspects of policy and advocacy. From a different perspective, counselling psychologists are urged to reflect on their professional culture and foster healthier approaches to self-care, work-life balance and “paying it forward” to the next generation. These broader systemic recommendations are delineated in the sections below.

8.3.4.1 Employment Opportunities.

In order to advocate for the creation of more employment opportunities for counselling psychologists in South Africa, more research is needed to ground the professions value and contributions in evidence-based practice. It is thus imperative that routine, systematic and comprehensive workforce and practice-based analyses are conducted to evaluate, track and demonstrate counselling psychologist potential to be meaningful, relevant and accessible agents of change. Such workforce analyses should involve mixed method research approaches and will likely be vital in building, guiding and maintaining the vitality and relevance of the profession in the country.

One possible approach to collecting national workforce data, while simultaneously monitoring the individual lives of counselling psychologists across the professional lifespan, might include tracking individuals from entry (e.g., master’s selection) through training, internship, to first jobs and beyond. This could be accomplished through allocating each

individual a unique identifier at the start of professional training. While it is possible that practitioners may express concerns surrounding the intrusive nature of such professional tracking, it is noteworthy that similar systems have been implemented in international contexts and successfully utilised to track workforce characteristics, obstacles and needs of healthcare practitioners (Bangasser et al., 2016). Such tracking systems have also been vital in advocating for funding for training, research, and practice (Bangasser et al., 2016).

From a different perspective, training programmes may be encouraged to partner with prospective employers in the marketplace to facilitate the hiring of counselling ECPs. In other words, training programmes could become proactive in assisting ECPs to gain work placements through collaboration with prospective employers and establishing relationships.

Alternatively, the completion of a compulsory paid community service year may bridge the employment gap for counselling ECPs upon entering the workforce. In addition, a paid compulsory community service year by counselling ECPs will likely assist in addressing disparities in access to mental healthcare services in the country. The results from the current study demonstrate that a large proportion of counselling ECPs considered emigration in the next five years. For this reason, the completion of a paid compulsory community service year may assist in the retention of practitioners within the country. However, further incentives should be established to encourage counselling ECPs to remain within the country. With consideration of the findings in the current study, a potential start then, could be to increase employment opportunities for counselling psychologists in the country's public sector, to reduce the subordination of counselling psychologists within the professional field and to offer improved financial incentives. That said, counselling ECPs acknowledged a number of advantages to working within private practice settings in South Africa. For this reason, an additional approach to retain practitioners within South Africa may be for potential employers to more closely align their incentives with those associated with private practice work. This could include, for example, enhanced financial rewards, improved mental health and wellness support as well as additional vacation time in order to manage burnout, greater flexibility of work hours if certain goals are met, and offering high-achieving employees opportunities for greater agency over their work.

8.3.4.2 Policy and Advocacy.

The findings from the current study support the position of local authors (Leach et al., 2003; Young & Saville Young, 2019), suggesting that advocacy and the promotion of the counselling psychology category is a key priority. Moreover, the results of the current study

support suggestions by Young and Saville Young (2019) that as long as counselling psychologists continue to practise privately, their distinction from other registration categories (e.g., clinical psychology) will likely continue to disappear and mental healthcare will remain inaccessible to the majority of the population in South Africa. For this reason, it is vital that a suitable state-funded model is established to allow for the creation of posts for counselling psychologists within the public health system. This supports recommendations by Bantjes et al. (2016) and Young et al. (2016). Moreover, the incorporation of counselling psychologists into the public health system in South Africa is imperative given the professions unique emphasis on wellness, primary prevention (e.g., through outreach programmes and social advocacy), strengths-based interventions (i.e., as opposed to disease or deficit), collaborative and psychoeducational work, valuing diversity and multiculturalism as well as a heightened concern for psycho-social and contextual factors (Bantjes et al., 2016; Young, 2013).

Expanding on this, individual counselling psychologists, professional training programmes, professional organisations and the HPCSA, alike, may play an important role in better publicising the professional identity and value of counselling psychology within South Africa. From a different perspective, the HPCSA might be urged to re-evaluate its current regulations, standards, guidelines and policies outlining the role and value of counselling psychology as a profession, such that it is more coherent and recognisable to the general public.

The findings in this study demonstrate that counselling ECPs somewhat struggled to balance their personal lives with the world of work, facing high workloads, poor mental health and burnout. For this reason, relevant policies and structures could be designed, disseminated and implemented, which prohibit excessive workloads and working hours by practitioners, and provide a practical guide to effective work-life balance.

Early career professionals with diverse, vulnerable or marginalised backgrounds face unique professional challenges and subsequent support needs (Pedrotti & Burnes, 2016). For this reason, it is imperative that policies and procedures are designed and implemented to optimise the support of counselling trainees and ECPs with diverse, vulnerable and marginalised backgrounds.

8.3.4.3 More Established Counselling Psychologists.

As proposed by Green and Hawley (2009, p. 211) “a profession is only as strong as the links in its professional chain”. For this reason, more established counselling psychologists in

South Africa are urged to become aware of the crucial role they play in supporting the professional experiences of counselling ECPs as they enter the workforce. Specifically, more established counselling psychologists may be encouraged to reach out and foster meaningful relationships with counselling ECPs, notify them of available resources and opportunities and ensure they know how to access them. In addition, more established counselling psychologists could foster and model a culture of self-care, work-life balance and a culture that values paying it forward (e.g., through offering mentorship or supervision to counselling ECPs).

8.4 Limitations

All research studies hold their respective limitations and this study is no exception. As such, before recommendations for future research are outlined, limitations of the current study merit mention. First, a limitation of this study involves its focus on only one category of psychologist in South Africa, namely that on counselling psychologists, when of course there are many other categories of mental health professionals within the country. It would thus be meaningful to explore, compare and contrast the early career professional lives of diverse categories of mental health practitioners in South Africa. In doing so, a more coherent and cohesive portrait of the new generation of mental health practitioners in South Africa may be established. This will best serve to guide the psychology profession in strategising the most effective utilisation, distribution and support of its latest mental health workforce.

Second, the findings from the survey questionnaire in the 'First Phase' were based on responses from 28% ($n = 512$) of the total HPCSA registered counselling psychologist population. While this is the largest sample of counselling psychologists to have ever been recruited in South Africa, and furthermore, that the sample size is more than acceptable as a representation of the total HPCSA population of counselling psychologists within the country (see, for example, Lauber et al., 2005; Lee, 2010; Sax et al., 2003), it is unknown if those who chose not to respond to the survey questionnaire hold similar or differing views and experiences from the current study's sample. For instance, counselling psychologists who were extremely dissatisfied with their careers, were exceptionally burnt out, or who had emigrated but remained registered with the HPCSA may not have chosen to participate in this study. For this reason, it is possible that an increased sample size of HPCSA registered counselling psychologists completing the same survey questionnaire may reflect findings that somewhat differ from the results outlined in the current study.

Third, in the 'Second, qualitative, Phase' of this study a small sample size was used,

arguably compromising the generalisability of the findings. However, as outlined in section 4.4.2.1 of Chapter Four, the aim of IPA is not to generalise findings, but rather to allow a full appreciation of each participant's rich, complex and unique experiences (Smith et al., 2009). As such, adhering to a small sample size of ten participants was more than appropriate in meeting the intended purpose of IPA in this study. It is thus imperative that the qualitative findings are not used to speak to the experiences of all counselling ECPs in South Africa. This is especially important considering the sample's overrepresentation of White, female participants working within private practice settings. However, as according to Smith and Osborn (2008), one's IPA sample will mostly be defined, and thus to an extent limited to, those who are willing to be included in it.

Fourth, this study was limited to exploring the professional lives of *current* counselling ECPs registered with the HPCSA. As such, no information was collected from former HPCSA registered counselling ECPs who chose to permanently leave the profession, for example by deregistering themselves from the HPCSA. While it may have been useful to gain information from previously registered counselling ECPs in South Africa, this study provided a novel opportunity to focus efforts on understanding, and thus supporting and subsequently retaining the *current* cohort of counselling ECPs in South Africa.

Finally, various methodological limitations within this study have been acknowledged and extensively outlined within Chapter Four. In addition, the researcher's subjective position within this research and the possible limitations thereof have, furthermore, been discussed within section 4.4.2.1.4 in Chapter Four.

8.5 Recommendations for Future Research

This study is the first of its kind to specifically explore the professional experiences of counselling ECPs in South Africa. There are thus ample directions for future research.

First, future studies would benefit from replicating the current mixed method research. The value in gathering further quantitative data would be in continuing to track employment trends within the category over time and thus in effectively describing the workforce characteristics and employment environment into which counselling ECPs are headed or have recently entered. A longitudinal study would be another direction in gathering additional insights about counselling ECPs progression through the professional lifespan. Comparatively, the value in conducting further qualitative studies would be in affording counselling ECPs the opportunity to continue giving voice to their professional experiences, challenges and support needs and to become active members in optimally navigating their

own professional lives. Moreover, gathering of further data would assist training programme staff involved in the development of graduate training and curricula to be best guided in ensuring that the next generation of counselling ECPs are adequately prepared to enter the workforce. This will likely assist in maximising the progression of individual counselling ECPs and their resultant service provision as well as in maintaining the overall growth, relevance and robustness of the counselling psychology profession in South Africa.

Second, given the increase in demographically diverse counselling ECPs, it is imperative that future research is dedicated to investigating the professional lives of counselling ECPs with diverse backgrounds, focusing on those from minority and previously marginalised populations. This proposition is supported by Pedrotti and Burnes (2016) who suggest that diverse ECPs are likely to face unique challenges in their professional lives as compared to their majority ECP counterparts. Furthermore, while diverse ECPs may face similar challenges as the broader ECP population, ECPs with diverse backgrounds may exhibit these challenges in different ways and, as such, will require unique means of professional support.

Third, the current study's findings suggest that the professional experiences of ECPs may vary according to the specific context in which they practice, for example, in a private practice setting *versus* in a school setting *versus* in a tertiary institution *versus* in an NGO setting. It would thus be beneficial for future research to quantitatively and qualitatively explore the professional lives, inclusive of professional challenges and support needs, of counselling ECPs within particular work settings. Such information will be useful in developing frameworks to effectively guide training programmes as well as individual counselling trainees in their choice of work setting as well as in their successful transition into such settings.

Fourth, the current study demonstrated that, while the majority of counselling ECPs made use of online job search strategies, no participants specifically mentioned success in acquiring employment through online job search methods. It will thus be important for future research to more closely examine the online job seeking behaviours of ECPs as well as the online recruiting processes of employers. This may be crucial in identifying possible asymmetries, barriers and characteristics of the successful online job search and recruitment process in South Africa. Moreover, this data may be useful in developing a centralised job search / vacancy-advertisement database for psychologists and recruiters. Such a database may be monitored, updated and managed by a professional organisation, such as PsySSA or the CPSA, or alternatively, a relevant dedicated technological team. The benefit in

developing such a database is that it may be eventually extended for use by other job seeking healthcare professionals and recruiters in South Africa. The creation of such a database may also, in itself, assist in critical job creation within our country.

Fifth, evidence from the current research indicates that counselling ECPs are required to juggle multiple professional roles in order to meet financial demands. However, juggling multiple professional roles places practitioners at a heightened risk for developing burnout and poor mental health (Dorociak et al., 2016). For this reason, future research may benefit from exploring associations between the ease with which counselling ECPs are able to switch between their various professional roles on the one hand, and overall levels of career satisfaction and burnout on the other. Furthermore, future studies may benefit from more intricately exploring issues of poor mental health and burnout in counselling ECPs as well as the individual strategies used to address them.

Sixth, qualitative evidence revealed that most counselling ECPs did not perceive counselling psychology as a primary career choice. Future research may thus benefit from exploring possible associations between counselling ECPs' primary choice of career and subsequent levels of career satisfaction, professional motivation, identity development and attrition rates from the career pipeline. In addition, it is possible that as counselling psychologists define a more clear, relevant and coherent professional identity in South Africa, that trainees may begin to view counselling psychology not as a second rate career option but rather, as a way of practicing psychology that aligns with their inherent interests, values and beliefs. Future research would thus benefit from investigating such a premise.

It may be beneficial to explore how the community of healthcare professionals with whom counselling psychologists practice (e.g., psychiatrists, clinical psychologists, nurses, general practitioners etc.) perceive counselling psychologists and their role in South Africa's healthcare system. This is because in the current study, participants expressed feeling that the broader healthcare community generally lacked understanding on the professional role, identity and capacity of counselling psychologists to contribute meaningfully to multidisciplinary teams within the country's healthcare system. For this reason, a study that offers other healthcare professionals an opportunity to share their thoughts and perspectives on counselling psychologists may allow for a more comprehensive picture of the work that needs to be done to create a more cohesive healthcare workforce. In this manner, interdisciplinary and inter-sectoral collaboration can be improved.

Seventh, as proposed by Kaslow et al. (2015), the successful transition of counselling ECPs into the workforce depends, in part, on various training level variables. Given that an

in-depth investigation into the impact of trainee, trainer and training programme variables on the professional lives of counselling ECPs in South Africa, fell largely outside of the scope of this study. Future research would benefit from investigating the extent to which a number of training programme variables impact on the professional lives of counselling ECPs as they transition into the workforce. This will be important in optimising future training, curricula, and the successes of individual ECPs.

Eighth, the current research serves as a call to action to psychological organisations in South Africa. Early Career Psychologists are the source of viability for these organisations and without their commitment, participation, the future is uncertain at best. As such, future research would benefit from investigating the perceptions, attitudes and experiences of counselling ECPs in response to professional psychology organisation membership, and specifically as a means of professional support.

Ninth, qualitative data demonstrates that the COVID-19 pandemic has had a sudden and substantial impact on the professional and personal lives of counselling ECPs in South Africa. As such, it is imperative that future research uncovers practitioners' responses to relevant professional practice challenges, as well as in their ability to effectively adapt and overcome such challenges. In addition, more research is needed on counselling psychologists' overall experiences in the transition to and provision of telepsychology services as well as on practitioners' post-pandemic levels of wellbeing. In this manner more adequate means professional training and support may be offered.

Finally, Rønnestad and Skovholt (2003) suggest that ECPs generally hold more glamorous and unrealistic expectations for their professional careers than their more senior colleagues. For this reason, mid-to-late career counselling psychologists in South Africa are likely to reflect more realistic views and perceptions of their professional role and identity as counselling psychologists within South Africa. It may thus be beneficial for future research to *qualitatively* explore the professional experiences of more established counselling psychologists in South Africa with subsequent implications for professional identity development and consolidation. In addition, such research will be useful in understanding the unique professional demands and subsequent support needs of mid- to late career psychologists which are career stage cohorts which warrant their own attention (Dorociak et al., 2016).

8.6 Conclusion

This chapter discussed the various theoretical, practical and methodological implications of this research and offered actionable recommendations at the individual, training programme, professional organisation and/or HPCSA and workforce levels. In addition, this chapter outlined limitations of this study and illuminated various opportunities for future research. The following chapter, Chapter Nine, provides a conclusion to the current research study by outlining a brief structural overview of the research study and presenting a summary of the main findings.

CHAPTER NINE

Conclusion

9.1 Introduction

This chapter provides a conclusion to the current research project. Specifically, this final chapter offers a structural overview of the research that was conducted and presents a summary of the main findings. A personal remark by the researcher is then offered, which draws this study to a close.

9.2 Structural Overview

This research study comprised nine chapters. Chapter One began by offering a background to this study and included an outline of the research problem, as well as the significance and rationale for the research topic. In addition, Chapter One indicated the research aim, question and the objectives of the study.

Following this, Chapter Two, presented a narrative review of the literature available on ECPs globally. Given the current study's focus, the chapter presented a contemporary portrait of the global literature specifically available on the employment trends, challenges and support available to psychologists within the early career stage.

Then, focusing in on the counselling psychologist category within the particular context of South Africa, Chapter Three involved a scoping review of the peer reviewed literature existing on the professional category within the country. Chapter Three thus mapped a comprehensive summary of the literature available on counselling psychology in South Africa and illuminated various gaps in the literature, inclusive of the dearth of research available examining the category from a professional lifespan and career-stage approach.

Chapter Four then followed, which involved a discussion of the research design and methodology employed in the study. Specifically, the mixed method sequential explanatory design was presented, including clarification and motivation for choosing the particular research design. In addition, the chapter included a discussion of the research paradigm that informed the ontology and epistemology of the current study, namely that of the interpretivist phenomenological research paradigm. The potential impact of the researcher's positionality and reflexivity in relation to the current study was also addressed in Chapter Four.

Chapter Five presented the research findings of the 'First, quantitative, Phase' of the study, namely the data elicited from the survey questionnaires. More specifically, the findings in Chapter Five detailed the employment trends of counselling ECPs as compared to more

established counselling psychologists in South Africa, and across a number of domains including demographic profile, work settings, roles and activities, career satisfaction, perceptions of the impact of the SoP regulations, and the extent to which the values associated with counselling psychology are endorsed. Delineating this data was useful in addressing the first and third research objectives of this study (see section 1.5, in Chapter One).

Chapter Six outlined the research findings from the ‘Second, qualitative Phase’ of this study, namely the data elicited from ten in-depth semi-structured interviews. In particular, Chapter Six outlined the rich, intricate lived professional experiences of ten counselling ECPs in South Africa, with a focus on their particular support needs and challenges. This allowed for the study’s second research objective to be addressed.

Then, in order to ensure a level of methodological complementarity and a more holistic understanding of the professional lives of counselling ECPs in South Africa, Chapter Seven provided a joint discussion of the quantitative and qualitative findings from the first and second research phases, respectively. In addition, Chapter Seven augmented the discussion of the findings by citing relevant literature on the topic.

Chapter Eight reflected the theoretical and practical implications of the research at individual, training programme and workforce levels. In addition, Chapter Eight provided pertinent and actionable recommendations for support at the individual, training programme and workforce levels. Chapter Eight also discussed the study’s limitations and outlined numerous avenues for future research.

9.3 Brief Summary of Findings

Underpinned by an Interpretative Phenomenological paradigm, the current study aimed to provide a novel investigation into the professional lives of counselling ECPs in South Africa, including employment trends, challenges and support needs. Consisting of two distinct phases, a mixed method design was adopted involving the completion of a quantitative phase (‘First Phase’) followed by a qualitative phase (‘Second Phase’).

Specifically, the quantitative phase involved the completion of online survey questionnaires ($n = 512$), followed by the qualitative phase which involved completion of online individual semi-structured interviews with ten counselling ECPs. This approach allowed for both breadth and depth of understanding of the professional lives of counselling ECPs in South Africa and offered the unique opportunity for expansion on the quantitative data through elaboration in the in-depth qualitative interviews. Then, by combining the data from the two research phases

within a joint discussion, a more holistic understanding of the professional lives of counselling ECPs in South Africa was gained.

Representing a substantial proportion of the counselling psychologist workforce in South Africa, the findings in the current study indicated a trend in greater demographic diversity in the counselling ECP cohort as compared to more senior generations of counselling psychologists within the country. Specifically, counselling ECPs were found to be significantly more diverse than more senior generations in terms of age, race, geographic location and languages spoken. Nevertheless, counselling ECP participants noted some negative professional experiences as a result of the intersection of their diverse personal and professional identities. While almost two thirds of counselling ECP participants were found to be primarily based within private practice work settings, the majority indicated initially having searched for jobs in South Africa, outside of the private practice space. Not surprisingly, counselling ECPs thus indicated significant dissatisfaction with the employment opportunities available to them within the country and revealed a significant bottleneck in the number of willing practitioners and the number of jobs available. Counselling ECP participants thus revealed being pushed to enter the less preferred context of private practice only to remain within the space given despondency at finding alternative work as well as numerous context-specific benefits including, feelings of empowerment in owning their own business, the flexibility of work hours, the ability to better manage burnout, the heightened emotional investment by paying clients and the security of a more lucrative income in comparison to alternative work options. Expanding on this, counselling ECP participants attributed the limited employment opportunities available to them within the country, to the general underinvestment in mental healthcare services by the state, as well as to the biased availing of posts to clinical psychologists and the general underutilisation and poor distribution of diverse categories of psychologists within the country. Interestingly, while counselling ECPs were shown to be highly satisfied with their careers, the majority indicated that they would not choose the same career again. Participants, rather, indicated that they would opt for a career in clinical psychology. For the counselling ECP participants, this was attributed to the biased status, power and work opportunities afforded to clinical psychologists by virtue of registration category and the historical associations of the category with the medical model. For most counselling ECP participants, however, this experience resulted in feelings of disillusionment, anxiety and poor work readiness upon entering the workforce. Expanding on this, counselling ECP participants revealed feeling as if they did not graduate with the requisite knowledge and skills to successfully navigate the job marketplace, establish and run a private practice,

as well as engage in licensure and medical aid credentialing procedures. Nevertheless, in terms of professional identity development, counselling ECP participants revealed predominantly endorsing the following counselling psychology core values, including a focus on i) diversity; ii) person-environment interactions; iii) development, and iv) assets, strengths and resources. Furthermore, contrary to the idiosyncratic 2011 SoP which demarcated counselling psychologists to work with the former on the normality-pathology continuum, the majority of counselling ECPs revealed working with moderate levels of psychopathology in their daily practice lives. Thus, not surprisingly, counselling ECPs indicated being significantly dissatisfied with the perceived SoP and with the majority revealing that the perceived SoP had exacerbated an apparent hierarchy within the profession. Consequently, counselling ECP participants reported major (mis)perceptions and a lack of understanding by the general public and broader healthcare community on counselling psychologists' knowledge and skills to contribute meaningfully within the mental healthcare arena within the country. For a large proportion of counselling ECP participants, this resulted in contemplating emigration, where work in other countries was perceived as offering improved job opportunities, significant financial incentives, less of a professional hierarchy and reduced political and safety concerns.

Major challenges revealed by counselling ECP participants involved significant financial stressors in their early career years. Specifically, participants indicated a combination of high graduate debt, low starting salaries and various financial demands to start out, inclusive of licensure fees and costs of starting a practice. For many participants, this resulted in less disposable income, and as such, in reduced opportunities to gain supervision, attend conferences and engage in professional development, CPD and training workshops. Not surprisingly, a significantly larger proportion of counselling ECPs thus engaged in additional work to supplement their income, as compared to more senior counselling psychologists. This required Counselling ECP participants to juggle multiple different roles in different settings, and which in part, was also attributed to the limited fulltime employment opportunities available to them. For most counselling ECP participants, the need to juggle multiple part-time positions resulted in high workloads as well as the development of burnout and other mental health challenges. Nevertheless, for many counselling ECP participants, burnout was managed by temporarily taking a break from the profession, engaging in personal therapy, spending time with friends and family, setting firm work-life boundaries and reducing overall work hours. Interestingly, despite grappling with high workloads and burnout, the majority of counselling ECPs indicated being mostly satisfied with the balance of their

personal and professional lives. Nevertheless, the findings suggested that counselling ECPs mostly perceived personal and familial factors, such as the death of a loved one, or the decision to start having children, as greatly impacting on their career strategies, decision-making activities and general career development.

In addition to this, counselling ECP participants revealed the COVID-19 pandemic to have significantly impacted on their early career experiences, including for example, experiencing a significant increase in client numbers, a shift in focus to anxiety and grief-related work, barriers in the delivery of services in certain settings and the shift to online therapy.

A promising finding was that almost all counselling ECP participants indicated engaging in some form of supervision of their work. However, the findings revealed that counselling ECP participants engaged in supervision only on an '*as needed*' basis, suggesting that the frequency with which they gained supervision was, arguably, less frequent and irregular. Surprisingly, the majority of counselling ECPs were shown to engage in '*formal paid for*' supervision, likely as a result of closed supervision groups formed by more established counselling psychologists, to the exclusion of ECPs. Of concern is that the majority of counselling ECP participants revealed facing challenges in finding and retaining credible, committed and willing supervisors in their early career years. For many counselling ECP participants this resulted in feelings of disillusionment, heightened anxiety and professional isolation on entrance into the workforce. Thus, perhaps not surprisingly, counselling ECPs indicated significant dissatisfaction with the formal support available to them in the early career years, as well as with the formal support afforded by professional organisations and the regulatory board. For many participants, early career support was thus, instead, gained through self-acquiring personal therapy and attempting to seek out supervisory and peer relationships. That said, informal networks were deemed to be a major form of support for counselling ECPs, specifically in terms of securing some form of employment and /or in successfully establishing a private practice.

For counselling ECPs, the use of informal networks to search for and secure work was thus deemed the most successfully job search strategy, despite almost all counselling ECP participants utilising online search strategies to secure work. Finally, counselling ECP offered a plurality of ways in which the profession could be taken forward and proposed ideas for individual ECP and training programme support as well as for the optimal utilisation and distribution of mental health practitioners within the country. Such findings support the drive to incorporate and develop more formal structures for the voices of counselling ECPs to be heard.

9.4 Personal Remark

The current study was an original investigation into the professional lives of counselling ECPs in South Africa and has illuminated the significance of and need for such ongoing professional lifespan research. While the early career years are fraught with professional challenges, it is evident that the new cohort of counselling psychologists in South Africa are demographically more diverse, committed and philosophically well-orientated to address the calls for more accessible, credible and socially relevant mental healthcare services within the country. That said, the findings point to a major disconnect in practitioners' willingness and attempts to answer these calls and the readiness of government, the marketplace and communities to support and receive them. As such, the current research demonstrates that much work still needs to be done to enhance the support of counselling ECPs in their transition into the workforce, including at the individual, training programme, professional organisation and/or HPCSA and workforce levels.

It should be emphasised that if early career counselling psychologists are to fulfil their potential and thrive in their intended role within the country, it is vital that state-funded employment opportunities are created. This will allow counselling psychologists to demonstrate their unique contributions in the healthcare arena including a focus on wellness, primary prevention (e.g., through outreach programmes and social advocacy), strengths-based interventions (i.e., as opposed to disease or deficit), collaborative and psychoeducational work, valuing diversity and multiculturalism as well as a heightened concern for psycho-social and contextual factors (Berkel et al., 2019; Mrdjenovich & Moore, 2004; Young, 2013).

In the absence of state-funded posts and diverse work-related opportunities for counselling psychologists, it is likely that current and future generations of counselling ECPs will continue to enter into, and remain predominantly within, private practice work settings, limiting the provision of vital mental health resources to the privileged minority within the country. This, of course, is unless the government is able to subsidise practitioners within the private practice context, as done in the context of Australia. This may be a viable option given that the predominant reason that private practice receives criticism is that there is no funding mechanism to support the majority of the population who do not have the means to see psychologists in private practice. From a different perspective, if more employment and work-related opportunities are not created for counselling psychologists, it is likely that scarce resources will continue to be utilised in mediating petty turf war disputes occurring between the categories. In this instance, arguably, the most viable path forward would be to

collapse the psychologist category system and create a single ‘generalist category’ as discussed in the literature (Leach et al., 2003; Moodley, 2021; Watson & Fouche, 2007; Young, 2013; Young & Saville Young, 2019). However, this would critically negate the great potential that the counselling psychologist category holds.

What truly stands in the balance, however, is whether the proposed implementation of the National Health Insurance (NHI) within the country will recognise, value and welcome the incorporation of diverse registration categories of psychologists, inclusive of counselling psychologists into their system; or if it will replicate the state’s more recent historical approach to public healthcare, characterised by a major underinvestment in mental healthcare as well as poor representation, utilisation and distribution of diverse categories of psychologists. In this manner, counselling psychologists, and specifically the early career cohort, are responsible for making use of their individual and collective voice(s) to bring about constructive change in their professional lives, within the profession itself and in service provision to the majority of the South African population who, for so long, have been deprived of necessary mental health services.

It would thus be a misnomer to call this final section a “conclusion” as research, discussions and directions on the employment trends, challenges and support needs of the next generation of counselling psychologists in South Africa, are only just beginning. Nevertheless, if only for a moment, the current research provides validation, clarity and hope to the early career counselling psychologist workforce in the midst of “great anxiety, discomfort and uncertainty” (Pica, 1998, p. 326) then the value in this research is, *praemonatus, praemunita* - forewarned, forearmed. Finally, a reminder to counselling psychologists that “the profession is only as strong as the links in our professional chain, which can be solid and numerous” (Green & Hawley, 2009, p.211); so remember to reach back in turn to welcome and support the next generation of ECPs.

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Appendix A

Survey Questionnaire

Background Information

Question 1 below asks about your gender. This variable remains important as it shapes it shapes social experience and is an indicator of life opportunities in South Africa.

1) What is your gender? (Male, Female, Non-binary)

Question 2 below asks about your age. This variable remains important as it shapes it shapes social experience.

2) What is your age?

Question 3 below asks about your race. This variable remains important as it shapes social experience and is an indicator of life opportunities in South Africa. However, by asking this question we do not endorse the racist ideology on which these categories were based.

3) What is your race? (Black African, Coloured, Indian, White, Other)

4) In which province do you currently reside? (Eastern Cape, Free State, Gauteng, Kwa Zulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, Western Cape, Other)

5) What is your highest graduate / professional psychology degree? (Master's, Doctorate)

6) Are you currently registered with the HPCSA as a counselling psychologist? (Yes, No, Other)

7) In which year were you first registered as a counselling psychologist in independent practice with the HPCSA? (Prior to 2010, Between 2010 and 2020)

8) In which language do you speak the most fluently? (Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Other)

Professional Activities

9) Are you currently practicing as a counselling psychologist? (Yes, No)

10) Are you currently seeking employment as a counselling psychologist? (Yes, No)

11) Have you searched for jobs as a counselling psychologist in South Africa (i.e. outside of private practice)? (Yes, No)

12) If so, which job search strategy/strategies have you utilised? (Informal job search channels, Online resources, Faculty advisors/training staff, Print media, Other)

13) Please indicate your primary work setting from the following (Community mental health clinic, HIV clinic/centre, Outpatient clinic, General hospital/Medical centre, Psychiatric hospital/centre, University counselling centre, Private practice, Corporate/Business, Correctional services/Prisons, University Psychology Department, University Other Department, Medical School, Non-Governmental Organisation, Other)

14) How would you describe the location of your primary work setting? (Urban, Rural, Other)

15) If you have a secondary work setting please indicate that setting (Community mental health clinic, HIV clinic/centre, Outpatient clinic, General hospital/Medical centre, Psychiatric hospital/centre, University counselling centre, Private practice, Corporate/Business, Correctional services/Prisons, University Psychology Department, University Other Department, Medical School, Non-Governmental Organisation, Other)

16) Please indicate the degree of psychopathology seen in your clients (choose the option that, in your opinion, best describes the degree of psychopathology seen in your clients) (None, Mild, Moderate, Severe)

Questions 17 to 20 below ask about your current income and level of debt accrued as a counselling psychologist following professional training. Financial variables are important to consider given that financial resources significantly impact on opportunities for professional development and advancement

17) Please indicate the salary bracket that best describes your gross income per annum (Under R100 000; Between R100 000 and R350 000; Between R350 000 and R600 000; Over R600 000).

18) Do you work elsewhere to supplement your income? (Yes, No)

19) Upon receipt of your professional psychology degree, please indicate if you were carrying some level of debt. (Yes, No)

20) If yes, please indicate in thousands of rand the amount of debt accrued.

Career Experiences

21) For the following questions, please tick the number that corresponds to your level of satisfaction.

- Your level of satisfaction with your choice of counselling psychology as a career
- Your level of satisfaction with the formal support you received as an early career counselling psychologist (e.g. From professional organisations and bodies such as PsySSA and the HPCSA)
- Your level of satisfaction with what you earn working as a counselling psychologist
- Your level of satisfaction with your primary work setting as a counselling psychologist
- Your level of satisfaction with employment opportunities as a counselling psychologist
- Your level of satisfaction with your overall work-life balance as a Counselling Psychologist

22) Do you feel that the Scope of Practice have influenced your professional experience as a counselling psychologist? (Yes, No)

23) In relation to the Scope of Practice, please indicate your level of agreement with the following statements:

- I am satisfied with the Scope of Practice
- The Scope of Practice provides me with a coherent definition of Counselling Psychology
- The Scope of Practice is well aligned with my training as a Counselling Psychologist
- The Scope of Practice is congruent with my current practice as a Counselling Psychologist

24) What, if anything, would you like to see changed about the Counselling Psychology Scope of Practice?

25) If you were to start over again knowing what you know now, which of the following would you choose as a career (select one): (Counselling psychology; Clinical psychology; Medicine; Psychiatry; Business; Law; Other).

26) Please rate the extent to which each of these values guides your work as a counselling psychologist:

- Attention to people's assets, strengths, and resources, regardless of degree of disturbance
- A focus on developmental issues and developmentally appropriate interventions across the lifespan
- A focus on career-related issues and concerns pertaining to the workplace (e.g., career decision-making, transitions, adjustment, goal setting, exploration etc.)
- An emphasis on relatively brief interventions
- A focus on preventive interventions
- Drawing on research to inform practice
- Producing research that adds to knowledge of counselling psychology related topics
- A focus on person-environment interactions rather than exclusively on either the person or the environment
- A focus on diversity, as well as a consideration of sociocultural context and systemic barriers in making sense of and understanding people's experiences
- A focus on social justice and the necessity, when appropriate, to advocate for just causes that promote the welfare of others

27) Do you continue to obtain formal or peer supervision of your work? (Yes, No)

28) If you do continue to obtain supervision, in what format(s) does this occur (tick all that apply)? (Formal I pay for it, Formal my place of work provides it, Peer individual, Peer group)

29) If you do continue to obtain supervision, how often do you do so? (Weekly, Bi-weekly, Monthly, As needed)

30) Given what you know of the current marketplace for Counselling Psychologists, what aspects (if any) of postgraduate training should be modified?

Future Career Prospects

31) What are possible career opportunities in counselling psychology that you would like to explore in the future? (e.g. teaching, research, working in specific clinical settings such as addiction recovery units, general hospitals, correctional facilities, corporate)

32) In the next five years, how likely are you to emigrate? (Very likely, Somewhat likely, Possibly, Somewhat unlikely, Very unlikely)

33) In the next five years, how likely is it that you will make a career change out of Counselling Psychology (other than retirement)? (Very likely, Somewhat likely, Possibly, Somewhat unlikely, Very unlikely)

34) Is there anything you would like to add concerning your professional experience as a counselling psychologist in South Africa?

Thank you for participating in this study

35) It is likely to be some months before any results from this study are available; however if you would like a summary of them, please provide your email address. Your email address will not be connected in any way with your individual survey responses.

36) You are invited to participate in a follow-up interview. Please indicate your willingness to participate in a follow-up interview by providing your email address. Your email address will not be connected in any way with your individual survey responses.

Appendix B

Gatekeeper Permission Granted from the HPCSA



333 Maudslayi Street
Arcadia
Pretoria
PO Box 205
0001 PRETORIA
Tel: 012 338 9300
Email: registrar@hpcsa.co.za
Website: www.hpcsa.co.za

The Department of Psychology
Rhodes University
Drostdy Road
Grahamstown
6139

DEPARTMENT: Office of the Registrar
DESIGNATION: Acting Registrar
REFERENCE: Registered counseling
Psychologists Database
DATE: 29 October 2020

Sent per email: hainephillipa@gmail.com

Dear Ms Phillipa Haine

RE: PERMISSION TO ACCESS THE HPCSA'S EMAIL DATABASE

This letter confirms that your request to access the database of email addresses for HPCSA registered counseling psychologists has been granted.

Attached please also find a copy of the database in an excel format.

We trust the above is in order.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Ma Kwinda', is written over a horizontal line.

**DR MA KWINDA
ACTING REGISTRAR**

Appendix C

Ethical Clearance Certificate



Human Ethics subcommittee
Rhodes University Ethical Standards Committee
70 Don Rd. Grahamstown, 6141, South Africa
t +27 (0) 48 603 5015
f +27 (0) 48 603 5000
e ethics.committee@ru.ac.za
www.ru.ac.za/research/ethics/
NHREC Registration no: REC-241114-045

06/11/2020

Phillipa Haine

Email: g18h6216@campus.ru.ac.za

Review Reference: 2020-1574-3626

Dear Prof. Charles Young

Title: The professional experiences of early career counselling psychologists in South Africa: A mixed method study (2)

Principal Investigator: Prof. Charles Young

Collaborators: Ms. Phillipa Haine, Mr. Duane Booysen

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Ethics Committee (RU-HEC). Your Approval number is: 2020-1574-3626

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloging number allocated.

Sincerely,

Prof Arthur Webb

Chair, Rhodes University Human Ethics Committee, RU-HEC

cc: Mr. Siyanda Manqele - Ethics Coordinator

Appendix D

Survey Questionnaire: Information Sheet and Informed Consent Form

Dear Counselling Psychologist

You are invited to participate in a research study conducted by Ms Phillipa Haine (PhD Candidate at Rhodes University), under the supervision of Prof. Charles Young and Dr Duane Booysen. The study seeks to explore the professional experiences of counselling psychologists in South Africa, with a particular focus on the professional experiences of early career counselling psychologists. The aim of this study, of which this survey is a part, is to add to the knowledge base on understanding the professional lives of counselling psychologists at key career stages in South Africa, including their specific needs, challenges and employment trends. Given the critical role that counselling psychologists play in the provision of psychological services in South Africa, as well as the dearth of literature that currently exists on the category, this research is imperative.

Completion of the survey is voluntary and is not expected to take you more than 15-20 minutes. You may withdraw from the study at any point without penalty, and you may choose not to answer any specific question in the survey. No potential risks or discomforts are envisaged from participation in this study. All data that are collected will be anonymous and any published articles or reports will include only aggregated data. This means that all data will be presented in a summarised format, with the purpose to present trends in the data as opposed to presenting individual responses. All data will be stored on Ms Haine's password protected laptop in documents that will be further password protected. Access to the data will thus be tightly controlled and limited to Ms Haine, Prof. Young and Dr Booysen. The final item of the survey asks if you would like to receive a report of the main findings. To receive this report, you are asked to provide an email address. Please note that these email addresses will be extracted from the datasheet before analysis and stored separately. No attempt will be made to identify respondents.

At the end of the survey you will be asked to indicate your willingness to participate in a follow up interview. If so, you will be asked to provide your email address. Again, these email addresses will be extracted from the datasheet before analysis and stored separately.

This study is being conducted as part of a study intended to fulfil the requirements of Doctor of Philosophy (Psychology) at Rhodes University. Ethical approval from the Rhodes University Human Ethics Committee (RU-HEC) has been granted (Review reference 2020-1574-3626; National Health Research Ethics Committee (NH-REC) registration number REC-241114-045) as well as gatekeeper permission from the Health Professions Council of South Africa (HPCSA).

For further information, please contact Ms Phillipa Haine, Department of Psychology, Rhodes University at hainephillipa@gmail.com

To proceed to the survey, please click on the button "Next" below. Please be advised that by clicking on this button you indicate that you consent to participating in this research.

"Next"

Appendix E

Semi-structured Interviews: Information Sheet



RHODES UNIVERSITY PSYCHOLOGY DEPARTMENT

Tel: [+27] 079 351 6122/ E-mail: hainephillipa@gmail.com

22 February 2021

Dear Counselling Psychologist

Re: Invitation to participate in PhD Research

You are invited to take part in a study conducted by Phillipa Haine, under the supervision of Prof. Charles Young and Dr Duane Booysen, from the Psychology Department at Rhodes University. You are approached as a possible participant because you indicated willingness to be interviewed and meet the inclusion criteria of the current study.

Phillipa is a psychology postgraduate student completing her PhD and is carrying out research on the professional experiences of early career counselling psychologists currently registered with the Health Professions Council of South Africa (HPCSA).

1. TITLE OF RESEARCH

The professional experiences of early career counselling psychologists in South Africa: A mixed method study.

2. PURPOSE OF THE STUDY

The purpose of this research is to explore the professional experiences of counselling psychologists in South Africa following professional training.

3. SIGNIFICANCE OF STUDY

Despite that counselling psychologists represent a substantial group of registered psychologists in South Africa, literature specifically on the registration category within the country is limited. This is significant given that counselling psychologists in SA are not only working in a transforming professional landscape, but also face transformation and numerous challenges within the profession itself. However, many changes occur over the professional lifespan that may further influence a psychologists' practice experiences, challenges and corresponding needs. For example, the early career stage, has been identified as being fraught with professional challenges; yet, is a critical developmental point for maintaining a healthy and vibrant mental health workforce. It is thus critical to gain an enhanced understanding of the complex realities and challenges that act to either support or inhibit the work of early career counselling psychologists in SA. By sharing your experiences as an early career counselling psychologist, you will be greatly contributing to this gap in the research.

4. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study and fall within the limited sample size required, you will be asked to share your experiences as an early career counselling psychologist by completing one face-to-face or Zoom[®] interview with the researcher for a maximum time of an hour and a half. The interviews will need to be audio-taped.

5. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information that is obtained in connection with this study and that can identify you as an individual will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of only allowing the researcher and her supervisors to access data. All information will remain anonymous. Participant data and information (such as transcripts and audio-tapes) will be stored electronically, and only the researcher and her supervisors will have access to these electronic copies, which will be secured/protected with a password. These electronic copies will be stored on the researcher's personal laptop, which will be further password protected. Informed consent forms or other forms of information that may be linked to participants will be kept separate from research data and will be password protected. If results are to be published from the study, confidentiality will be maintained by replacing participant names with pseudonyms.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not wish to answer and will still remain in the study. The researcher may withdraw you from this research if circumstances arise that warrant doing so.

7. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact:

Researcher:

Phillipa Haine
Psychology Department
Rhodes University
0793516122 / hainephillipa@gmail.com

Supervisors:

Prof. Charles Young/ Mr Duane Booysen
Psychology Department
Rhodes University
0466038541 / c.young@ru.ac.za
0466038507/d.booyesen@ru.ac.za

8. DEBRIEFING

You will be offered the opportunity, following the end of the interview process, and at the end of the study, to question the researcher and the study's finding and/or to express any thoughts surrounding the study. If you would like to receive a report of the main findings please indicate this to the researcher in writing.

The intention of this letter is thus to invite you to participate in this study. This invitation has been approved by the Rhodes University Department of Psychology's Research Project and Ethics Review Committee. Attached for your information is a copy of the participant's informed consent forms. If you would like to participate in this research, please complete and return the attached informed consent forms.

Thank you for your time.

Yours sincerely,

Ms Phillipa Haine [Research Student]
Prof. Charles Young [Supervisor]
Dr Duane Booysen [Co-supervisor]

Appendix F

Semi-structured Interviews: Informed Consent Form



Project Title: The professional experiences of early career counselling psychologists in South Africa:
A mixed method study.

Phillipa Haine from the Department of Psychology, Rhodes University has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to explore the professional experiences of HPCSA registered early career counselling psychologists.
2. Rhodes University has given ethical clearance to this research project and I have seen / may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards research that has the potential to inform future mental healthcare policy, administration, governance and funding in South Africa.
4. I will participate in the project by completing one face-to-face or Zoom® interview of no longer than an hour and a half. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life that I am not willing to disclose.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.
7. There may be risks associated with my participation in the project. I am aware that
 - a. The following risks are associated with my participation:

1. I may be asked questions of a personal nature which may cause me some distress.
 - b. The following steps have been taken to prevent the risks:
 1. The researcher will identify the most easily accessible counselling services available to me in the event that I may require psychological assistance.
 2. The researcher is a registered Counselling Psychologist and would be able to provide emergency counselling in the event that I experience psychological distress.
 3. In the case of Zoom[®] interviews, I am required to indicate an emergency contact person who will remain available for the duration my interview. This person will be contacted by the researcher in the event that I require assistance or support in receiving psychological assistance.
 - c. There is a 2% chance of the risk materialising.
8. The researcher intends publishing the research results in the form of journal articles. However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
 9. The report on the research may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible for me to be identified by the general reader.
 10. All Zoom[®] video contact will be encrypted, protecting me from potential eavesdropping by malicious users. Although extensive measures (e.g. use of password protected documents) will be taken to protect my information, confidentiality and identity when engaging in other forms of electronic communication (e.g. email), there is always a risk that my privacy may be compromised when there is unauthorised access on the recipient's side or if an email is delivered to an incorrect address.
 11. I will receive feedback in the form of an electronic copy of the researchers PhD thesis regarding the results obtained during the study. I must indicate to the researcher in writing if I would like to receive this feedback.
 12. I should contact Mr Siyanda Manqele should I have any ethical concerns regarding this study at s.manqele@ru.ac.za or call 046 603 7727.
 13. Any further questions that I might have concerning the research or my participation will be answered by the researcher and/or her supervisors:

Researcher:
 Phillipa Haine
 Psychology Department
 Rhodes University
 0793516122 / hainePhillipa@gmail.com

Supervisors:
 Prof. Charles Young/ Mr Duane Booysen
 Psychology Department
 Rhodes University
 0466038541 / c.young@ru.ac.za
 0466038507/d.booysen@ru.ac.za

- 14. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.
- 15. A copy of this informed consent declaration will be given to me, and the original will be kept on record.
- 16. My interview will be audio recorded.

I, have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document’s contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....
Participants signature **Witness** **Date**

Rhodes University, Research Office, Ethics
 Ethics Coordinator: ethics-committee@ru.ac.za
 t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707
 Room 220, Main Admin Building, Drostdy Road, Grahamstown, 6139

Appendix G

Semi-structured Interviews: Informed Consent Form to be Audio-recorded

USE OF AUDIO RECORDINGS FOR RESEARCH PURPOSES PERMISSION AND RELEASE FORM

Name of participant			
Participants contact details	Email address: Phone Number:		
Name of researcher	Phillipa Haine		
Level of research	Honours	Master's	PhD X
Brief title of project	Professional experiences of early career counselling psychologists in South Africa		
Names of Supervisors	Prof. Charles Young; Dr Duane Booyesen		

DECLARATION

(Please initial/tick blocks next to the relevant statements)

1.	The nature of the research and the nature of my participation have been explained to me.	Verbally	
		In writing	
2.	I agree to be interviewed and allow recordings to be made of the interview.	Audiotape	
		Videotape	
3.	I agree to _____ and to allow recordings to be made.	Audiotape	
		Videotape	
4.	The tape recordings may be transcribed	Without Conditions	
		Only by the researcher	
		By one or more nominated third parties	
5.	I have been informed by the researcher that the tape recordings will be erased once the study is complete and the report has been written OR I give permission for the tape recordings to be retained after the study and for them to be utilised for the following purposes and for the following conditions.		

Signature of participant: _____

Date: _____

Witnessed by researcher: _____

Date: _____

Appendix H

Semi-structured Interviews: Emergency Contact Form

EMERGENCY CONTACT DETAILS FORM

The following form needs to be completed by the participant in the case where a Zoom® interview will be executed. The following information will be used by the researcher in the event that the participant experiences distress during the interview and needs support and assistance. The participant should ensure that the person whom they identify as their emergency contact on this form is aware of the participant's involvement in the interview, and would be available for the duration of the interview (an hour and a half), in the event that they are needed.

Participant Name:

Person to be contacted in event of emergency

Name:

Surname:

Relationship:

Cell Number:

Work Number:

Email:

Home Address:

Work Address:

Participant Signature

Date

Appendix I

Semi-structured Interviews: Interview Schedule

Introduction

My name is Phillipa Haine; I am a counselling psychologist and PhD Candidate at Rhodes University. Thank you for being willing to participate in this research. The purpose of this interview is to explore your lived experience as an early career counselling psychologist in South Africa. While the survey questionnaire you have already completed provides a broad stroke understanding of these experiences, this interview allows me the opportunity to gain a more personal and nuanced understanding of your unique experience. This is an Interpretative Phenomenological Analysis (IPA) interview, which essentially focuses on how you make sense of your experiences. The nature of this interview will therefore be deeply reflective.

Demographic Details [Warm up]

To begin with, please may I ask you some demographic questions?

In which year were you first registered as a counselling psychologist in independent practice with the HPCSA?

What is the highest professional qualification that you have attained?

In which province do you currently reside?

Which language(s) do you speak most fluently?

How old are you?

Do you have any children? Yes No

(If yes) How many?

Are you married? Yes No

A. Employment experiences

1) Could you tell me how you came to be a counselling psychologist in South Africa?

Prompt: What made you pursue a career in counselling psychology? What was the process you followed?

2) Could you tell me about your experience of acquiring employment/ starting a practice as an early career counselling psychologist in South Africa? How did you feel?

3) Could you tell me about the career-related opportunities available to you as an early career counselling psychologist in South Africa?

B. Professional challenges

4) Could you describe your current work setting and the work you do as a counselling psychologist?

5) How do you feel about your current work setting and the work you do as a counselling psychologist?

Prompt: Could you tell me about the best, worst and everyday aspects of being a counselling psychologist? How would you describe your level of satisfaction?

6) Could you tell me how the public and broader healthcare community view the work you do as an early career counselling psychologist?

C. Professional support

7) How would you describe your experience of support as an early career counselling psychologist in South Africa?

Prompt: How would you describe your level of satisfaction with the formal and/or informal support you received?

8) How do you feel about your future career as a counselling psychologist in South Africa?

Prompt: Career growth? Career changes? Uncertainty?

9) Is there anything that you would like to add about your professional experience as an early career counselling psychologist in South Africa?

Closing remarks and thanks.