

Client, practitioner and employer as part of the same public sector

Anita Silvester presents a summary of her research findings

For more than 12 years I have worked as an NHS staff counsellor. During this time I have been aware of how my view of my employer, an employer shared by my clients, has changed, and not always positively. Discussions with other workplace counsellors seemed to indicate that I was not alone with this tension and I began to wonder how this might affect my counselling practice.

I had some interest in this area when I studied for my MA where I surveyed the provision of counselling services for NHS staff in England¹. At the time I also gathered information about the counsellors' experiences of working in the organisation, which was summarised in the dissertation. The opportunity to further develop this aspect of the research came when I embarked upon the professional doctorate in counselling.

My aim in undertaking this research was to understand the impact there might be upon counselling practice when employed by the same organisation as clients. Although this has been specifically undertaken in the NHS (ethical approval ref: 08/H1012/103), it is likely that the findings would be applicable in many other workplace counselling settings.

I am currently writing up this research for my thesis. This article presents the findings thus far, which were also presented at the BACP research conference in May 2010.

Methodology

A cooperative inquiry group^{2,3} was set up and three full cycles of inquiry took place. Cooperative inquiry requires a group of people, known as co-researchers, to meet together and explore a topic of common interest. Each cycle involves four phases: first, the identification of a research proposition or question connected with the overall topic of the research. This is then applied in phase two to their everyday work situation before moving to phase three, during which they 'bracket off' their preconceptions and see or explore their experiences in a new way. The fourth phase involves the group meeting together again to present their findings and

discoveries, from which a new proposition or question might be developed. West⁴ recognises cooperative inquiry as a good method for counsellors researching their practice. Baldwin⁵, Barrett⁶ and Traylen⁷ concur with this approach for research with professional peers, while Charles and Glennie⁸ identify its value in large public sector organisations. The meetings were recorded, transcribed and agreed by the group before analysis began.

Interpretative phenomenological analysis (IPA)⁹ was used to analyse the data and N-Vivo 8 software was employed to manage the large volume of data gathered.

As IPA is generally used to analyse interviews with individuals, particular attention was paid to how this was applied to data gathered from a group. The forthcoming paper by Larkin et al¹⁰ gives recommendations and criteria which need to be considered when using IPA in this way and these were taken into account.

Results from an IPA analysis would usually include a number of quotations from the participants or co-researchers. However, as the main purpose of this article is to disseminate a summary of findings, I have decided not to use them in this instance. In addition, as this article is necessarily quite brief, it would be difficult to adequately demonstrate the nuances and detail of the discussions with the limited number of quotations which would be possible. It is anticipated that a more detailed paper will be written at some stage in the future which will incorporate such details.

Participants/co-researchers

Recruitment of co-researchers took place by advertisements placed in this journal and by contacting a number of workplace counselling network groups throughout the country. All potential participants were required to be employed directly as an NHS staff counsellor, ie they could not work for an EAP (employee assistance programme provider) or be self-employed and contracted in to the counselling service. The length of time

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over issues organisation

commitment required made it difficult to recruit many co-researchers. Five co-researchers from different trusts and parts of the country eventually met six times over a period of 18 months. I am indebted to each member of the group for their commitment and contribution to the research throughout this time.

Findings

Initial findings focused on the experiences of the individuals and of the group. Many categories were developed which expressed these experiences. These categories were reviewed and interpreted to eventually form two super-ordinate themes. These themes were discussed and agreed with all members of the cooperative inquiry group and are represented in figure 1.

Super-ordinate theme one: what is counselling?

This initially considers the understanding of definitions of counselling but also incorporates terminology, power struggle and lack of communication.

Definitions

This is a fundamental question and relevant to all of us who work as counsellors in whatever field, and includes literal, colloquial and perceived definitions. This research demonstrated that in the workplace there is a widespread variation in understanding of what counselling is perceived to be and how different this may be from our own and more 'official' definitions¹¹⁻¹³. This has an immediate impact upon what is expected of workplace counselling and the boundaries counsellors are able to put around it.

Terminology

An understanding of counselling is also necessary to understand some common terms, such as confidentiality. As counsellors it means information stays with us, and possibly our supervisor, assuming no boundaries of harm to self or others are crossed.

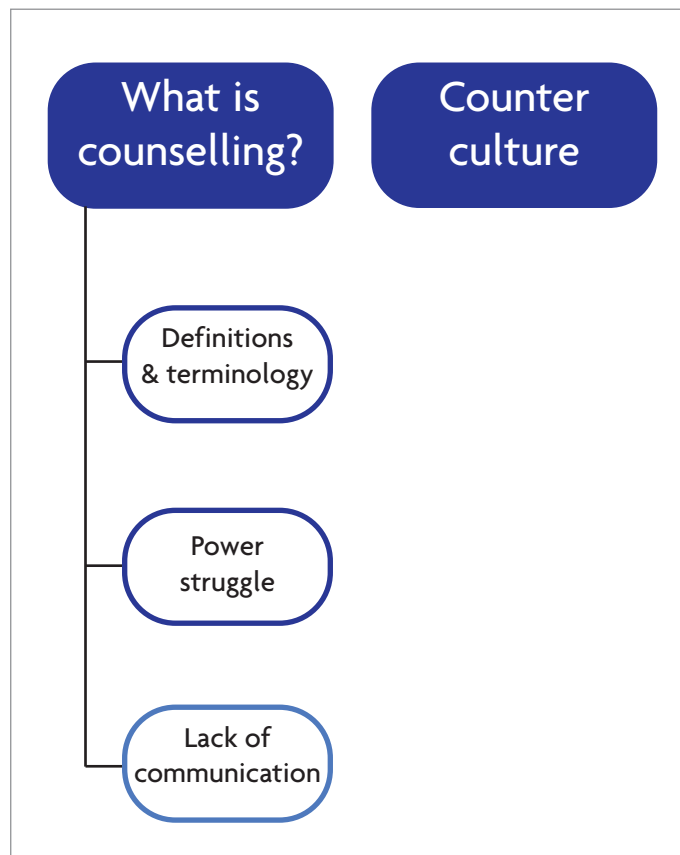


Figure 1. Super-ordinate themes

In the NHS this may mean that it stays within the occupational health department. In some organisations it means shared with 'those who need to know', which can include the manager, particularly in a manager referral service where the purpose of counselling can be seen as primarily a return to work for the client. As the employer they may also consider they have a right to be informed of the progress of clients using the service, if not the details of what is said within sessions. There are examples where even more information is required, which cuts to the very heart of our counselling practice.

As a group we did question whether people really want to know what 'counselling' actually is, anyway. In particular our services may deal with a more troubled part of the organisation, which it might prefer not to acknowledge or know too much about.

Power struggle

This theme is included under 'What is counselling?' as the power struggles identified were usually connected to this lack of mutual understanding of

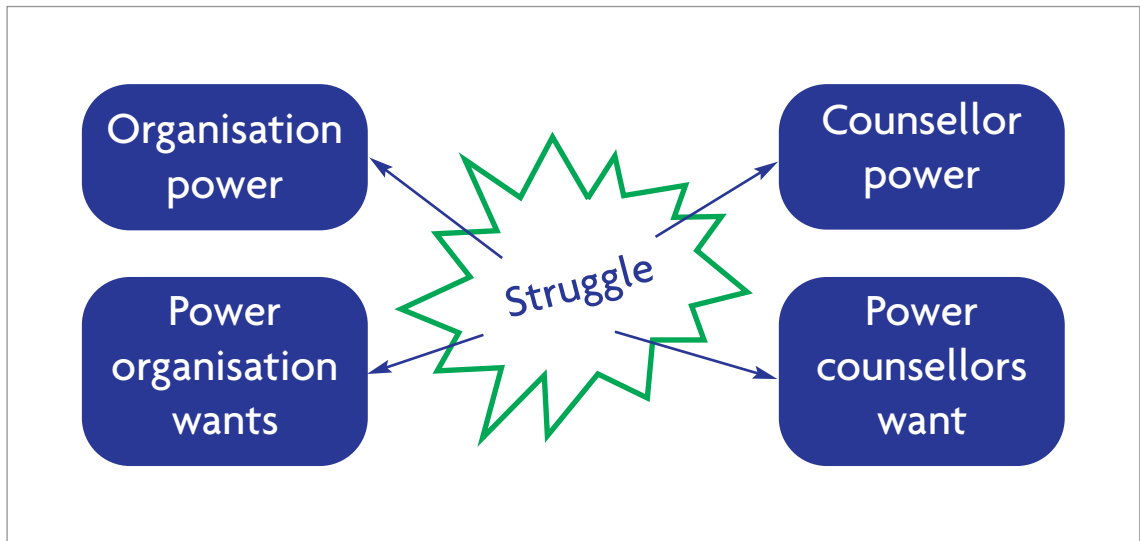


Figure 2. Power struggle

what counselling actually is. This struggle can be demonstrated as shown in figure 2.

Organisational power included issues such as service funding and the provision of appropriate facilities for counselling practice. Organisations were also seen as having or wanting power with regard to information about who uses the service and the issues discussed. This was often demonstrated by a focus on evidencing the value of the counselling service. While we do not disagree with the need to evidence our value in a variety of ways to the organisation, at times it seemed as though power to stipulate the depth, detail and frequency of evidence required lay disproportionately with the organisation. There were examples of times when the need for the collection of this data seemed to overtake the counselling session, but had to be completed in order to ensure the service funding remained in place. As employees of in-house services, we were always conscious of the power the organisation has to choose to use an EAP instead.

As counsellors we did not see ourselves as particularly having power within the organisation. However, interpretation of the data did identify this, which was a surprise. An aspect of the power we have is the perception by the organisation that we are 'keepers of secrets'. We know something about the client, their thoughts, views etc, which the organisation does not; and, along with the 'requirement' within the NHS for staff counselling to be available for all staff, this can be seen as power that we hold.

Lack of communication

This is the second theme within 'What is counselling?' and, once again, it is the lack of agreed understanding of what counselling is which seems to have a major impact upon the extent of communication taking place. Figure 3 demonstrates the ways in which this lack of communication can be seen.

Poor communication of information from the organisation can lead to counsellors feeling excluded, isolated and vulnerable. On the other hand, client confidentiality means that the details, depth or significance of what we do is not communicated. We may offer evidence by way of set measures etc. However, these are indicators and cannot measure the 'essence' of what we do with a client. Consequently we remain unseen and possibly under-valued too. This can affect how we are perceived by the trust, and therefore we can describe ourselves as effectively 'gagged' by what we do.

I think this is one of the themes which we found most surprising, possibly because we see ourselves as good communicators. However, there is a

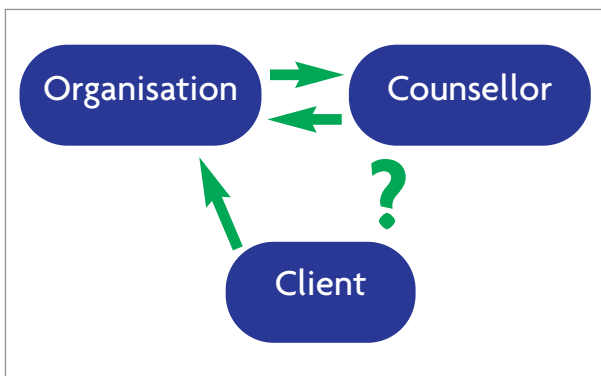


Figure 3. Lack of communication

significant amount of information which we do not communicate; and however appropriate this is, it can be perceived as our being 'precious', which was a term which came up quite frequently.

So how might we not be communicating with our clients? Well, we do not (usually) communicate to clients what we feel about the organisation. We are in a session for the client and their needs, therefore it is appropriate for us to refrain from this sort of communication.

Clients rarely talk to the organisation about their experience of counselling, so their view is not communicated. In addition there is a possibility that clients might not communicate fully with the counsellor if they suspect that they are instruments of the organisation. Once again, the understanding of what confidentiality means or is understood to mean, is important.

Super-ordinate theme two: counter culture

This theme incorporates how our counselling practice runs counter to the prevailing organisational culture. Our focus is very much on the individual rather than a corporate employee group – we 'humanise' the organisation. Working on a one-to-one basis and allowing 50-minute sessions runs very counter to the time and target-driven culture of the NHS.

Another aspect of how we are counter to the organisational culture is that, for the NHS, patients are the priority, whereas for us, it is the staff. This illuminates another potential area of cultural difficulty. The organisation often assumes we will help the client to return to work; however, as counsellors, we often focus on ensuring that the

client is able to make the decision that is right for him at that point. Yes, we may hope that it will mean returning to work, but it may mean leaving the organisation. This concept we recognised would probably not make us particularly popular with the organisation!

Recommendations

The main recommendation that I am currently working on is the development of what I have called a 'counselling continuum'. This acts as a bridge between the extremes of understanding of what counselling is. Figure 4 gives a simplistic yet, hopefully, useful view of this continuum. The terms used and their positioning is not absolute and does not indicate where I think these aspects lie, rather they give an indication of what issues counsellors might need to consider if we are to be employed in an organisation.

When we emerge from counsellor training, keen and enthusiastic, we are likely to have a fairly purist, even idealistic belief in how we are going to practise as counsellors. This will of course have been influenced by our training institution and also where a placement took place. My suggestion however, is that it might place us towards the left-hand side of this line.

The far right is a very managed service with perhaps a three-week model, two or three (or even more) questionnaires to be completed during a session. Detailed figures and reports are fed back to the manager who referred the member of staff, and the counsellor works with the manager to effect a return to work.

Between these two extremes are examples of

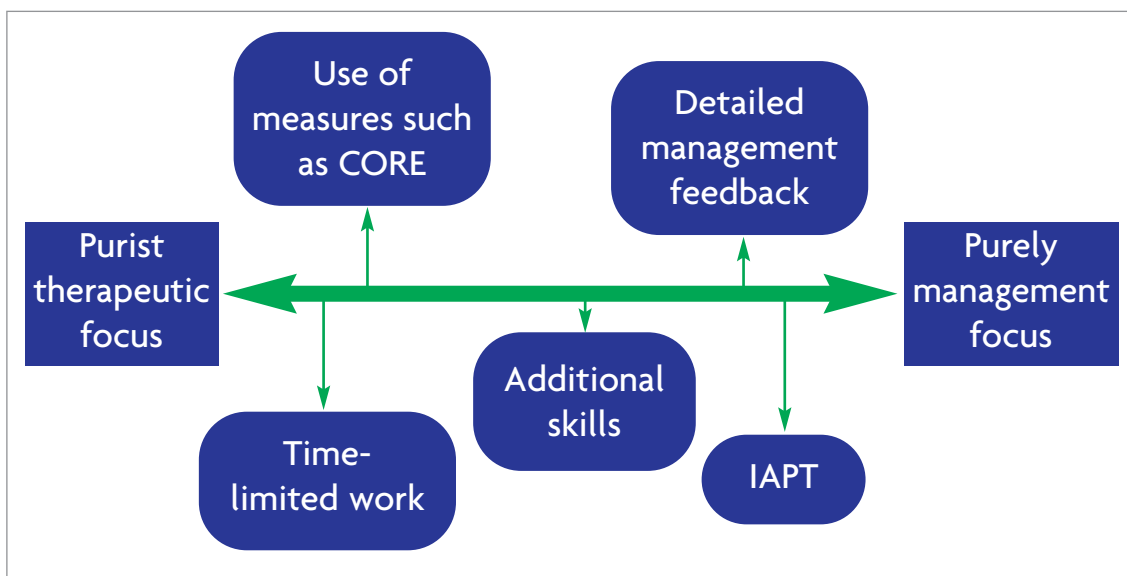


Figure 4. Counselling continuum

challenges a counsellor might face in order to work for that organisation. Additional skills such as training or mediation might be very positive for some. However, others might require some level of compromise from the counsellor or a reappraisal of what they are actually able to offer in this situation.

My suggestion is that counsellors in training might be encouraged very specifically to explore how far along this continuum they are prepared to go in order to make themselves employable.

It is also likely to be helpful to consider this continuum when faced with a job specification, or to inform the questions you might ask of a potential employer. I think that every job description I have seen asks me to 'provide counselling' but, as the understanding of what this means can be very different for employer and counsellor, some clarification seems essential for both parties.

I appreciate that personal circumstances and opportunities may cause you to place yourself at a particular point on the continuum which might not be of your choice. It seems important however, to understand this. I am also aware that similar issues may arise regarding compromise in many professions, not just counselling. However, I believe that the generalised lack of real understanding of the term 'counselling' makes it particularly pertinent for our profession.

Some of the issues discussed here were also considered by Walton¹⁴ in the last *Counselling at Work* journal. He recognises the impact of organisational dynamics on the way in which a workplace counsellor is able to practise and gives some suggestions as to how they might 'keep safe and focused'.

The fundamental nature of some of the findings of this research perhaps indicates the need for a more wide-ranging discussion and consideration of what is understood by the term 'counselling' in the present day. McLeod¹⁵ introduced a 'radical vision' for the future of counselling, in which he outlines the differences between the public perception of the term counselling and the practice of many counsellors today. He cautions that unless there is an agreed understanding of what counselling is, as distinct from psychotherapy, then it is in danger of being lost altogether. The ongoing discussions regarding regulation and membership of the Health Professions Council (HPC) also touch upon these issues.

It was a discussion of a similar nature which aroused such passion during the plenary discussion at the BACP Workplace conference in March this year. This highlighted the diverse interpretations we have as therapists as to what a workplace

counsellor is, and perhaps lends a sense of urgency to the need for resolution of this question.

Conclusion

This study was specifically undertaken to research the impact of counsellors working with staff in 'in-house' NHS counselling services. I recognise that the experiences of counsellors who work within the EAP system may be very different due to the more specific contracting which takes place between an organisation and counselling provider and counselling provider and contracted counsellor. However, it would seem that the more fundamental questions that have been raised have a relevance to the future situation of the profession as a whole and not just counselling in a workplace setting. ■

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