

Self-esteem workshops for mental health professionals: Here are the outcomes, but where is the process? An open letter

Jerome Carson¹ and Patrick Hopkinson²

Abstract: This paper takes the form of an open letter between the groupwork researcher (the first author) and a commissioning manager (the second author). The first author conducted a randomised controlled trial of a series of self-esteem workshops for staff, using quantitative methods and detailed statistical analysis. While the outcomes of this research seem clear, the individual participants and the group processes are lost in this analysis. In his reply, the second author points out some of the problems with the quantitative approach to studying groupwork and makes a plea for the inclusion of more qualitative methods. He also outlines practical suggestions for teasing out process issues in groupwork.

Keywords: quantitative and qualitative methods; randomised controlled design; outcome measures; staff stress; self-esteem; stress process

1. Senior Lecturer in Clinical Psychology and Honorary Consultant Clinical Psychologist.
2. Commissioning Manager, Lewisham Partnership.

Address for correspondence: Dr Jerome Carson, King's College London, Institute of Psychiatry, Psychology Department, Henry Wellcome Building, De Crespigny Park, Denmark Hill, London SE5 8AF. JeromeCar@aol.com

Dear Patrick,

It is generally recognised that the randomised controlled trial (RCT) is the gold standard in research evaluations. I have conducted two of the handful of evaluations into staff stress interventions with mental health professionals. You will be aware that the first of these (Carson et al, 1999), failed to find any difference between a social support based intervention and a feedback only condition. The second was a more recently completed study of a self-esteem based intervention. The latter study arose from a hunch that enhancing self-esteem workshops might prove a more effective intervention to try and tackle staff stress, than the social support workshops proved to be. Like most studies, it started with a pilot study. I had been running 'Enhancing Self-Esteem' workshops for a private training provider, the Association of Psychological Therapies. These were three day workshops, that were conducted in a variety of locations throughout the country, largely for statutory services. Having facilitated a number of these workshops, I decided to conduct a simple pre and post analysis of the effects of these workshops (Carson et al, 2001). The results showed that self-esteem workshops led to significant improvements across a range of standardised measures. Before describing the workshops and the outcomes of the RCT, it will be helpful to step back and say something of the stress process and how self-esteem fits into this.

There are numerous models of the complex process of staff stress. Most adopt a stressor-strain type model. My own contribution along with Professor Elizabeth Kuipers, has been to develop a stress process model (Carson and Kuipers, 1998). This model postulates three separate levels to the stress process. The first constitutes the issue of *stressors*. Three types of stressors can be identified. These are major life events, specific occupational stressors and the more innocuous hassles and uplifts. The second, is the level of *potential moderators*. These are a series of factors that might moderate the effects of stressors on individuals, such as coping skills, social support, hardiness, mastery, emotional stability, physiological release mechanisms and self-esteem. Our more recent work, suggests that the support of your line manager and level of personal happiness are also important contributors (Carson, 2005). The third level is that of *stress outcomes*. We have argued that these can be either positive or negative. Positive stress outcomes are high

job satisfaction and psychological health. Negative stress outcomes are low job satisfaction, occupational burnout and psychological distress. Our original idea was to tackle social support as a potential stress management intervention, but as I pointed out above, this was unsuccessful. Self-esteem seemed more encouraging after a pilot study, so I decided to use this as the focus of an RCT.

I advertised the study throughout the South London and Maudsley NHS Trust. I then ran a series of introductory talks on the workshops. At these, staff were informed about the workshops. They were provided with information sheets and consent forms. They then completed a series of questionnaires, designed to tap into the key elements of the stress process. Once they had completed these, they were randomly allocated to either one of three immediate workshops, or to three delayed workshops, which would be commencing six months later. All staff were allowed to attend a workshop, but were not allowed to stipulate, whether this would be immediate (Intervention Group), or delayed (Control Group). The reason for adopting this design was to try and control for the effects of time on stress process measures (as people's scores might just improve over time) and also for the effects of knowing you are going to be receiving an intervention. In itself, this might create a positive expectation in staff, which would also need to be controlled for. I also wanted a design that would ensure that all staff would receive the actual intervention. Participants had to complete the study questionnaires on four separate occasions, prior to randomisation, at the start and end of the three day workshops, and at six month follow-up. You are probably wondering what the workshops actually comprised.

The workshop programme comprised 10-modules delivered over a period of three days. The workshops had three main aims. First, to boost the self-esteem of staff participants. Second, to provide all participants with the necessary manuals and handouts to be able to run similar workshops in their own clinical settings, should they so desire. Third, to provide information on existing self-esteem resources and experiences of working in the area. A highlight of the workshops, was that on the last day, each participant had to present a brief talk or demonstration on a topic related to self-esteem. The modules were

- Introductions, assessment, definitions and rationale.
- Self-awareness, achievements and self-esteem.

- Self-image, self-belief and self-esteem.
- Friendships and self-esteem.
- Our relationships with our clients/students and its effects on their self-esteem.
- Affirmations.
- Roles, identity, self-esteem and storytelling.
- Unpacking self-esteem packages.
- Participant presentations.
- Setting self-esteem goals and filling buckets.

To test the effectiveness of the intervention, analysis of covariance was conducted on the Intervention Group (at randomisation and post workshop) and on the Control Group (at randomisation and prior to the start of the workshops some seven months later). Analysis of covariance controls for any baseline differences in study variables. So even if there were differences between the two groups after random allocation, the analysis would partial these differences out, so they don't affect the results. The measures that we used were largely all standardised outcome measures, with published information on their reliability and validity. Streiner (1993), has provided a helpful checklist for evaluating the relative merits of different rating scales. Standardised scales meet his key criteria. These are:

- that scales have carefully chosen item selection and item analysis procedures.
- that their reliability or accuracy is known.
- that they have established validity, that is they measure what they are meant to.
- that they have adequate utility, that they are quick to complete and easy to score.

The *stressor* measure I chose was the Perceived Stress Scale. This is a 10 item scale used to rate the amount of stress respondents have experienced in the last month (Cohen at al, 1983; Cohen and Williamson, 1988). *Potential moderators* included three measures of self-esteem. These were chosen, as the main focus of the intervention was to boost self-esteem. The Rosenberg Self-Esteem Scale is a 10 item questionnaire, which is the most widely used self-esteem measure in the worldwide literature (Blaskovich and Tomaka, 1991). The

Rosenberg is said to be more of a trait measure, than our second self-esteem scale, the 20 item Heatherton Self-Esteem Scale (Heatherton and Polivy, 1991). In addition I added my own Visual Analogue measure, which had two questions. These were, 'How would you rate your current level of personal competence: your ability to perform the basic tasks of living?' and 'How would you rate your current level of self-worth: how you feel about yourself as a person?' Both these items were rated on a five inch visual analogue scale, which could then be scored on a 0 to 100% basis, depending where the individual had marked on the line. *Stress outcomes* included the General Health Questionnaire (GHQ-12, Goldberg and Williams, 1988) and the Maslach Burnout Inventory (Maslach and Jackson, 1986).

The results of the self-esteem intervention were again positive, though not as robust as the pilot study findings. Analysis of covariance showed that the Intervention Group demonstrated significant improvements in their Visual Analogue self-worth ratings. These rose from an average of 60 to 77 in the Intervention Group and from 60 to 63 in the Control Group. This was a statistically significant difference ($p < 0.01$). They were also less distressed psychologically on the GHQ-12. Likert scores for the Intervention Group before the workshops were 15.3, falling to 11.1 after the workshops, and for the Control Group were 11.7, rising to 13.7 ($p < 0.05$). Staff in the Intervention Group experienced less Perceived Stress following the workshops, 20.7 dropping to 16.2, in contrast to 18.5 rising to 19.0 in the Control Group ($p < 0.05$). Boosting the self-esteem of staff, can therefore lead to improvements in their ability to manage stress. However despite these positive findings on psychometric measures of the stress process and all the elements of the RCT such as power calculations (knowing in advance how many participants you will need to demonstrate a significant change) and effect sizes (being able to judge the magnitude of the changes you find), something is missing. I have some of the outcomes, but somewhere along the way I have lost the process? Can you help?

Awaiting your reply,

Yours sincerely,

Jerome

Dear Jerome,

Thank you so much for your letter. You are right that the randomised controlled trial is the paradigm of quantitative research. The problem is that it has directed attention towards a mechanistic approach to outcomes, usually formulated as, 'intervention 'A' causes a change in phenomena 'B'. There are two problems with this approach. Firstly, there is an assumption that an intervention, such as a self-esteem workshop, actually causes a change in self-esteem, as if through some sort of magical incantation. This might be the case, but it is equally likely that the self-esteem workshop enabled or empowered participants to make the changes themselves, as active agents rather than as passive recipients (Pawson and Tilly, 1997, Ch. 2). Further, the relationships nurtured within the self-esteem workshop may also have had an important effect. Markoff et al (2005) argue that the development by the group of, for example, a collective understanding in which each members' perspectives is shared and explored is an essential vehicle for, what they term, 'relational systems change'. Secondly, the need for quantification tends to make important what is measurable and turns the focus away from less tangible factors that might actually be of equal or greater importance (Yates, 2004), and which may also provide insight into how a group intervention works. Quantitative experimental methodology also imposes a number of restrictions and demands that may make research difficult to conduct. For example, the sample size necessary for statistical analysis may be unobtainable. Ultimately, the need to apply experimental conditions may mean that some situations are too uncontrollable and unpredictable, in other words too much like real life, to be researched.

Fiona McDermott (2005) and Michael Preston-Shoot (2004), have both argued for the need to evaluate groupwork more effectively, and for the use of methodologies other than controlled trials and experimental designs in order to do this. You too have clearly found that despite having evidence of outcomes, something is missing. This leads to the main purpose of my letter, which is to show how qualitative research can help to fill this gap. An example of this is provided by Vander Wel et al (2005), who conducted 12 group sessions aimed at improving the cardiovascular health of participants. A quantitative evaluation indicated positive results, but said little

about how these had been obtained. In order to remedy this, the team also conducted a qualitative evaluation, which identified the components that had made the groups effective. These included the creation of a learning environment by group facilitators and the support that group members offered to each other.

So much for the methodological arguments, you are probably wondering how you might conduct a qualitative evaluation. This is perfectly reasonable, since, as McDermott (2005) pointed out, the majority of groupworkers are not researchers and even if, like you, they do have considerable research experience this will have been gained using quantitative methods and experimental designs. Even getting started with a qualitative project can be confusing, particularly if you have to 'unlearn' a number of the basic principles of quantitative research. I shall take you through the stages of a qualitative research project in order to reveal both the opportunities and advantages and some of the challenges and pitfalls that emerge from this approach.

The research question...

The place to start is to identify a research question. This does not need to be as precisely formulated as a research hypothesis, in fact, the aim is not to actually test the question but to use it as a means of enquiry. The question might be general, for instance, 'What do the group members think helped them?' or specific: 'Did members think that the relationships they developed as part of the group helped them to reflect upon the way they thought about themselves?' The question can be taken from topics suggested by the literature on groupwork, or, and I think that this is of great importance, from your experience as a groupworker. The ability to generate and explore questions grounded in the tacit knowledge and experience of practitioners rather than in the published work of others is one of the strengths of qualitative research (Meerabeau, 1995).

...and the data to answer the question

The next step is to identify what data you might gather and what form it might take. The data must be appropriate to the research question and must be amenable to analysis. Qualitative research usually deals

with text and so the data often takes this form, but observations, both participant and non-participant, are also used. To aid analysis, the data must be stored in some way, either as a transcript of a conversation; as a written submission composed by a participant; as a sound recording or as a video. Naturally there are ethical considerations with many of these media and it is essential to gain and maintain the consent of group members. This applies to all forms of research but is particularly pertinent in qualitative research, where concern for the status of participants is paramount (Woolgar, 1996). Research participants willingly engage in the research process and are active contributors and stakeholders with a more or less equal claim upon the results of the research as the researcher has. Additionally, the data must be kept manageable; it is all too easy to be swamped by reams of paper and hours of recorded material, to the point where analysis becomes a Herculean task and the average researcher decides that going any further is beyond mortal ability.

How to gather the data

Next, consider how you might gather the data. Here, I shall focus on the generation of text rather than on observation, since this is still the most common form of data. The classic method is the semi-structured, open-ended questionnaire, administered in a one-to-one interview (Hopkinson, Hardy, et al, 1998), but there are alternatives. Of particular relevance to groupwork, for instance, is the focus group, which can also put participants in a more active role than in an interview. Whichever method is used, you will still have to consider what questions you will ask. It is essential to make sure that these actually relate to the research question, and again they can be drawn from the literature and your own experience. The aim is to broadly cover the area you are interested in and it is perfectly acceptable to use follow-up questions to 'drill down' or to prompt. Examples of questions to ask might be, 'Was there anything that anyone in the group said that had a particular meaning for you or an impact on you?' or, 'What made you feel differently about yourself?'

The aim of the interview or the focus group is to elicit information and therefore flexibility is required. Questions might need to

rephrased; expanded upon; defined; repeated if misunderstood or re-examined in the light of answers to other questions. The role to take is that of a facilitator, in which you assist the production of information, rather than that of an inquisitor, aiming to extract the truth from naïve witnesses. In qualitative research, the interview (or the focus group) is a shared endeavour, in which all parties work together to create answers to the questions.

As Brenner et al (1985, p.3) put it, a qualitative interview, ‘...allows both parties to explore the meaning of the questions and the answers involved, which is not so central, and not so often present, in other research, in other research procedures’. Power and ownership should be shared more equally than is often the case in quantitative research.

How to carry out the analysis

The next step is to consider how the data will be analysed. There are a number of more or less well-known methods, the most prominent being grounded theory (Glaser and Strauss, 1967, Ch. 1) and discourse analysis (Gill, 1996). Unlike statistical tests, such as chi-square or factor analysis, these methods are essentially frameworks within which to operate. For instance, you might read a number of published papers that state that their approach was based on grounded theory and which utilise a set of principles rather than follow a strict list of procedural rules. Tests of statistical significance do not offer such methodological flexibility.

The examples of grounded theory and discourse analysis are useful in that they illustrate two contrasting methods in qualitative research. Grounded theory approaches the data with as much neutrality as possible. The aim is to identify theories that emerge from the data itself rather than are imposed upon it from outside. In this way, the theories are grounded in the data and are then tested in order to establish their veracity. Discourse analysis approaches the data critically, some might say sceptically, and identifies the way that language is used to perform actions such as persuasion or blame and how words and phrases are used rhetorically to construct a convincing version of events. In many ways, these methods represent two extremes and between them are a number of other approaches, such as Interpretive Phenomenological

Analysis (Smith, 1996), which balance neutrality and critical enquiry in different ways.

One of the defining principles of qualitative research is that data collection and data analysis are not discrete activities (Hopkinson, Hardy, et al, 1998). Analysis usually begins well before all the data has been gathered and guides the collection of further data, in a process termed 'recursion'. New avenues can be explored with either the original participants or with others and, using grounded theory-like approaches, theories can be developed further or abandoned in the light of new evidence. Similarities, differences and contradictions, often ignored in other forms of research, are the engines that drive qualitative research.

I expect that you are concerned about how valid and reliable such a flexible and interpretive research methodology can be. Qualitative methods have been criticised as being too subjective; too open to interpretation and too lacking in rigour. I feel that fundamentally these are issues of honesty and trust. Bias is not only found in qualitative research and many of the criticisms really concern bad research rather than methodology. Good qualitative research should demonstrate consistency. It is important to show how the research was carried out and how decisions about the data and how it should be analysed have been made, much in the same way that a description of method is essential for quantitative research. Good research should also be open about the question of neutrality. It is important to consider and expose your own perspectives and beliefs in relation to the research topic (Hopkinson, Carson, et al, 1998) in the spirit of Starbuck and Nystrom's (1984, p.xiii) dicta: 'one can compensate for the biases one acknowledges, but not for the biases one denies' and 'one's readers and listeners can compensate more easily for the biases one acknowledges.' There are a number of ways of meeting these requirements for good research. Prominent amongst these are respondent validation and triangulation. Respondent validation is one of the core principles of qualitative research and is enshrined within grounded theory. Respondent validation involves checking your analysis and results with the research participants. The types of questions to consider are, 'Does my account make sense to you?' or, 'Does my analysis reveal to you underlying factors, which had previously been implicit, in a way that you understand?' Triangulation

is usefully considered as consisting of three types (Robson, 1993, Ch. 10). The first, method triangulation, involves collecting data using more than one method. These might be interview and observation, for example. The second, researcher triangulation, involves using more than one researcher to gather and analyse data. The third, analysis triangulation, involves using more than one analysis method, which might mean two different types of qualitative analysis or a mixture of both quantitative and qualitative methods. Respondent validation and triangulation together reduce the risk of too much subjectivity and too little analysis.

What to do after the analysis

The aim of a qualitative evaluation is to produce an analysis that offers a greater understanding of the topic being researched and which provides an answer to the research question. We have to accept that not every practitioner wants to publish. This should not be a barrier, however, to the effective evaluation of groupwork and I believe that qualitative research offers a 'way in' for practitioners to do this. I also maintain that qualitative approaches produce research that challenges other practitioners to explore their own work and so should be published as widely as possible in order to add to the literature and prompt the evidence based development of groupwork (Preston-Shoot, 2004). Regardless of this, the results of the analysis should provide at least some insights into the way that the group functions and should offer a complex but rich answer to the research question. Of course, the quantitative evaluation of groupwork is still essential and there are opportunities to combine quantitative and qualitative approaches to triangulate and to evaluate.

Practically, then, how might you apply the methodology that I have outlined to the evaluation of the self-esteem groups? You found changes in stressor, potential moderator and stress outcome measures following the intervention, but how were these achieved? It might be informative to find out which modules, or parts of modules, participants felt had the most impact on them and why, or what they felt was particularly important about working in a group. Was it, for example, meeting people with similar experiences or meeting people with different experiences? What was important about sharing

experiences? How did the workshops enable this? What was the interaction between the facilitator of the modules and the participants and what impact did this have? These are just some of the many questions that you might want to ask about the process involved in the self-esteem workshops and you might also want to find out about participants' intentions of running similar groups themselves. The first task is to derive a suitable research question, which might be, 'How did the self-esteem workshops reduce the feelings of stress, increase the self-esteem and improve the stress outcomes of participants?' or, 'What role did the facilitator play in the effectiveness of the workshops?'

The next step is to ask the participants questions that will help them to assist you to answer your research question. It might be beneficial to run a focus group with the participants as near to the end of the final session as possible in order to do this. I recommend this because participants are likely to be most motivated to attend at this point, the events will be most fresh in their memories and the quantitative measures taken at the end of the programme will still be fresh. Using a focus group rather than individual interviews is consistent with the group basis of the workshops and also offers an alternative perspective to the individually derived scores. The aim of the focus group will be to engage the participants in a discussion about how they believe the workshops made a difference for them. The questions can be general and open-ended to begin with, but you will need to be able to focus the discussion at times to fully explore the variety of experience and attitudes that you are likely to elicit more fully. It would make sense to tape record the discussions so that you capture the richness of this data. Analysis could be via a less 'critical' form of discourse analysis: what participants say about their experiences is as important as the way they talk about them in this situation and the results of the analysis should be fed back to the participants as a group and validated with them.

The focus group could form a regular part of the programme evaluation and opens up a number of opportunities. For instance, where appropriate, direct observation of the workshops could be used to triangulate with the results from the focus groups and the information gained about processes used to identify ways to develop the workshops further. Additionally, the quantitative and the qualitative data could be triangulated to then evaluate the effectiveness

of these developments. This way, you will be able to link both process and outcome to tailor the programme more precisely.

I hope that the generic methodology and the ideas about the qualitative process analysis of the self-esteem workshops I have outlined are helpful and inspire in you some ideas about how you might be able to explore group processes and make the workshops even more effective. Writing this letter has certainly awoken me to some of the opportunities for research into processes. Perhaps, in the true spirit of qualitative research, we should have a go?

Yours sincerely,

Patrick

Acknowledgements

The first author is grateful to all the staff who participated in the self-esteem workshops. Dr William Davies originally developed these workshops. Professor Elizabeth Kuipers and Professor David Hemsley supervised the first author's PhD research.

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