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RESEARCH ARTICLE

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Work involvement and work satisfaction of psychotherapists—A nationwide online survey among psychotherapeutic practitioners in Germany

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Abstract

Objective: The aim of this study was to explore psychotherapist characteristics associated with work involvement and work satisfaction among psychotherapists in Germany.

Method: In total $N = 1358$ psychotherapeutic practitioners with different levels of training participated in our nationwide online survey, we assessed work involvement and its sub-concepts of healing involvement (HI), stressful involvement (SI) and work satisfaction (WS) using the *Therapist Work Involvement Scale* (TWIS) and combined HI and SI into practice patterns.

Results: In our study, the levels of HI and WS were high, whereas SI was low. The percentage of effective practice patterns was higher than in previous studies, whereas challenging practice patterns were lower. HI, SI and WS were associated with gender and age, indicating that male and younger participants showed more SI but less HI and WS. Psychodynamic therapists reported more SI and WS. The number of weekly therapy sessions was related to HI, SI and WS. Furthermore, HI was positively related to WS and negatively to SI, while SI and WS were negatively correlated.

Conclusion: Our results indicated that therapist characteristics influenced their work involvement and work satisfaction. Therefore, therapist training and interventions should consider individualized approaches based on the relevant therapist characteristics to foster HI and WS while reducing SI. One could speculate whether the changes in psychotherapeutic training may have already contributed to improved practice patterns over the last decades.

KEYWORDS
healing involvement, licenced psychotherapists, practice patterns, psychotherapists in training, stressful involvement, work involvement

1 | INTRODUCTION

As Wampold and Brown showed, around 5% of the variability of therapy outcome can be traced back to therapist effects (Wampold & Brown, 2005). One of these therapist variables is the work involvement of the psychotherapist during therapy (Orlinsky et al., 2011; Orlinsky & Rønnestad, 2005). To examine this work involvement among psychotherapists, Orlinsky and his colleagues developed the concepts of healing involvement (HI) and stressful involvement (SI) during psychotherapy (Orlinsky et al., 2011; Orlinsky & Rønnestad, 2005). HI and SI are factor-analytically distinguishable constructs representing therapists' work experience on reliable scales (Orlinsky & Rønnestad, 2005). Therapists who report a high level of HI experience themselves as invested, efficacious, accommodating, affirming, skilful, receptive, in the flow (stimulated, inspired) and able to cope with difficult situations during psychotherapy. In contrast, SI during therapy indicates the experiencing of frequent difficulties, boredom, anxiety and non-constructive coping strategies such as avoidance (Orlinsky et al., 2011; Orlinsky & Rønnestad, 2005). In a large study of more than 4200 psychotherapists in Western countries, Orlinsky and Rønnestad (2005) found a mean of 10.2 ($SD = 1.7$) for HI and of 4.1($SD = 1.7$) for SI on scales ranging from 0 to 15 (Orlinsky & Rønnestad, 2005).

The concepts of HI and SI as well as their included facets of therapist characteristics like coping styles, perception of difficulties in practice and attitudes towards their therapeutic work influence psychotherapy success and patient outcomes (Heinonen & Nissen-Lie, 2019). Self-ratings and observer ratings demonstrated that HI and SI were—inter alia—significant predictors of patient symptom distress, interpersonal problems and global functioning in a naturalistic psychotherapy setting (Nissen-Lie et al., 2012). Even if SI is more associated with therapist than with patient characteristics (Zeeck et al., 2012), both concepts influence the patients' self-perceived level of distress, interpersonal problems and observer-rated global functioning (Nissen-Lie et al., 2012). Moreover, SI and HI rank among the psychotherapist characteristics that contribute to early ratings of patient-rated therapeutic alliance in long-term and short-term treatments. They also account for the between-therapist variance in the therapists' alliance ratings (Heinonen et al., 2014). Since the alliance is relevant for therapy outcome (Ardito & Rabellino, 2011), HI and SI impact the effectiveness of psychotherapy.

Previous studies indicated that licenced psychotherapists (LPTs) as well as those still in training (psychotherapists in training; PiTs) experienced more HI than SI (Evers et al., 2019; Zeeck et al., 2012). In terms of the factors associated with HI and SI, a distinction could be made between stable factors and factors that are—at least in principle—changeable. The stable factors associated with HI include gender, age and psychotherapeutic approach. In earlier studies, women reported a higher level of HI than men (Orlinsky & Rønnestad, 2005). Furthermore, in that study, HI was positively associated with age, the duration of therapeutic practice and the number of treated cases (Orlinsky & Rønnestad, 2005). The development of HI was predicted by the therapeutic orientation, indicating that HI increased more among trainees in cognitive behavioural therapy (CBT) than among trainees in psychoanalytic or psychodynamic therapy (Evers et al., 2019). Accordingly, in an international sample of psychotherapists of all career levels, Orlinsky and colleagues demonstrated a positive correlation between the level of HI and a cognitive therapeutic orientation (Orlinsky & Rønnestad, 2005).

Among the factors that are in principle changeable, psychotherapists' HI seemed to increase through training, while SI appeared to remain stable (Evers et al., 2019). Advanced trainees expressed more flow experiences during psychotherapy and felt more effective and skilful than their less experienced colleagues still undergoing training (Messina et al., 2018). Technical skills ($d = 1.06$), basic relation alliance skills ($d = 0.68$) and constructive coping strategies ($d = 0.35$) of PiTs increased with practical therapeutic experience, and the perception of difficulties in practice ($d = 0.29$) decreased (Dennhag & Ybrandt, 2013). Another variable aspect that influenced HI was the perception of one's own work setting. Studies demonstrated that the perception of appropriate professional support, a positive work morale, perceived professional autonomy or sense of satisfaction were positively related to HI (Orlinsky & Rønnestad, 2005; Schroeder et al., 2015). Regarding work load as an aspect of the work setting, previous research demonstrated that HI was positively associated with current caseload (Orlinsky & Rønnestad, 2005).

Supervision—another factor that can be influenced—seemed to be positively correlated with HI in some studies (Orlinsky & Rønnestad, 2005) but not in others (Messina et al., 2018). Furthermore, work satisfaction (WS) related positively to the development of HI (Evers et al., 2019). However, as this is a correlative relationship, it was also possible that higher HI led to more WS or that both constructs were determined by a third variable.

Key practitioner message

- The study—We present a nationwide study with a large sample of psychotherapeutic practitioners from all levels of training about the relationship between different psychotherapist characteristics and both work involvement and work satisfaction.
- The findings—Effective practice patterns increased among psychotherapists in Germany over the last decades. Additionally, different therapist characteristics proved to be relevant for the work involvement and satisfaction of psychotherapists.
- The implementations for clinical practice—Conclusively, the changes of the psychotherapeutic training over the last decades as well as the work setting of psychotherapists in Germany may foster effective practice patterns. However, individual therapist characteristics need to be considered in interventions and training programmes to promote positive work involvement.

Gender and age are stable factors that are associated not only with HI but also with SI: Female psychotherapists reported feeling stressed more often and worried about their work (Sievers, 2011). However, in a larger study, male (especially younger male) therapists had higher levels of SI than female therapists (Orlinsky & Rønnestad, 2005). Additionally, SI seemed to decrease with age among PiTs (Evers et al., 2019; Taubner et al., 2010) and with increasing professional experience (years of practice) (Orlinsky & Rønnestad, 2005). Just like HI, SI also differed between the therapeutic orientations. This is an indication that trainees in cognitive behavioural and psychoanalytic therapy experienced their therapeutic work as less challenging than did psychodynamic PiTs (Taubner et al., 2010). The latter reported a higher level of difficulties in practice than cognitive behavioural trainees (Dennhag & Ybrandt, 2013). In terms of the country in which the therapists work, German therapists reported 3% more SI than the international average (Orlinsky & Rønnestad, 2005).

Some basically changeable constructs related to HI were also associated with SI. However, regarding training, some studies reported that—as opposed to HI—SI remained rather stable over the course of training and was predicted more by PiTs' age than by the amount of training (Evers et al., 2019; Taubner et al., 2010). Other studies found that more advanced trainees experienced less SI (Messina et al., 2018; Taubner et al., 2010). The self-rated competence of PiTs was related to higher HI and lower SI (Taubner et al., 2010).

With regard to work setting, previous studies showed that working in a day hospital or inpatient setting as opposed to working with outpatients or in private practice went hand in hand with more SI (Zeeck et al., 2012). Furthermore, a perceived lack of support or a less satisfying work setting was related to SI (Schroeder et al., 2015). Supportive supervision did not seem to offer protection from SI, but receiving criticism during supervision was associated with the SI subscale for avoidant coping (Messina et al., 2018). A lack of professional autonomy or not having a private practice influenced the self-perceived level of SI among psychotherapists, suggesting that SI was related more to the therapists' work situation than to their personal characteristics (Schroeder et al., 2015).

As HI and SI represent independent dimensions of psychotherapists' work experience, Orlinsky and Rønnestad (2005) combined the dimensions into four profile patterns for therapists by distinguishing high versus low HI and high versus low SI. (Orlinsky & Rønnestad, 2005). This resulted in four practice patterns (see Figure 1). Effective practice is the most common pattern reported by therapists in western countries (50%) and is manifested by constructive coping, high personal investment and an affirming and accommodating relationship with patients. Difficulties in practice are rare among therapists with this pattern. Therapists with challenging practice patterns (23%) reported some doubts about their therapeutic skills and distress during their work, but at the same time, they used constructive coping strategies to deal with this stress and still remained invested in their practice. Distressing practice was reported by 10% of all therapists and describes a work practice with frequent

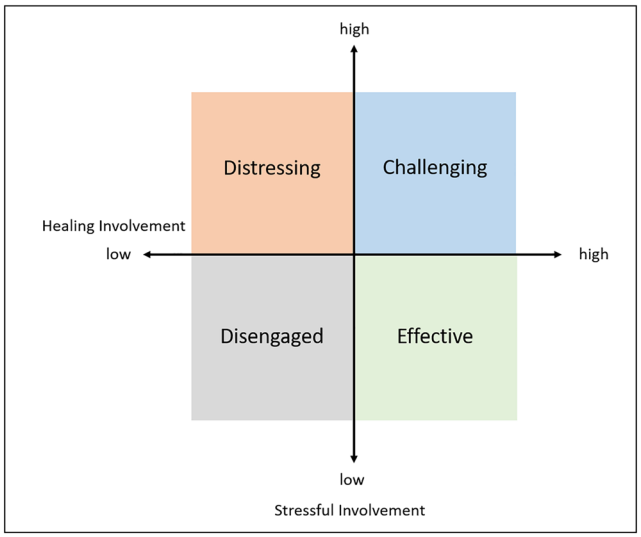

FIGURE 1 Classification of practice patterns based on the level of healing involvement (HI) and stressful involvement (SI)

difficulties and avoidant coping strategies in combination with feelings of boredom and anxiety during therapy. The pattern of disengaged practice (17%) is shown by therapists who are comparatively detached from their work (Orlinsky & Rønnestad, 2005). Among the German therapists in their international sample, the distribution of the patterns is comparable although less favourable: Effective practice with 34.7% seems to be the most common pattern, followed by challenging practice (27.0%), disengaged practice (20.6%) and distressing practice (17.8%) (Orlinsky & Rønnestad, 2005).

WS, a theoretical concept defined as satisfaction with one's own therapeutic work, was high among LPTs in Germany (Orlinsky & Rønnestad, 2005; Vangermain & Brauchle, 2013). WS was linked to the intrinsic characteristics of the psychotherapeutic profession such as psychotherapists experiencing the chance to promote growth and change, achieving intimate involvement in their patients' lives and the feeling of being professionally respected. Women expressed greater satisfaction from some of these sources like promoting growth (Farber & Heifetz, 1981). Other studies could also showed that female psychotherapists reported in some aspects like psychotherapeutic training a higher level of WS even if they felt more stressed by their work (Sievers, 2011). Furthermore, therapists in an inpatient work setting, such as a day hospital, experienced less WS than therapists in outpatient settings such as private practices (Orlinsky & Rønnestad, 2005). For the relationship between WS and work involvement, previous studies demonstrated that WS was positively related to HI and negatively to SI (Evers et al., 2019).

However, despite the obvious relevance of HI and SI for the psychotherapeutic practice, there are only few current studies assessing these constructs among psychotherapists (Evers et al., 2019; Orlinsky & Rønnestad, 2005; Zeeck et al., 2012). The information that can be gleaned from these studies with respect to the current situation is limited by several facts. Firstly, the study with the largest and

most representative sample stems from more than 15 years ago (Orlinsky & Rønnestad, 2005) and does not account for the recent changes in psychotherapists' training, which took place in Germany in the past two decades (Melcop et al., 2019; Schulte, 2007). Secondly, more current studies are based on convenience samples with small sizes, for example, Zeeck et al. (2012; $n = 26$) and Evers et al. (2019; $n = 184$), and thirdly, those more current are restricted to subgroups of psychotherapeutic practitioners such as PiTs (Evers et al., 2019), psychodynamic orientated therapists only (Zeeck et al., 2012). Consequently, the present study aimed to address this gap by presenting a large representative German sample. Firstly, the study aimed to examine the psychological involvement of psychotherapeutic practitioners in their therapeutic routine, and secondly, it considers possible psychotherapist characteristics related to HI and SI. Building on previous research, our study tested the following hypotheses:

We tested the following hypotheses concerning the relationships between HI, SI and WS:

1. HI correlates positively with WS
2. SI correlates negatively with WS
3. SI correlates negatively with HI

In addition, we tested hypotheses concerning the relationship of age and gender with the three constructs.

4. (a) HI correlates positively with age. (b) Women report higher levels of HI than men.
5. (a) SI correlates negatively with age. (b) Women report lower levels of SI than men.
6. (a) WS is positively associated with age. (b) Women report higher levels of WS than men.

In exploratory analyses, we also examined the relationships of HI, SI and WS with the qualification level, the therapeutic approach, the predominantly treated patients' age and the number of weekly therapy sessions.

Finally, we compared the practice patterns found in our study with those reported by Orlinsky and Rønnestad (2005).

2 | METHODS

2.1 | Procedure

We conducted this study as a nationwide online survey among LPTs and PiTs in Germany. The University's ethics board approved the study plans in November 2019 (ethics approval number: 002-19), and the study was carried out from February to October 2020. To distribute the survey representatively, we cooperated with different regional and national psychotherapist associations and training institutions. Because of this nationwide cooperation, all LPTs in Germany had a chance to participate in the study. For the training institutions, we first compiled an exhaustive list of all training institutions in Germany by federal state and therapeutic approach. Then, for each federal state, we randomly selected and contacted an institution for each therapeutic approach. If this institution did not distribute the survey to their trainees, we randomly selected the next one for this federal state. All trainees in an institution received the information. Additionally, we contacted national and regional associations for PiTs.

The associations and training institutions mostly distributed the survey by mail to their members. Some also published the survey in their newsletters and journals or posted public notes with the link or QR code on their intranet or in their institution's outpatient clinic. For some networks on the federal state level, we searched their publicly available directory of psychotherapists. As suggested by these networks, we used the email addresses of their members available online to contact them. All participants were psychotherapeutic practitioners either licenced or still in training and therefore either working in an outpatient practice or in a clinical inpatient setting. The recruitment resulted in an overall sample of $N = 1571$ psychotherapeutic practitioners of whom $n = 213$ were excluded from the data analysis due to incomplete data sets. The final sample consisted of $N = 1358$ psychotherapeutic practitioners: 56.5% ($n = 767$) LPTs with a psychological background, 2.7% ($n = 36$) psychologists working in a therapeutic setting (P), 2.9% ($n = 40$) psychotherapists with a medical background (MP) and 37.8% ($n = 514$) PiTs. Currently, 29.731 LPTs or psychotherapists for children and adolescents are registered in the German health care system. Based on this national data, our sample covers 2.6% of all LPTs in Germany (Gesundheitsberichterstattung des Bundes, 2021). There is no data on the total number of PiTs in Germany; we strove to increase the representativeness of the sample by randomly selecting therapist training institutes from all federal states and different therapeutic orientations. Due to this random selection, institute sizes varied from 23 to more than 700 PiTs.

At the beginning of the survey, all participants were given detailed information about the study and data protection. Before they could access the survey, all participants had to give their informed consent by checking a box. Data were collected anonymously; at the end of the assessment, participants could enter their e-mail address in a separate questionnaire to receive a 10 Euro voucher as an incentive. The survey was presented in German.

2.2 | Measures

The survey began by collecting data about the sociodemographic and professional characteristics of the participants such as age, gender, therapeutic approach, type of training institution (private vs. university), time since approbation or beginning training, average number of weekly therapy sessions, their additional qualifications (e.g., trauma therapy) and the age group of patients the therapists mainly work with. For the therapeutic approaches, we differentiated between CBT, psychodynamic-oriented therapy (PDT) such as psychoanalysis or depth therapy, systemic therapy (ST) or different approaches not officially approved by the German health care system. The qualifications included LPTs, PiTs, psychologists working

therapeutically outside training (P) and psychotherapists with a medical background (MP). To reflect the different patient ages treated by therapists, participants reported whether they mainly worked with patients above or below the age of 18.

Afterwards, participants completed the *Therapist Work Involvement Scale* (TWIS; (Orlinsky & Rønnestad, 2005) comprising the subscales for SI, HI and WS. The scale of WS was calculated by subtracting two items for WS and dissatisfaction. HI contained 25 items that formed six subscales: current basic therapeutic relational skills (4 items), invested relational agency manner (3 items), efficacy in relational agency (4 items), affirming relational manner (4 items), flow as an in-session feeling (4 items) and constructive coping strategies (6 items). SI consisted of 22 items comprising the subscales for frequent difficulties encountered in practice (8 items), boredom as an in-session feeling (4 items), anxiety as an in-session feeling (4 items) and avoidant coping strategies (6 items). The different scales were rated on two different Likert scales. A 4-point Likert scale was used for items consisting of one single adjective describing one's own self-perception during therapy, while a 6-point Likert scale was used to rate statement items. As in the original version of the TWIS, items 1–6 and 21–40 were rated on a 6-point Likert scale where 0 = *never* and 5 = *very often*, while the items 7–20 and 41–52 were rated on a 4-point Likert scale where 0 = *never* and 3 = *very often*. The internal consistencies of HI and SI including their component scales in the current study and those reported by Orlinsky and Rønnestad (2005) are available in Table 2.

2.3 | Statistical analyses

Data were analysed using SPSS statistics, version 28. To test the hypotheses (1)–(3), we calculated Pearson correlation coefficients between the TWIS scales SI, HI and WS. Further correlations analyses tested hypotheses (4a)–(6a) by computing the correlation coefficients between age and the TWIS scales. Hypotheses (4b)–(6b) were tested by comparing HI, SI and WS between men and women with independent *t* tests; if the Levene's test showed unequal variances in the groups, Welch's test was used, and the degrees of freedom adjusted accordingly. In exploratory analyses, we calculated the associations of HI, SI and WS with weekly therapy sessions and compared the differences in HI, SI and WS between the groupings according to qualification status (PiTs vs. LPT), psychotherapeutic approach (CBT vs. PDT) and predominantly treated patients' age (<18 years vs. >18 years). In order to control for multiple comparisons and possible shared variance between the predictors, we conducted multiple regression analyses with the three TWIS scales as the criterion and the predictors age, gender, level of training, therapeutic approach, predominantly treated patients' age and number of weekly therapy sessions. In these analyses, the categorical variables gender, level of training, therapeutic approach and predominant patients' age were dummy coded as follows: level of training (PiTs vs. LPTs vs. MD vs. P), gender (male vs. female vs. diverse), therapeutic approach (CBT vs. PD vs. multiple vs. different) and predominantly treated patients' age (<18 vs. >18 years). The predictors were entered simultaneously using the method ENTER to generate the final model. In order to analyse the practice patterns according to Orlinsky and Rønnestad (2005), we calculated the subscales of the TWIS and combined them into practice patterns. To compare the practice patterns between the sample of Orlinsky and Rønnestad (2005) and ours, we used the percentages and sample sizes reported by Orlinsky and Rønnestad (2005) and calculated the absolute numbers of participants in their study who reported each practice pattern. Subsequently, we compared these numbers with our data by χ^2 test followed by a *z* test for the pairwise comparison of the column proportions.

3 | RESULTS

3.1 | Descriptive statistics

The final sample of $N = 1358$ participants consisted of $n = 767$ LPTs (56.5%), $n = 514$ PiTs (37.8%), $n = 36$ psychologists without training (2.7%) and $n = 40$ medical psychotherapists (2.9%). The LPTs had been licenced for an average of 11.7 years ($SD = 8.4$), and the PiTs had been in training for an average of 3.4 years ($SD = 2.6$). The mean age of the sample was 42 years ($SD = 12.7$, range 23–80 years), and the participants reported performing on average 16.8 ($SD = 9.5$) weekly therapeutic sessions. Most of the participants were women ($n = 1034$; 76.1%), and most worked with patients over the age of 18 ($n = 1014$; 74.7%). The most common therapeutic approach was CBT ($n = 882$; 64.9%). The majority of the PiTs were enrolled in private training institutes ($n = 387$, 75.3% of all PiTs).

The comparison of LPTs and PiTs showed that the percentage of male participants was higher among LPTs than among PiTs ($\chi^2(1, N = 1278) = 11.10$, $p < .001$), while the percentage of CBT-oriented approaches was higher among PiTs ($\chi^2(1, N = 1209) = 13.65$, $p < .001$). There was no difference between PiTs and LPTs regarding predominant patient age ($\chi^2(1, N = 1281) = 0.12$, $p = .733$).

Detailed information on the sample characteristics is provided in Table 1.

Overall, the HI scale showed a mean of $M = 9.99$ ($SD = 1.42$; scale range 0–15) and the SI scale $M = 4.27$ ($SD = 1.35$; scale range 0–15). The mean for WS was $M = 1.84$ ($SD = 0.52$; scale range −5 to 5). Table 2 presents detailed information on the main and all component scales.

The majority of our sample ($n = 625$; 46.0%) reported an effective practice pattern. A disengaged practice pattern was found in 21.8% of our sample ($n = 296$), and 15.0% ($n = 204$) showed a distressing practice and 14.7% ($n = 199$) a challenging practice (Figure 2).

3.2 | Relationships between HI, SI and WS

HI correlated positively with WS ($r = .42$, $p < .001$, $N = 1282$) and negatively with SI ($r = -.27$, $p < .001$, $N = 1251$). SI and WS were negatively associated with each other ($r = -.42$, $p < .001$, $N = 1321$). These results support our hypotheses (1)–(3).

TABLE 1 Demographic information for participants

	$N = 1358$					
Variable	***n***	***M***	***SD***	***Mdn***	***Min***	***Max***
Age (years)	1355	42.0	12.7	39	23	80
Time since approbation for LPTs (years)	804	11.7	8.4	10	0	50
Time since training start for PiTs (years)	478	3.4	2.6	3	0	20
Weekly therapy sessions	1349	16.8	9.5	16	0	50

Variable	***n***	**%**	**Variable**	***n***	**%**
Level of training			**German federal state**		
LPT	767	56.5	BW	109	8.0
PiT	514	37.8	BY	300	22.1
Psychologist not in training (P)	36	2.7	BE	92	6.8
Medical psychotherapist (MP)	40	2.9	BB	17	1.3
			HB	73	5.4
PiTs—Type of training ($n = 511$)			HH	32	2.4
PiT for adults	347	67.9	HE	70	5.2
PiT for children and adolescents	128	25.0	MV	14	1.0
PiT for children and adults	28	5.5	NI	217	16.0
PiT with medical background	8	1.6	NW	233	16.4
			RP	64	4.7
PiTs—Type of training institution ($n = 514$)			SL	11	0.8
Private	387	75.3	SN	5	0.4
University	125	24.3	SH	23	1.7
No specification	2	0.4	ST	91	6.7
			TH	16	1.2
LPTs, MP, P—Type of licence ($n = 811$)			**Therapeutic approach**		
Psychological psychotherapist for adults	523	38.5	CBT	882	64.9
Psychotherapist for children and adolescents			PDT	392	28.9
	192	14.1	Multiple	69	5.1
Psychological psychotherapist for children and adults	39	2.9	ST	8	0.6
			Different	4	0.3
Medical psychotherapist (MP)	52	3.8	No specification	3	0.2
Different	5	0.4			
Majority of patients			**Gender**		
Under 18 years (<18)	344	25.3	Female	1034	76.1
Over 18 years (≥18)	1014	74.7	Male	319	23.5
			Diverse	5	0.4

Abbreviations: CBT, cognitive behavioural therapeutic approach; LPT, licenced psychotherapist; MP, medical psychotherapist; P, psychologist; PDT, psychodynamic therapeutic approach (including psychoanalysis and depth psychology); PiT, psychotherapist in training; ST, systemic therapeutic approach; German federal states (BW, Baden-Wuerttemberg; BY, Bavaria; BE, Berlin; BB, Brandenburg; HB, Bremen; HH, Hamburg; HE, Hesse; MV, Mecklenburg Western Pomerania; NI, Lower Saxony; NW, North Rhine-Westphalia; RP, Rhineland Palatinate; SL, Saarland; SN, Saxony; SH, Schleswig Holstein; ST, Saxony-Anhalt; TH, Thuringia).

3.3 | HI

The correlation analyses (Table 3) showed that HI increased with age ($r = .10$, $p < .001$, $n = 1282$), and women reported higher levels of HI than men ($t(419.256) = 5.54$, $p < .001$, $d = 0.41$; Table 4). The results corroborated hypotheses (4a) and (4b). In addition, the higher HI was, the higher was the reported number of weekly sessions ($r = .10$, $p < .001$, $n = 1276$). LPTs had a higher level of HI than PiTs ($t(1209) = 2.83$, $p = .002$, $d = 1.41$) (Tables 3 and 4).

TABLE 2 Descriptive statistics and internal consistency (Cronbach's α) of all component scales for HI, SI and WS

		$N = 1358$						
Variable	***n***	***M***	***SD***	***Mdn***	***Min***	***Max***	**α current study**	**α Orlinsky and Rønnestad (2005)**
HI total (scale range 0–15)	1285	9.99	1.42	10.0	0	13.72	.82	-
HI—current basic therapeutic relational skills (scale range 0–5)	1355	3.87	0.60	4.00	0	5.00	.79	.79
HI—invested relational agency (scale range 0–3)	1355	2.05	0.47	2.00	0	3.00	.48	.67
HI—efficacy in relational agency (scale range 0–3)	1310	1.58	0.43	1.50	0	3.00	.55	.59
HI—affirming relational manner (scale range 0–3)	1355	2.33	0.46	2.25	0	3.00	.73	.69
HI—flow as in-session feeling (scale range 0–3)	1343	1.78	0.49	1.75	0	3.00	.63	.62
HI—constructive coping strategies (scale range 0–5)	1357	3.26	0.68	3.33	0	5.00	.61	.67
SI total (scale range 0–15)	1324	4.27	1.35	4.18	0	12.05	.84	-
SI—frequent difficulties in practice (scale range 0–5)	1345	1.44	0.57	1.38	0	4.00	.80	.81
SI—boredom as in-session feeling (scale range 0–3)	1354	.79	0.40	0.75	0	2.50	.70	.66
SI—anxiety as in-session feeling (scale range 0–3)	1353	.78	0.42	0.75	0	3.00	.65	.74
SI—avoidant coping strategies (scale range 0–5)	1346	1.56	0.49	1.50	0	4.33	.48	.64
WS total (scale range −5 to +5)	1355	1.84	1.55	2	−5.00	5.00	n/a	n/a

Abbreviations: HI, healing involvement; SI, stressful involvement; WS, work satisfaction.

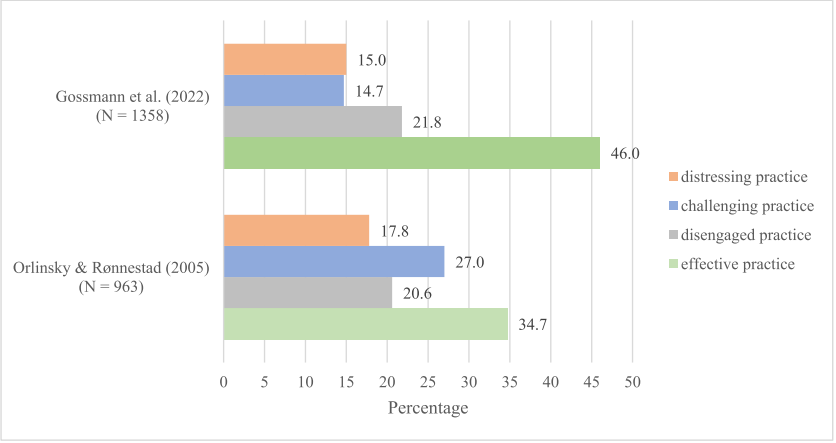

FIGURE 2 Distribution of practice patterns in German psychotherapists in comparison between the current study and the study of Orlinsky and Rønnestad (2005)

The regression model for therapist characteristics associated with the criterion HI revealed three significant predictors: male gender ($\beta = -.21$, $p < .001$), age ($\beta = .11$, $p = .003$) and number of weekly therapy sessions ($\beta = .09$, $p = .010$). Older participants, women and therapists with more weekly therapy sessions experienced more HI. The overall model ($F(12, 1258) = 7.07$, $p < .001$) explained 5% of variance ($R^2_{Adjusted} = .05$) and showed a small effect size of Cohen's $f^2 = .05$ (Table 5).

3.4 | Results for SI

SI was higher in younger therapists ($r = -.11$, $p < .001$, $n = 1322$), and male participants ($t(438.849) = -1.65$, $p = .050$, $d = -0.12$) (Tables 3 and 4). This supports hypothesis (5a) and hypothesis (5b). Exploratory analyses showed that psychodynamic-oriented therapists reported more SI than cognitive behavioural therapists ($t(1242) = -2.87$, $p = .002$, $d = 1.33$) and PiTs more than LPTs ($t(1245) = -3.60$, $p < .001$, $d = 1.31$). The number of weekly therapy sessions was negatively correlated with SI ($r = -.06$, $p = .046$, $n = 1315$) (Tables 3 and 4).

The regression model for SI as the criterion included three significant predictors ($F(12, 1298) = 6.69$, $p < .001$; $R^2_{Adjusted} = .03$) with a small effect size of Cohen's $f^2 = .03$ (Table 4): age ($\beta = -.12$, $p < .001$), male gender ($\beta = .06$, $p = .037$) and psychodynamic approach ($\beta = .11$, $p < .001$). The predominantly treated patients' age came close to being a significant contributor to the model as therapists who mainly worked with patients above 18 years reported more SI ($\beta = .05$, $p = .056$) (Table 5).

3.5 | Results for WS

WS increased with age ($r = .22$, $p < .001$, $n = 1352$), corroborating hypothesis (6a). Men and women did not differ regarding WS ($t(1348) = 1.55$, $p = .061$, $d = 0.01$), disconfirming hypothesis (6b) (Tables 3 and 4). In the exploratory analyses, the number of therapy sessions was associated with higher WS ($r = .17$, $p < .001$, $n = 1346$), but LPTs reported higher WS than PiTs ($t(1276) = 6.55$, $p < .001$, $d = 1.51$) and PDT therapists more than CBT therapists ($t(1269) = -3.48$, $p < .001$, $d = 1.54$) (Tables 3 and 4).

TABLE 3 Single correlation analyses for the associations between predictor variables and HI, SI and WS

	Outcome variables		
Predictor variables	**HI**	**SI**	**WS**
Age	.10**	−.11**	.22**
Number of weekly therapy sessions	.10**	−.05*	.17**

*$p < .05$.
**$p < .01$.
***$p < .001$.

The final regression model for WS consisted of three predictors ($F(12, 1328) = 7.86$, $p < .001$; $R^2_{Adjusted} = .07$) and showed a small effect size of Cohen's $f^2 = .08$ (Table 4): age ($\beta = .16$, $p < .001$), male gender ($\beta = -.08$, $p = .002$) and the number of weekly therapy sessions ($\beta = .08$, $p = .021$) (Table 5).

3.6 | Comparison of practice patterns with previous research

In the present study, fewer participants showed a challenged pattern (14.7% vs. 27.0%, $p < .05$) and more an effective pattern (46.0% vs. 34.7%, $p < .05$) than in the sample of Orlinsky and Rønnestad (2005); the other frequencies did not differ (Figure 2). These results support our hypothesis (1) as it shows some changes in the distribution of practice patterns among psychotherapeutic practitioners in Germany over the last decades with different potential reasons for these changes.

To compare the data further, we calculated the descriptive data of HI and SI for each practice pattern and contrasted them in a table with the descriptive data of practice patterns from the study of Orlinsky and Rønnestad (2005) (see Table S6 in the supporting information).

TABLE 4 Single *t* tests for group differences on the TWIS scales for HI, SI and WS

Outcome variables	Groups				*t (df)*	*Cohen's d*
	Male		Female			
	Mean	*SD*	Mean	*SD*		
HI	9.55	1.66	10.13	1.30	5.54 (419)***	.41
SI	4.38	1.57	4.22	1.26	−1.65 (439)*	−.12
WS	1.73	1.61	1.88	1.53	1.55 (1348)	.10
	Psychotherapists in training		Licenced psychotherapists			
	Mean	*SD*	Mean	*SD*		
HI	9.87	1.50	10.11	1.35	2.83 (977)**	.17
SI	4.41	1.39	4.13	1.26	−3.60 (1008)***	−.21
WS	1.51	1–60	2.09	1.45	6.55 (1021)***	.38
	Psychodynamic approach		Cognitive behavioural approach			
	Mean	*SD*	Mean	*SD*		
HI	9.99	1.38	9.98	1.42	−.175 (1206)	−.01
SI	4.45	1.28	4.21	1.35	−2.87 (1242)**	−.18
WS	2.05	1.48	1.72	1.57	−3.48 (1269)***	−.21
	Treated patients < 18		Treated patients > 18			
	Mean	SD	Mean	SD		
HI	9.89	1.55	10.02	1.37	−1.32 (500)	−.09
SI	4.14	1.51	4.31	1.28	−1.77 (511)	−.12
WS	1.84	1.64	1.84	1.52	−.05 (1353)	−.00

Abbreviations: HI, healing involvement; SI, stressful involvement; WS, work satisfaction.
*$p < .05$.
**$p < .01$.
***$p < .001$.

TABLE 5 Regression models for healing involvement (HI), stressful involvement (SI) and work satisfaction (WS) based on therapist characteristics (age, number of weekly therapy sessions, gender, therapeutic approach, qualification level, predominant patient age when treated) entered simultaneously using the method ENTER

	Estimate (*SE*)	*p*	Standardized beta	*t* (*df*)
Healing involvement (HI)				
Intercept	9.30 (.21)	<.001		
Gender (male)	−0.68 (.09)	<.001	−.21	−7.47 (1258)
Age	0.01 (.00)	.003	.11	2.94 (1258)
Number of weekly therapy sessions	0.01 (.01)	.010	.09	2.57 (1258)
Qualification level (psychotherapist in training)	0.08 (.11)	.462	.03	.74 (1258)
Therapeutic approach (psychodynamic)	−0.06 (.09)	.513	−.02	−.65 (1258)
Predominant patient age when treated (>18)	0.16 (.09)	.065	.05	1.85 (1258)
Stressful involvement (SI)				
Intercept	4.41 (.20)	<.001		
Gender (male)	0.18 (.09)	.037	.06	2.09 (1298)
Age	−0.01 (.00)	<.001	−.12	−3.25 (1298)
Number of weekly therapy sessions	0.00 (.01)	.446	.03	.76 (1298)
Qualification level (psychotherapist in training)	0.15 (.11)	.164	.06	1.39 (1298)
Therapeutic approach (psychodynamic)	0.32 (.09)	<.001	.11	3.76 (1298)
Predominant patient age when treated (>18)	0.16 (.08)	.056	.05	1.91 (1298)
Work satisfaction (WS)				
Intercept	0.93 (.23)	<.001		
Gender (male)	−0.31 (.10)	.002	−.08	−3.08 (1328)
Age	0.02 (.00)	<.001	.16	4.32 (1328)
Number of weekly therapy sessions	0.01 (.01)	.021	.08	2.32 (1328)
Qualification level (psychotherapist in training)	−0.12 (.12)	.331	−.04	−.97 (1328)
Therapeutic approach (psychodynamic)	0.14 (.10)	.155	.04	1.42 (1328)
Predominant patient age when treated (>18)	−0.04 (.10)	.694	−.01	−.39 (1328)

Note: Model: *HI*—$F(12, 1258) = 7.07$, $p < .001$, adjusted $R^2 = .05$. *SI*—$F(12, 1298) = 3.93$, $p < .001$, adjusted $R^2 = .03$. *WS*—$F(12, 1328) = 7.86$, $p < .001$, adjusted $R^2 = .07$.

4 | DISCUSSION

To assess potentially relevant therapist characteristics associated with work involvement and WS, we conducted a nationwide representative study among psychotherapeutic practitioners in Germany with different levels of training. German psychotherapists reported high levels of HI and WS and low levels of SI and its component scales. The effective practice pattern is the most frequent pattern and the challenging and distressing pattern the least frequent.

4.1 | WS, HI and SI

In accordance with the hypotheses (1)–(3), the higher the reported HI and the lower SI, the higher was the WS experienced by the therapists. SI and HI were negatively related. The absolute size of the correlations in our sample is medium ($r = .27$–$.42$) and about the same range as those observed in other studies ($r = .23$–$.35$; Evers et al., 2019). In line with previous findings, we found that in relation to the scale anchors, HI and its component scales as well as WS scales were high among psychotherapists in Germany and SI low, thereby confirming the results of Evers and his colleagues in their smaller study (Evers et al., 2019).

4.2 | Age and gender

Age was associated with HI, SI and WS as hypothesized (hypotheses 4a, 5a and 6a) showing that HI and WS increased with age and SI decreased. It should be noted, however, that the absolute sizes of the significant correlations were small (r's between .11 and .22). The effects remained significant in the regressions showing that it contributed to the prediction even in the presence of further variables.

Women reported more HI than their male colleagues, supporting hypothesis (4b) with a medium effect size ($d = 0.41$). Our results also

supported hypothesis (5b) as male psychotherapists reported (marginally) more SI than women ($d = -.12$). With regard to WS, the hypothesis must be rejected as no differences were observed. However, gender in general seemed to be a factor associated with work involvement and satisfaction. It was retained as a significant predictor in all three regressions (regarding HI, SI and WS). This finding is in agreement with other studies also implicating gender as a factor in work involvement among psychotherapists (Farber & Heifetz, 1981; Orlinsky & Rønnestad, 2005; Sievers, 2011).

4.3 | Training status

LPTs reported more HI, less SI and more WS than PiTs, corroborating previous findings (Dennhag & Ybrandt, 2013; Evers et al., 2019; Messina et al., 2018; Rønnestad et al., 2018; Taubner et al., 2010). However, these results should be interpreted with due caution, since when controlling for age and other variables in the regression analyses, the training status was not shown to be a significant predictor. This fact could be accounted for in a number of different ways, but it is impossible to adjudicate between the competing possible explanations in the present study: Gaining experience and practice may in itself be related to increased feelings of mastery and therapeutic self-efficacy, or interventions during the training and professional support early in the psychotherapists' working life (such as supervision or intervision) may be helpful to foster HI and WS and reduce SI. On the other hand, the observed effect could also be due to selection effects: Among each cohort of people starting therapy training, there may be some who discover along the way that they tend to feel stressed by the work as a psychotherapist and have a lower WS than they had expected—naturally, these may be more likely to drop out or be absorbed into other types of work.

4.4 | Therapeutic approach

Psychodynamic and psychoanalytic therapists did not differ from their cognitive behavioural colleagues with regard to HI but reported slightly higher levels of SI ($d = 0.18$). The latter result was preserved in the multiple regression even when other variables were present. Despite the higher SI, the psychodynamic and psychoanalytic therapists also reported more WS than their cognitive behavioural counterparts, yet this effect was abolished in the regression.

Previous research indicated that HI was higher, and SI was lower among CBT therapists (Dennhag & Ybrandt, 2013; Evers et al., 2019; Orlinsky & Rønnestad, 2005; Taubner et al., 2010). We did not observe any effect of therapeutic orientation on HI but confirmed the results for SI: PDT therapists showed a higher level of SI than other approaches. This may be a result of the different self-conceptualizations of the therapeutic approaches (Ambuehl et al., 1995; Poznanski & McLennan, 1995). In terms of practical implications, this may ultimately suggest focusing on adaptive and non-adaptive coping strategies and other aspects of SI during training for PDT therapists to foster adequate and health-promoting coping strategies. Additionally, single analyses revealed that, nevertheless, PDT therapists reported higher WS than CBT therapists. On the face of it, this finding is surprising given that CBT and PDT report equal levels of HI, and PDT experienced more SI. However, this may simply indicate that factors other than SI and HI are related to WS. Further research should try to elucidate such factors, perhaps including aspects like work setting, diagnoses treated by the therapists, perception about the won therapeutic approach or personal resources.

4.5 | Weekly therapy sessions

HI and WS were associated with more weekly therapy sessions in the individual correlations as well as in the respective regression analyses—albeit with small effect sizes. This is in line with previous research. Orlinsky and Rønnestad (2005) found a similar positive correlation between current caseload and HI. It is important to note that no causal relationships can be inferred from this correlational design. It is plausible to think that psychotherapists with high HI and WS but less SI took on more cases per week, or conversely, treating more patients (up to a limit) led to a greater sense of mastery and self-efficacious involvement. Of course, it is equally possible that high HI and WS and low SI as well as the number of therapy sessions stemmed from a common third cause, such as the personality, values and training of the psychotherapist. Further research should examine the work setting as a potential moderator of the relationship between high WS and the number of weekly therapy sessions. This research should take into account whether the number of weekly sessions is chosen by the therapists themselves, as is the case in private practice, or whether it is determined externally by an employer, such as a hospital. Furthermore, long-term studies are needed to analyse whether and, if so, under which circumstances, a high number of weekly therapy sessions will continue to be positively associated with HI, WS and well-being in general or whether a higher weekly workload can also lead to burnout symptoms in the long-term as previous research has suggested (Lee et al., 2020). Factors beyond the number of weekly therapy sessions may play a role: Some patients may be experienced as more demanding than others, particular mental health issues may lead to more SI in some or most therapists than other mental health conditions. Therefore, future research on work involvement should take into account the particular dyads between therapists and patients. A suitable method for such research on work involvement in a daily setting would be ecological momentary assessments. This would allow relating the daily experiences and therapist traits to burnout and resilience among psychotherapeutic pracitioners.

With regard to factors associated with HI, SI and WS, our findings support and build on previous research indicating that work involvement and WS depended on different stable therapist characteristics (Dennhag & Ybrandt, 2013; Evers et al., 2019; Messina et al., 2018;

Orlinsky et al., 2011; Orlinsky & Rønnestad, 2005; Rønnestad et al., 2018; Taubner et al., 2010). In our focus on therapist characteristics associated with HI, SI and WS, we included not only stable and variable therapists' characteristics such as age, gender, therapeutic approach and qualification level but also work-related factors such as the number of weekly therapy sessions and the predominantly treated patients' age.

Although we found significant correlates with HI, SI and WS, our results account only for a small amount of variance. Reasons for this small effect may be due to the heterogeneity of the sampled German psychotherapists. However, the most likely reason for the small amounts of explained variance appears to be that SI, HI and WS are highly complex constructs and therapeutic work in itself is an extremely elaborate and personal practice—therefore, it is to be expected that numerous additional factors would be relevant for the level of HI and SI reported by therapists. Factors like the work setting, the region (country vs. city) or also the predominantly treated mental health issues could be relevant aspects for the expression of HI and SI among psychotherapists in Germany. These aspects need to be included and considered in further research.

4.6 | Practice patterns

HI and SI were negatively correlated and thus not independent variables in our study. This needs to be considered interpreting the combination of these constructs into practice patterns. Among the German psychotherapists, the effective practice pattern is the most frequent and the challenging and distressing patterns the least frequent. This is a positive finding as the effective practice pattern is characterized by constructive coping, high personal investment and an affirming and accommodating relationship with patients. Therapists reporting a challenging practice show some doubts about their therapeutic skills and distress during their work, but at the same time, they use constructive coping strategies to deal with this stress and still remain invested in their practice. Compared to the numbers reported by Orlinsky and Rønnestad (2005) about 15 years ago, the percentage of therapists with an effective practice pattern increased significantly from 34.7% to 46.0% and the percentage of therapists who showed a challenging pattern decreased from 27.0% to 14.7%. These changes in the distribution of practice patterns are encouraging, however, in interpreting these changes, one should proceed with caution. They may be related to various factors such as historic changes in the therapists' view of themselves, their work, their position within the health system or the current changes in psychotherapists' training in Germany (Heinonen et al., 2022; Melcop et al., 2019; Schulte, 2007). Further research should consider international samples and compare those to the findings of Orlinsky and Rønnestad (2005) in order to observe changes in practice patterns in different countries that may have occurred over the last decades. A comparison between such international studies with our study may help to identify which factors concerning training and work settings might be most conducive to foster effective practice pattern.

Additionally, one will have to take into account that our study took place during the outbreak of the COVID-19 pandemic and thus might be influenced by additional stress in psychotherapists' private life as well as the challenges in their practice such as providing therapy by video. Therefore, an additional assessment in some years' time might be useful to assess HI, SI and WS in psychotherapists' regular practice routine. However, our results are very encouraging as they show that even amidst a pandemic crisis, psychotherapists seem to perceive themselves as high in HI, WS and showing effective practice patterns.

4.7 | Limitations

The recruitment strategy guaranteed that all LPTs in Germany and all trainees from the participating training institutions had a chance to see the study invitation. However, since participation was voluntary, it is probable that self-selection took place. The survey consisted of retrospective self-reporting, and it is possible that we elicited relatively stable and global ratings related to the therapeutic self-concept. As such, they may be subject to retrospective biases and social desirability. Furthermore, the variance explained by the predictors included in the regressions was low, indicating that additional factors contribute to the explanation of SI, HI and WS.

5 | CONCLUSIONS

This study contributes to the knowledge about the work involvement of psychotherapists in Germany. Generally, HI and WS were high while SI was low among a representative sample of German psychotherapists. An effective practice pattern was the most frequently reported among the sampled psychotherapists. Age and gender contributed to healing and SI as well as WS, with male and younger therapists reporting less HI and WS but more SI. The number of weekly therapy sessions was positively related to HI and WS and negatively with SI. Furthermore, SI and WS were higher among psychodynamic therapists. Future research should strive to confirm and build on these results and investigate the micro-processes in day-to-day work by means of advanced technologies such as ecological momentary assessments.

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CONFLICT OF INTEREST

The authors declare that they have no competing conflicts of interests.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The institutional review board (IRB) of the Catholic University Eichstätt-Ingolstadt approved the study in November 2019 (ethics approval number: 002-19). All participants gave their written informed consent to participate in the study.

AUTHOR CONTRIBUTIONS

KG designed the study, recruited participants, gathered data, drafted the manuscript and carried out the statistical analysis. AB and RR supervised the study and revised the manuscript. AB was involved in designing the study and in drafting the manuscript. All authors read and approved the manuscript and its final version.

DATA AVAILABILITY STATEMENT

The generated and analysed data are available from the corresponding author on request as these are not publicly available due to privacy reasons and ongoing analyses. The statistical code of the analyses is available in the online supplementary.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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