

Practitioners' perceptions of sport and exercise psychology in South Africa and the United Kingdom

DAVID J. EDWARDS AND JAMIE B. BARKER

Psychology Department, University of Zululand, Private Bag X1001, KwaDlangezwa, 3886, South Africa. E-mail: edwards.davidjohn@gmail.com

School of Psychology, Sport, and Exercise, Faculty of Health Sciences, Staffordshire University, Stoke-on-Trent, ST4 2DF, United Kingdom.

Abstract

With the rationale to promote the national and international discipline, praxis and value of Sport and Exercise Psychology (S&EP) as well as make a contribution to the limited amount of comparison research, this study focused on comparative perceptions of relevant, knowledgeable S&EP stakeholders in South Africa (SA) and the United Kingdom (UK). To the extent to which they represent the discipline in economically developed and developing contexts respectively. It was considered that comparative research on these two countries would be instructive. A purposive sample of 12 practitioners, six SA and six UK, completed an online survey with participants from this sample further purposely selected for focus groups and individual interviews in each country. Information was analysed using thematic content analysis. Three main findings emerged. First, although SA has no formalised professional training and registration, the discipline and praxis is advancing with much potential for further structural development and contribution. Second, in comparison, UK professional training and regulatory council registration, has evolved and diversified the field. Third, with their relative similarities and differences, SA and UK can learn much from one another, in terms of the contribution which S&EP can make. Further relevant international academic and professional collaboration should considerably advance the contributions of S&EP at local, national and international level.

Key words: Evaluation; Practitioners' Perceptions; Sport and Exercise Psychology; South Africa; United Kingdom

Introduction

In South Africa, years of violence, oppression, apartheid injustices, human rights abuse and other illnesses resulted in sickness and stagnation of most life spheres, including health, education and sport development, especially in rural, historically disadvantaged and economically impoverished areas (Edwards, 2007). Based on racial segregation, apartheid's separate development policies resulted in unequal allocation of resources and the establishment of different sporting clubs and committees. Following anti-apartheid activities, SA was banned from the Commonwealth and sanctions were placed on national teams, affecting the psyche of sportspeople, professionals and the public. Sport and Exercise Psychology, did not develop as was the case elsewhere in the world such as in the United Kingdom (Witton, 2004). The practice of S&EP only occurred in more economically advantaged areas, where there was access to training and funding. Since the dismantling of apartheid, there has been relatively more progress in relation to allocation of funds to economically impoverished areas, development of sport, exercise and S&EP (Edwards, 2011a; Edwards & Steyn, 2008). After SA was reinstated into the Commonwealth and sanctions were lifted, sports trusts, sport development programmes and quota systems were implemented to empower previously disadvantaged sportspeople, and develop sport in rural areas (Edwards, 2004). Some integral societal healing from the wounds of apartheid, multicultural development and nation building occurred through major sporting events, such as the 1995 Rugby World Cup, 2003 Cricket World Cup and 2010 Football World Cup

(Edwards, 2011b). Promoted by international icons, such as Nelson Mandela, such events advanced international recognition of the vast health, educational, developmental, social and psychological potential of sport and exercise internationally and in economically developing countries like SA (van Rensburg, n.d.).

However, S&EP has remained largely structurally underdeveloped in SA. There is no prescribed training route, no established association for S&EP, no registration category with the Health Professions Council of South Africa (HPCSA) nor other professional organisations such as the Psychological Society of South Africa (PsySSA), and no standards of proficiency nor ethical code of conduct and practice guidelines (Edwards, 2011b). S&EP courses are developing and offered at some universities as an elective, but generally not as a whole undergraduate degree nor as a postgraduate professional training course. There are two general training routes to practice in S&EP in SA as follows. Firstly, training is either undertaken in undergraduate psychology, followed by postgraduate professional training in clinical, counselling, educational or research psychology, which includes some course content and/or specific research in S&EP. Alternatively, undergraduate and postgraduate training is undertaken in bio-kinetics, exercise, sport or human movement science, which may contain courses in psychology or more specifically S&EP (Edwards, 2011a). Typically more specific routes, which may include additional diverse post qualification training, are undertaken. Psychology standards of proficiency, and codes of ethics and practice, based on the Health Professions Act 56 of 1974 (amended 2006, 2007) Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act and other professional codes, are adhered to. Generally, practice of S&EP is undertaken and used on a part-time basis (Edwards, 2011a, 2011b). Despite the lack of formal structure, the discipline and praxis are advancing, evidence can be seen in all sporting contexts at all levels, valuable work is being undertaken and it is growing with much potential. Recent developments have seen, for example, the establishment of the SA S&EP emailing list and initial formation of the SA Society of S&EP, aimed at increasing the structure of S&EP in SA. S&EP can have a positive effect on health, education and the economy (van Rensburg, n.d.). An extensive literature review and searches on websites such as PubMed, EBSCOhost, PsychINFO and Sabinet, revealed no published research on practitioners' perceptions of S&EP training and practice in SA.

In contrast, in the United Kingdom, S&EP structure has flourished. There is professional training, registration, standards of proficiency, and codes of conduct, ethics and practice. Following years of work, the British Psychological Society (BPS) Division of S&EP (DSEP) and Chartered S&EP category were created in 2004. There were subsequently opportunities for practitioners who completed training prior to 2008 to gain registration as Chartered Psychologists with Full Membership of the DSEP through various routes, which have now closed (Eubank, Niven & Cain, 2009). From 2009, the Health and Care Professions Council (HCPC) became the regulatory body for practitioner psychologists including sport and exercise psychologists (Eubank & Cain, 2012). Chartered Sport and Exercise Psychologists' names were transferred from the BPS to HCPC register. The HCPC approved the BPS S&EP training routes to becoming a Chartered Psychologist and have continued to do so (Eubank & Cain, 2012). The process of training is as follows. First, a BPS accredited course is required as Graduate Basis for Chartered Membership (GBC) (Hetherington & Merrilees, 2011). Second, Stage one refers to an accredited MSc or the qualification in S&EP via examinations (Eubank, 2013c; Eubank et al., 2009). Third, Stage two, which was founded in 2008, involves a period of supervised practice as a Trainee Sport and Exercise Psychologist over two years full-time or part-time equivalent, requiring competencies in ethical practice, practical

application, research and communication, via assessment (Eubank, 2013a, 2013b, 2013c; Eubank & Cain, 2012; Eubank et al., 2009; Lafferty & Eubank, 2013; Mawn, 2012). Experience, for example under the British Association of Sport and Exercise Sciences (BASES), can count towards Accreditation of Existing Competence (AEC) for Stage one and two (Beale, 2011; Eubank et al., 2009). S&EP is included in the HCPC (2012) Standards of Proficiency for Practitioner Psychologists, BPS (2009) Code of Ethics and Conduct, BPS (2008) Generic Professional Practice Guidelines and BPS (2014) Code of Human Research Ethics.

The advantages of UK S&EP professionalism have included BPS Division for S&EP, structured training, registration, council regulated practice, and increased recognition of the field within the UK and internationally. One result has been further learning, teaching, researching and practicing opportunities. In addition to perennial political and economic issues related to professionalism, other disadvantages include increased exclusivity, limited and costly membership and related increase in unqualified practitioners. In addition, owing to not have achieved GBC during initial training, candidates from a sport science background are at a disadvantage. Furthermore, MSc placements are limited, Stage two placements can be unstructured and employment opportunities are not always readily available after training. Unique features are an evolving and diversifying practice that includes: amateur, semi-professional, professional, national and international sportspeople, teams and organisational settings, as well as reflective publications (e.g., Barker, McCarthy, Jones & Moran, 2011; McCarthy & Jones, 2014; Turner & Barker, 2014). The order of acquiring GBC has recently changed, in that it can now be acquired at any point before Stage two, to accommodate practitioners from a sport science background. Published works have focused on candidate and supervisor professional training experiences (Eubank, 2013d). Suggested requirements for future professional training development include: 1) marketing the profession and increasing training opportunities, 2) models of supervision and peer mentoring continued professional development, and 3) models of approach and the importance of the theoretical base (Eubank & Hudson, 2013).

There have been limited international S&EP comparison studies, both in scientific article format (Biddle & Fuchs, 2009) and at conferences which include the subject areas of S&EP, with outputs typically covering different international routes to training and practice (Apitzsch, 2011; Beale, 2011; Edwards, 2011a, 2011b; Eubank, 2011). Further international comparative research, composed of surveys, focus groups and individual interviews, providing in-depth information from communities, groups and individuals, is needed (Bekhit, Thomas, Lalonde & Jolley, 2002; Edwards, 2011b; Evans & Mathur, 2005; Ibabe & Sporer, 2004; Kaplan & Saccuzzo, 2009; Krueger, 2002). As indicated above, such comparative research should focus on professional training, learning, researching, teaching and/or practice context/s, standards of proficiency, codes of ethics and practice adhered to, perceptions of S&EP, councils, societies and institutions, which should regulate training, registration and practice, and compositions of professional training. Also required is focus on the need for S&EP, specific S&EP needs as well as contribution which S&EP can make, in order to advance discipline related contributions at local, national and international level (Biddle & Fuchs, 2009; Edwards, 2011a; van Rensburg, n.d.).

Research question

In what way can S&EP develop through reflection by knowledgeable stakeholders in SA and the UK?

Motivation

There was a need for comparative evaluation of practitioners' perceptions of S&EP in SA and the UK, with the rationale to promote national and international S&EP training, learning, teaching, researching, practicing, growth and development as well as to make a contribution to the sparse comparative research. More specifically, the need was for further focus on professional philosophy, competencies, instruction, supervision, ethical guidelines and decision-making.

Aim

The aim was to undertake a comparative study of knowledgeable practitioners' perceptions of S&EP in SA and the UK.

Objective

A specific objective was to provide feedback to the professional and academic bodies concerned, such as HPCSA, PsySSA, HCPC, the BPS and relevant tertiary institutions.

Method

Research design

With limited international comparative S&EP research studies and the need for in-depth perceptions, reflections and interpretations, an interpretive paradigm was chosen for this inquiry (see Edwards, 2010; Willig, 2008). Ontologically, it involved a comparison of relevant knowledgeable stakeholders' perceptions of S&EP in SA and the UK. Epistemologically, it required researcher reflexivity and phenomenological bracketing of biases, preconceptions and assumptions in order to allow perceptions to emerge. Methodologically, it was interactional, interpretive and qualitative. Technically, it involved a purposive sample of well-informed practitioners. Data was collected at community, group and individual level. Information was analysed using thematic content analysis in order to identify and validate themes and subthemes within themselves and in relation to other existing objective evidence based studies. It was envisaged that such an interpretive inquiry, design and methodology would lay a foundation for future positivistic, objective, experimental, quantitative research as well as other studies with alternative paradigms and perspectives.

Sample

A purposive sampling technique was used. Participants were male and female adults, between the ages of 18 and 65, who consented to participate in the study. They were knowledgeable, qualified and/or registered S&EP practitioners in SA and the UK. The SA sample were members of the SA S&EP emailing list with the UK sample being university staff based at higher educational institutions, offering an MSc in S&EP. Qualitative research criteria do not advocate and/or recommend any set sample size, with six to eight participants being the norm (Terre Blanche, Durrheim & Painter, 2006). The final sample in the present study consisted of 12 SA and UK survey participants. Participants were selected on qualitative research grounds of experience, insight into, commitment and willingness to discuss their perceptions of S&EP. Six of these participants, three in each country, were selected for small SA and UK focus group purposes, on the basis that they showed keen interest on involvement in a focus group. Two survey participants, based on length, depth and breadth of experience, were selected for SA and UK individual interviews. It was considered that these research participants and contexts reflected sufficient in-depth, interrelated, community, group and individual variation for qualitative research criteria such as credibility, dependability and transferability. The SA participants consisted of three males and three females of white

ethnicity, four were English and two Afrikaans speaking, with an age range of 35 to 64 and a mean age of 50. The UK participants were all males, five were of white ethnicity and one of mixed white/Asian ethnic background and all were English speaking with an age range of 25 to 42 and a mean age of 30. The total SA and UK combined sample had a mean age of 42.

Data collection

Participants' qualifications and/or registrations were established during data collection. For each participant, biographical information was collected in the form of age, gender, ethnicity and home language. Data was collected via online surveys, focus groups and individual interviews (Bekhit et al., 2002; Evans & Mathur, 2005; Ibabe & Sporer, 2004; Kaplan & Saccuzzo, 2009; Krueger, 2002). Guidelines for internet-mediated research were followed, the online survey link was sent to participants and the strength of the survey included global reach, purposeful sampling, accommodating, flexible nature of completion of thoughtful information, which focused on explanation of the research, demographics, open-ended questions and any other information which the participants felt would be of value (BPS, 2013; Evans & Mathur, 2005). Methods for designing and conducting focus group interviews were followed (Krueger, 2002). The focus groups were undertaken in familiar, comfortable settings with circular seating arrangements for focused interactions. Emphasis was placed on establishing and building group rapport. Both focus group processes incorporated an introduction, structured open-ended questions that involved the participants, with purposeful, flexible, open discussion of perceptions and reflections between all group members in order to elicit as much detailed and valuable information as possible. For purposes of clarity, emerging themes and subthemes were summarised by the facilitator and reflected back upon in these discussions. It also involved a reflective summary and ending. One individual interview was undertaken face-to-face with the other via teleconference. Individual interviewing techniques were followed (Terre Blanche, Durrheim & Painter, 2006; Willig, 2008). A similar process, although dyadic in communication, was used as above for the individual interviews, with enhanced focus on the length, depth and breadth of practitioners' experience during enriched discussion of perceptions and reflections. The focus groups and individual interviews were noted and audio taped.

Qualitative inquiry

The broad qualitative questions were developed from the motivation, rationale, aim and objective of the study (Willig, 2008), based on the existing SA and UK S&EP literature and previous international S&EP comparisons. The purpose was to address the research question: "In what way can S&EP develop through reflection by knowledgeable stakeholders in SA and the UK?" by focusing on training, practice, needs and contributions. The following open-ended questions, utilised to elicit meaningful responses (Terre Blanche, Durrheim & Painter, 2006), were used for the survey. Describe: 1a) your professional training in sport and exercise psychology, 1b) your learning, researching, teaching and/or practice context/s, 1c) the standards of proficiency, codes of ethics and practice you adhere to? 2) your perception of sport and exercise psychology in SA/UK? 3a) which councils, societies and institutions should regulate training, registration and practice in SA/UK? 3b) what professional training should be composed of in SA/UK? 4a) the needs for sport and exercise psychology in SA/UK? 4b) what specific sport and exercise psychology needs exist within SA/UK? and 5) what contribution sport and exercise psychology can make to SA/UK? In the focus groups and individual interviews, because participants had completed the survey, questions' areas were expanded upon with focus more specifically placed on current status, needs of and for future development, and contribution which S&EP could make.

Ethics

All codes of conduct, standards, ethics and practice, discussed above, were adhered to. Ethical clearance was obtained from a UK and a SA university. Consent was obtained from all participants partaking in the surveys, focus groups and individual interviews (Terre Blanche, Durrheim & Painter, 2006; Willig, 2008). Information is kept and presented in a confidential manner.

Data analysis

Survey, recorded and transcribed audio-taped information were combined. The data analysis neither involved grounding a new theory (Walker & Myrick, 2006) nor interpreting experiences through phenomenological analysis (Smith & Osborn, 2008), but rather entailed analysing and synthesising participants' comparative perceptions. Thematic content analysis was therefore undertaken (Anderson, 2007). Thematic content analysis is not bound in a pre-existing theory (Braun & Clarke, 2006). It can include various stages and steps. Following reading and re-reading the information, the process involved 1) capturing words and phrases from the transcribed survey, focus groups and individual interviews, and noting their consistency through frequencies, 2) based on consistency and emergence, grouping these words and phrases into subthemes, 3) condensing these subthemes under higher order themes, 4) checking that the higher order themes and subthemes reflected the transcripts, through consensual validation by participants, and 5) interpreting the information in the discussion.

Results and discussion

Main findings are followed by grouped subthemes of all survey, focus groups and individual interviews participants' perceptions from each country. These subthemes reflect integral, synthetic summaries of a great wealth of data. For presentation purposes, a single individual participant's response, judged to be most inclusive of the collective response of the country, follow the respective SA and UK subthemes.

Qualifications and experiences

SA practitioners' perceptions emphasised the value of qualifications including personal sporting and coaching experiences. Although no formal S&EP professional training occurred, experience included reading, human movement science, sport psychology honours, clinical, counselling and educational professional psychology training, and international conference short courses. One participant had also become a BPS Chartered and HCPC registered clinical, sport and exercise psychologist. However, general experience was of immersion within diverse contexts of general psychology, community, health, exercise, sport and performance, working with sportspeople at all levels, academic teaching, research in sport and exercise science and S&EP.

Supporting this collective response, one participant said: "Self trained via personal experience, clinical and educational psychology, research, health, exercise and sport promotion, practical support, counselling and interventions with sports-persons and general members of the community at large".

UK practitioners' training involved undergraduate sport and exercise science and psychology, BASES accreditation, postgraduate degree in S&EP and Stage two supervised practice, leading to chartership and professional registration.

Participant exemplar: "I am a registered Sport and Exercise Psychologist (Health and Care Professions Council; HCPC)... and a Chartered Psychologist with the British Psychological Society (BPS)".

Instructional contexts

SA viewpoints were that there was improved, continuous learning through instructional contexts, educational and professional practice. Research was undertaken at individual, group, institutional and community level, with focus on health, exercise and sport contexts. Academia included supervision and promotion of diverse masters and doctorates in health, sport and exercise psychology. Practitioners' base included allied health profession and sport agent settings. Praxis involved coaching sport, counselling in various contexts, private practice, being more clinical than sport orientated or working mainly with sportspeople.

Participant exemplar: "I really wanted my practice to be more sport psych rather than clinical... from the very beginning, tried to position myself as that... looking back now over the 7 years of practice, I feel far more competent now in sport psych, but ja it's taken ages to build it up".

UK learning involved Stage two training and transferring across from being a Chartered Occupational Psychologist. Active research included reading for a PhD and researching positive psychology in sport. Academia involved coordinating and teaching S&EP courses. Being a practicing and consulting psychologist incorporated working with individual sportspeople, professional and national teams, and within academic and business settings.

Participant exemplar: "My recent work has been in professional football" and "next week I am heading to give a talk... about how athletes cope with stress so that they can apply it in their working life".

Professional requirements

SA perceptions included the importance of personal morals. Medical Council, Professional Board for Psychology and HPCSA standards of proficiency and codes of ethics and practice were adhered to. Furthermore, codes studied, lectured on and discussed amongst other psychologists, as well as practicing ethically, competently and safely, based on training, knowledge, experience and boundaries were deemed important.

Participant exemplar: "Thus the basic moral imperative of all ethics, first do no harm".

UK viewpoints were that BPS and HCPC standards and codes were adhered to. Supervision and guidance was important, with confidentiality being essential and continually evaluating, for example, when to refer on, which can lead to feelings of inadequacy, with the importance of the sportsperson remaining central.

Participant exemplar: "My focus is very much on both the well-being and performance of the individual".

Perceptions of contemporary, national sport and exercise psychology

SA perceptions were that there remains to be a general lack of understanding of S&EP in SA, it is under acknowledged, undervalued, sparsely funded and not utilised to its full potential. There continues to be a lack of organisation, it is not regulated, there is sparse supervision

and mentoring, and development is intricate. SA is an economically developing country, there are recognised sports trusts, S&EP is a relatively new and developing area and discipline, and there is evident research and practice to substantiate this. There are some sport psychology courses, professionals are passionate, adaptive and provide a variety of provisions, there is much opportunity and there are receptive coaches and sportspeople. There is a need for a clearly defined S&EP role within services and professionalism must be for the good of the public.

Participant exemplar: "I think in terms of Africa, we have done pretty well so far... you have to see that broader context, different needs of people in South Africa. Economically developed countries versus where we are. There are double challenges in a way".

UK perceptions were that S&EP is sometimes undervalued due to a lack of understanding or funding allocation. Unqualified practice is evident. It is a costly training process, delayed practical application can affect initial practice and there can be difficulties with transfer into post-training employment, which could be low or unpaid. More prominent media S&EP role models would be beneficial. There is a need for more published case studies and research further informing practice. Demonstrating increased performance, based on input, can be intangible. BASES was focussed on psychology as well as sport and exercise science, diverse initial training enriches perspectives with BPS chartering the professional S&EP pathway. From a psychology background, the process is an undergraduate degree fulfilling core competencies leading toward GBC, then Stage one and Stage two supervised practice, with some offering a formalised Stage two professional doctorate. The order of acquiring GBC has recently changed, assisting candidates from a sport science background. The advanced discipline is growing and evolving, media are raising the S&EP profile, there is a focus on expanding membership, improved Stage two group candidate supervision is evident, there is an increase in career and employment opportunities, and increase in input at all levels of sport, exercise, academia and business. Demonstrating worth and continued growth in all contexts, at every level, is essential.

Participant exemplar: "There has been a change within the last 6 months... traditionally, GBC needed to occur before Stage 1, but now... a candidate can get GBC at any stage, as long as it's done before Stage 2 training" and later stated "evolution, ten years on, we sitting here, we have somebody who is on a full time contract with a professional football club, so it is moving forward".

Governing bodies

SA viewpoints' were that these should include, The Society of Sport Psychology, Medical Council, South African Sports Medicine Association (SASMA), PsySSA, Professional Board for Psychology and essentially HPCSA.

Participant exemplar: "South African Health Professions Council... various psychological societies that provide guild functions and ethical guidelines with watchdog consciousness to disallow unethical practice as well as destructive aspects of economics and politics of professionalism. There should be integral, balanced emphasis on all aspects of moral and ethical development via critical and creative thinking and behaviour".

UK perceptions were that BASES registration categories had changed, and BPS and HCPC should regulate training, registration and practice, and qualified care should be ensured.

Participant exemplar: “I believe being registered to BPS is fundamental to ensuring quality care for both client and practitioner, to provide a golden benchmark”.

Required training competencies

SA viewpoints were that professional training should be offered from first year to doctoral level, involve inclusive training, be integrational of knowledge, be structured, include diverse, in-depth theoretical training, high quality practice and supervision. It should be open to related disciplines. There should be guidelines, foundations and competencies, and also involve professional training in psychology. Specialisation at masters, doctoral level and post qualification is integral.

Participant exemplar: “I love this multi disciplinary approach, which I think is integrational of knowledge and that is the way we really learn”.

UK perceptions provided mutual support for current training and registration, and that there was enrichment from diverse backgrounds. The broad S&EP role is exciting and challenging regarding structuring training. There is a need for compromise whilst remaining competency driven, with further post-training qualifications if needed. Further evolution of training will occur over time. There are benefits of diverse learning styles. A need for balancing theory, research and practice, professional philosophy, ethics, developmental knowledge, counselling skills, knowledge of working in multi-disciplinary settings and organisations is important. Further needs include secure, fixed-term placements, financial support and reduction in unnecessary paperwork, enhanced forms of supervision, and increased organisational and professional funding. There is potential for flexible training within a qualification, specialisation, and dual professional psychology training and registration.

Participant exemplar: “It’s probably quite hard with your Stage 2 award though... it could be massive, it could be everything... because there always has to be that compromise... in terms of what are the competencies” and later on “one thing which we were thinking about having, a professional doctorate in clinical and sport, and that would be four years, and that would provide one with dual registration, so they would become a clinical and sport psych, and they would have dual registration with HCPC at the end of it”.

National needs

SA needs for S&EP were for, further focus on the need for sport, education, health promotion, community development and promotion of harmony. Including needs for student training and regulating practice. Finally, the need for developing sportspeople across all sporting contexts and levels, and transfer of S&EP to other settings.

Participant exemplar: “Health comes before sport” but there are “more important values” however “physical education first, because that’s what it is all about in a big sense”.

Data regarding UK needs included comprehensive education in S&EP, positive effect of further development, and value of focusing on health, well-being and performance across all contexts.

Participant exemplar: “The benefits are equivalent and on par across all of those areas... there is a thought that goes around that at the elite level the psychology matters most, but... you would be hard pressed to find individuals at every level who would not benefit from improving their psychological approach... whether it is the club golfer, the club cricketer, there are benefits to be had by thinking smarter or thinking in a more appropriate manner, thinking about the way they approach... there is a bit of a myth that when people reach the top, that they actually have quite a strong approach to competition and that isn’t the case either, there are plenty of individuals who reach the top, because of supreme physical talent, or fantastic coordination, so those benefits as well, who don’t have such strong psychological approaches. So I think the benefits are equivalent and large across all aspects, similarly for the exercise”.

Professional needs

SA perceptions of S&EP needs were: remembering the economically and nation developing context, being flexible, focusing on the concept and practice of S&EP, distinctions between physical activity, sport and exercise in relation to health, performance and psychology, and specific research and practice required. Furthermore, a need for committed individuals, being inclusive, using existing links, coordination, focusing on function, structure and roles of and for professionalism, developing associations, organisations and members, international linkages and collaborations. Establishing and growing the idea of S&EP, whilst focusing on the discipline, profession, standards and ethics. Additionally, there is a need for obtaining private financial backing, large sponsorships, attending and organising sport psychology conferences and meetings. Together, putting forward a collection of diverse modules and templates, and flexibly adapting them, being discerning with regards to the competencies and areas of practice, formalising training, using existing policies, developing new policies, establishing standardised university courses, training and having specialisms. Having HPCSA S&EP registration, supervision, mentoring and quality control, a vetting process, a list of qualified practitioners and continuing to forge ahead, is important. Educating and expanding knowledge and understanding in all contexts and at all levels, developing sportspeople in terms of health, well-being and performance is vital. Essential needs of, providing multi-cultural awareness and counselling, developing communities, societies, nations and the universe, helping all to remember and realise their true potential.

Participant exemplar: “In South Africa much co-ordination is required among interested, committed persons, associations and organizations to establish and grow the discipline and profession”.

UK viewpoints of S&EP were that needs were being addressed. There is a need to further discuss whether sport and exercise psychology should be one discipline and where performance should sit, to be inclusive, there being strength in membership numbers, training more practitioners, greater coherence between psychology professional training routes and further care of registration and practice. Furthermore, enhancing focus of benefits of physical activity on areas like mood, self-esteem and cognitive functioning, increasing case study research, research further informing policy and practice, and beneficial for organisations to fund the development of practitioners. A need for further education and clarity on professional training, continuous review of training, focusing on organisational aspects in training, further supporting candidates from related disciplines to undertake training, increasing individual and group supervision during and post training. To further demonstrate value, including financial value, of interventions and being conscious that at an elite level the

main focal point is on improving performance. Working more with developing sportspeople who see the value of S&EP.

Participant exemplar: “You can see groups of trainees popping up across the country and I think those sorts of sharing sessions, where people discuss cases, clients, issues which they face, has been hugely beneficial... what we don’t do well enough as a follow on from that, is, when people qualify... we could be stronger on that post qualification”.

Future contributions

SA perceptions of contributions were, further healing of the wounds of apartheid, providing multicultural awareness and counselling, encouraging people from all disciplines to work together, sport contributing towards nation building, sport changing communities and involving families. Teaching reflexivity, or consciousness of consciousness, transformative capacities of the body over time, and helping to get more people active and engaging in recreational sport are of great relevance. Working within schools, with individuals and teams for optimal performance is of essence. There is much value for further diverse research.

Participant exemplar: “It can also help get more people active, especially girls. Women in sport is one of the department of sports’ main aims and sport psych can help facilitate this”.

UK viewpoints were successes including Olympic sports, value which students, academics and practitioners can add, and being an integral part of sporting organisations. By increasing physical activity and exercise, improving health and well-being in sport and exercise, and helping people to develop holistically. S&EP supporting improved performance in individuals, teams and organisations from an amateur to a professional level. Research in exercise, sport and performance environments, being of relevance to other areas.

Participant exemplar: “Through the greater well-being of sport and exercise participants, and through encouraging, where appropriate greater physical/exercise activity”.

There was a need for comparative evaluation of knowledgeable practitioners’ perceptions of S&EP in SA and the UK, with the rationale to promote national and international S&EP training, learning, teaching, researching, practicing, growth and development. Particularly, the need for further focus on professional philosophy, competencies, enhanced training, supervision, improved ethical guidelines and decision making as well as to make a contribution to the limited amount of comparison research. Three main higher order themes emerged. Firstly, although SA has no formalised professional training and registration, the S&EP discipline and praxis is advancing, valuable work is being undertaken, practitioners are adaptive and there is much potential for meaningful contributions (Edwards, 2004, 2011b). Secondly, in comparison, UK professional training and regulatory council registration have developed, evolved and diversified the field of S&EP (Barker et al., 2011; Eubank, 2013a, 2013b, 2013c; Eubank & Cain, 2012; Eubank et al., 2009; Turner & Barker, 2014). Lastly, relevant international collaboration should considerably advance the contributions of S&EP at local, national and international level (Apitzsch, 2011; Beale, 2011; Biddle & Fuchs, 2009; Edwards, 2011a; Eubank, 2011). Essential subthemes were that SA S&EP needs were concerned with the developing context, being inclusive and required continued practice and development (Edwards, 2011b; van Rensburg, n.d.; Witton, 2004). SA perceptions were that

training should involve integration of knowledge, key foundations and competencies, with professional training in psychology and specialisation. UK needs were about increasing focus on further growing the discipline, improving quality of service, enhancing support for candidates and demonstrating value (Eubank, 2013d; Eubank & Cain, 2009; Eubank & Hudson, 2013). UK viewpoints valued existing training, emphasis on making it more accessible, focus on counselling skills, a need for secure placements and potential specialised or dual training in the future.

Using an interpretive paradigm, which involved a qualitative inquiry, the research was essentially about perceptions, reflections and interpretations (Terre Blanche, Durrheim & Painter, 2006; Willig, 2008). Study limitations included a general lack of diversity in terms of gender and ethnicity. Certainly any qualitative research findings will essentially reflect research questions asked, which can always be improved in quantity and quality (Edwards, 2010), and in this context one participant felt the survey questions could have been structured differently for improved clarity. Notwithstanding such limitations, based on the objective research literature evidence base, the related consistency and coherence of research participants' perspectives and the researcher's personal experience of training and practice in SA and the UK, it is reasonable to argue for the dependability of the findings, with similar themes and subthemes likely to be evident in related studies. It also seems reasonable to postulate considerable transferability of findings to other economically developing and developed countries. This argument is supported by the following evidence and considerations.

First, the degree of consistency within SA and UK practitioners' perceptions occurred at survey, group and individual level. Second, the needs for S&EP in SA and UK were obviously similar in terms of health, well-being and performance. Third, except for UK professional advancements, S&EP practitioners' perceptions in both countries were remarkably similar with specific regard to learning, researching, teaching and practicing contexts. Fourth, similar SA and UK practitioners' S&EP contributions have been made at international, national, community, group and individual level. Finally, participants' individual subjective and intersubjective collective perceptions appeared to coherently reflect the limited, relatively objective evidence from the literature review, which appears in integrated, summary form in the introductory section of this article (Beale, 2011; Edwards, 2011a; Eubank, 2011, 2013c, 2013d; Eubank & Cain, 2009; Eubank & Hudson, 2013; McCathy & Jones, 2014). Moreover, to the extent that individual practitioners' perceptions accurately reflected S&EP in their respective countries, to the extent that there was authentic, consensual validation amongst focus group participants, and to the extent that there was researcher accuracy in interpreting and transmitting audit trail evidence, it can be argued that the findings constitute an accurate, trustworthy, truthful and faithful representation of current SA and UK perceptions. There seems little doubt as to the authenticity and integrity of the findings. The detailed audit trail of all participant responses is from the author on request. In sum, the present study provides a unique contribution to the extant literature by providing a comparative piece of research exploring the similarities and differences of S&EP professional development across SA and the UK. It is anticipated this study will provide a catalyst for future researchers wishing to explore the cultural challenges and differences regarding the professional development of sport and exercise psychology.

Conclusion

Except for United Kingdom advancements being more structured and diverse, research findings from South Africa and UK were similar in learning, researching, teaching and

practicing contexts. The SA and UK practitioners' perceptions were that that S&EP contributions can make very valuable contributions at international, national, community, group and individual levels for improving health, well-being and performance. With their relative similarities and differences, SA and UK can learn much from one another, in terms of the contribution which S&EP can make. Further national and international comparison studies should be undertaken, in both economically developed and developing countries.

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