

Original Article

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# Work Stress and Professional Identity in Taiwanese Clinical Psychologist and the Effects on Psychological Distress, Turnover Intention, and Intention to Change Professions

Cheng-Ju Chang<sup>1</sup>, Feng-Cheng Tang<sup>2,3</sup>, Shu-Ling Huang<sup>4,5\*</sup>

<sup>1</sup> Department of Mental Health, Lu-Tung Christian Hospital, Taiwan

<sup>2</sup> Department of Occupational Medicine, Changhua Christian Hospital, Taiwan

<sup>3</sup> Department of Leisure Services Management, Chaoyang University of Technology, Taiwan

<sup>4</sup> Department of Psychology, Chung Shan Medical University, Taichung, Taiwan

<sup>5</sup> Clinical Psychology Room, Chung Shan Medical University Hospital, Taichung, Taiwan

**Purpose:** The aims of the study were to survey work stress and professional identity in Taiwanese clinical psychologists and to explore their effects on psychological distress, turnover intention, and the intention to change professions.

**Methods:** The study adopted a cross-sectional research method. Data were collected online with a structured questionnaire. The questionnaire consisted of personal information, work stress scale, professional identify scale, and psychological distress scale. In addition, two yes/no style questions were used to assess participants' intentions of turnover and change professions, respectively.

**Results:** A total of 139 participants were recruited in the study. Results showed that Taiwanese clinical psychologists had a moderate level of work stress. The main stressors were "workload," "a lack of resources," and "organizational structure and processes." The professional identity of participants was found to be at a high-intermediate level. Among the participants, 23% suffered from psychological distress, 34.5% reported an intention of turnover and 25.2% reported an intention to change professions. Logistic regression analyses showed that work stress had significant effects on psychological distress (OR=1.10,  $p<.001$ ) and turnover intention (OR=1.08,  $p<.001$ ). Professional identity had effects on psychological distress (OR=0.94,  $p<.05$ ), turnover intention (OR=0.94,  $p<.05$ ), and intention to change professions (OR=0.90,  $p<.001$ ).

**Conclusion:** Work stress is an indicator for turnover intention but not for the intention to change professions. Professional identity is an important factor for working steadily in the field of clinical psychology (not quitting the present job and not changing professions). Further investigations into both the process and the predictors for professional identity in clinical psychologists are recommended.

**Key words:** clinical psychologist, workload, professional identity, mental health

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\* Corresponding Author: Shu-Ling Huang  
Address: No. 110, Sec. 1, Chien-Kuo N. Rd., Taichung,  
40201, Taiwan.  
Tel: +886-4-24730022 ext 12301  
E-mail: shuling@csmu.edu.tw

## Introduction

Medical work is a highly professional and challenging job. In particular, mental health professionals often experience clients' emotional exhaustion<sup>[1]</sup>. According to the Health Department

(Executive Yuan in Taiwan), 807 licenses for clinical psychologists were issued from 2001 to 2009. Among them, 678 psychologists registered for clinical practice. The work content of clinical psychologists in Taiwan varies depending on their majors and the demand from various organizations. In general, there are three main domains of work -- professional service (including psychological assessment, individual psychotherapy and group therapy), research and education (including clinical research, supervision for students and new staff, and providing health education to the public), and administrative/clerical work (e.g. meetings, medical chart writing, and so on)<sup>[2]</sup>.

The commercialized management style of medical institutions has been established for a long time in Taiwan. Hospital management, therefore, emphasizes achievement rate and profit gains. However, the payment from Bureau of National Health Insurance for the professional services offered by clinical psychologist is not high. In order to achieve the merits and the amount of services, the workload of clinical psychologists can be heavy<sup>[3]</sup>. High work stress has been associated with poor physical and mental health<sup>[4,5]</sup>. Nevertheless, work stress and mental health of clinical psychologists in Taiwan has not been systematically investigated.

The first position of the clinical psychologist in Taiwan was created by a psychiatrist in 1953. Subsequently, clinical psychologists have usually worked in the department of psychiatry in hospitals<sup>[6]</sup>. Other domains of clinical psychology including health psychology, neuropsychology, rehabilitation psychology, and developmental psychology, have since been developed, though the department of psychiatry remains main work site for clinical psychologists in Taiwan<sup>[7]</sup>. The professional status of clinical psychologists is lower than that of psychiatrists in general. There are not many people working as clinical psychologists compared to other medical professions. The profession is not greatly recognized by the public. These situations might influence the professional identity of clinical psychologists<sup>[8]</sup>. In a survey in 2000, Taiwanese clinical psychologists were less consistent than other mental health professionals

in title preferences<sup>[9]</sup>. Most of them would prefer to be called psychotherapist, psychologist, or clinical psychologist. Clinical psychology has been a defined profession since legislation of Psychologist Act in 2001 and the Taiwan Association of Clinical Psychology was established in 2002. A consistent and stable professional identity is positively related to work attitude and performance<sup>[9-11]</sup>. However, research on the professional identity of Taiwanese clinical psychologist is limited. Therefore, this issue is worth exploring.

The aims of the study were (1) to investigate work stress and professional identity of Taiwanese clinical psychologists and (2) to explore the effects of work stress and professional identity on psychological distress, turnover intention, and intention to change professions.

## Materials and Methods

### Study design and subjects recruitment

The present study was a cross-sectional survey. The data were collected online by a structured webform questionnaire. After following a link to the research website, participants filled in and submitted the questionnaire online anonymously. The invitation letter containing a survey description and web address was emailed to all the members of Taiwan Association of Clinical Psychology (TACP). The research information was also posted on the TACP homepage. The subject recruitment was carried out from June to October in 2009 and a reminder letter was provided twice by email during the period.

All registered clinical psychologists were invited to participate in the study. There were 678 registered clinical psychologists in Taiwan until July 2009. In total, 139 clinical psychologists responded to our survey. The response rate was 20.5%.

### The instruments

The questionnaire consisted of questions collecting personal and demographic information, the work stress scale, professional identify scale, and psychological distress scale. Personal information included demographic details (e.g. age, sex, marital status) and working conditions (e.g.

types of organization, departments, position). Two yes/no style questions, “Would you intend to leave this job within next year?” and “Are you planning to leave the practical work of clinical psychology during the next five years?”, were used to assess participants’ intention of turnover and change professions.

Work stress was measured by the Mental Health Professionals Stress Scale (MHPSS)<sup>[12]</sup>. The MHPSS is a 42-item valid questionnaire designed specifically to measure the attitudes of mental health professionals toward various stressors. The scale has seven subscales of stress -- workload, client-related difficulties, organizational structure and processes, relationships and conflicts with other professionals, a lack of resources, professional self-doubt, and home/work conflict. Each subscale consists of questions requiring a response ranging from 0 (does not apply to me) to 3 (does apply to me). The overall mean and each subscale mean are calculated from the scores divided by the number of items. A higher score indicates a higher level of work stress.

The MHPSS was translated from the original English version to Chinese language with permission of the originator. The translation process included forward-translation, expert panel, and back-translation. In the present survey, MHPSS has shown good reliability and acceptable internal consistency (Cronbach’s alpha = 0.92 for the total scale and Cronbach’s alphas ranging from 0.67 to 0.84 for subscales).

The scale of professional identity was developed by the researchers after referring to other relevant studies<sup>[10,13]</sup>. The scale consists of 14 items, which encompasses affective, cognitive, and behavioral dimensions of professional identity. A five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used. Higher scores indicate higher levels of professional identity. Expert validity was confirmed by three professionals in clinical psychology. Cronbach’s alpha in this study was 0.95. One factor (Explained variance=58.91%) was derived from principle components analysis and factor loadings of items on the factor ranged .70- .83.

Psychological distress was measured by the 12-

item Chinese Health Questionnaire (CHQ-12)<sup>[14]</sup>. The CHQ-12 was originated from General Health Questionnaire (GHQ-12)<sup>[15]</sup>. It is a measurement of anxiety, depression, insomnia, fatigue, social function, and family relationships within the recent two weeks. Each item on the scale has four responses: “not at all,” “no more than usual,” “rather more than usual,” and “much more than usual.” A bi-modal scoring method (0-0-1-1) was used in the study. Higher scores indicated higher level of mental health disturbance. For the purpose of this study, a cut-off point 4/5 was used as the threshold of psychological distress<sup>[16]</sup>. Cronbach’s alpha in this study was 0.85.

### Statistical analysis

Data were analyzed using the SPSS 12.0 for Windows. T-test and ANOVA were used to compare the differences of work stress and professional identity between different demographic and working conditions groups. Logistic regression analyses were conducted to investigate the effects of clinical psychologists’ work stress and professional identity on psychological distress, turnover intention, and intention to change professions separately. Gender, educational level, variables of working conditions, work stress, and professional identity were adopted as independent variables. Dummy variables were established for gender (with “male” as reference), for employed status (with “part-time” as reference), and for the type of organization (with “general hospital” as reference).

## Results

### Demographic characteristics

The characteristics of participants are shown in Table 1. There were more female participants (64.0%) than male. The mean age was 33.9 (SD=5.3) and mean working years was 6.7 (SD=5.3). Half of the respondents (50.4%) were married. The majority (80.4%) had a master degree. Eighteen (13.0%) of our participants were pursuing further education. Table 1 presents the participants’ background information. Over half of the participants (50.4%) were from local associations in northern Taiwan. The majority of them (85.8%) did not hold

**Table 1.** Personal and working characteristics of all participants

Variables	Range	Mean	SD
Age (year)	26-51	33.9	5.3
Working year	0.25-25	6.7	5.3
		Number	Valid percentage
Gender	Male	50	36.0
	Female	89	64.0
Marital status	Single	69	49.6
	Married	70	50.4
Educational level	Graduate	20	14.4
	Master	112	80.6
	PhD	7	5.0
Studying	No	121	87.1
	Master course	9	6.5
	PhD course	9	6.5
Membership of local association	North area	69	50.4
	Mid-Taiwan	33	24.1
	South area	25	18.2
	East area	8	5.8
	Other	2	1.5
	Missing	2	
Managerial position	Yes	24	17.3
	No	115	82.7
Employed status	Full-time	109	85.8
	Part-time	18	14.2
	Missing	12	
Type of organization	General hospital	81	58.3
	Psychiatric hospital	32	23.0
	Other	26	18.7
Main client <sup>a</sup>	Patients	113	81.3
	Students	11	7.9
	Workers	3	2.2
	People in communities	11	7.9
	Other	11	7.9
	Missing	5	
Department in hospital <sup>b</sup>	Psychiatry	74	66.1
	Rehabilitation	6	5.4
	Neurology	7	6.3
	Developmental psychiatry	13	11.6
	Psychology center	9	8.0
	Other	3	2.7
Psychological distress	Yes	32	23.0
Turnover intention	Yes	48	34.5
Intention to change professions	Yes	35	25.2

<sup>a</sup> The valid percentage was more than 100% because of multiple choice.

<sup>b</sup> Only the participants reporting patients as main customers needed to answer the department in hospital.

management positions. Over 80% of them were working in medical organizations (58.3% in general hospitals and 23.0% in psychiatric hospitals). Only 18.7% of them were working in other organizations

including schools, drug abuse treatment centers, prisons, social welfare organizations, etc. The majority of participants who worked in medical organizations served in psychiatric departments (74

participants, 65.5%).

### Work stress and professional identity

The overall mean of MHPSS in the study was 1.47 (SD=0.36), with the median of 1.5, which indicated a moderate level of work stress (Table 2). Workload (M=1.81, SD=0.55), a lack of resources (M=1.72, SD=0.55), and organizational structure and processes (M=1.67, SD=0.57) were the top three stressors. The least two stressful sources of stress among clinical psychologists in the study were home-work conflict (M=1.20, SD=0.49) and client related difficulties (M=1.21, SD=0.42).

The overall mean of professional identity scale in this study was 4.18 (SD=0.59), with the median of 3, which indicated a high-intermediate level of professional identity. In the study, 'In practice, I would like to do my best to help clients' (M=4.46, SD=0.73), 'Regular professional training is necessary to ensure the quality of profession' (M=4.45, SD=0.75), and 'I believe that the profession of clinical psychology has its

contributions to our society' (M=4.37, SD=0.77) were the three highest items related to professional identity. The orderly sequence of the three items least affecting professional identity among clinical psychologists in the study were 'I believe that clinical psychology work makes me feel self-fulfilled' (M=3.86, SD=0.87), 'I am proud to introduce myself as a clinical psychologist to others' (M=3.90, SD=0.90) and 'I am willing to pay extra effort to help clinical psychology work to gain affirmation from the public' (M=3.91, SD=0.78).

T-test, ANOVA, and correlation analysis were used to compare the differences of work stress and professional identity between different demographic and working conditions groups (Table 3). The results showed that working year had a significantly negative correlation with work stress ( $r=-.22, p<.01$ ). Full-time clinical psychologists reported higher work stress than part-timers ( $t=3.13, p<.01$ ). The work stressors of clinical psychologists among different organizations were significantly

**Table 2.** MHPSS subscale scores and the item scores of professional identity for clinical psychologist

Subscale / Item <sup>a</sup>	Mean (SD)
<b>MHPSS<sup>b</sup></b>	1.47 (0.36)
Workload	1.81 (0.55)
Lack of resources	1.72 (0.55)
Organizational structure and processes	1.67 (0.57)
Professional self-doubt	1.44 (0.56)
Relationship and conflicts with colleagues	1.26 (0.46)
Client related difficulties	1.21 (0.42)
Home work conflicts	1.20 (0.49)
<b>Professional identity<sup>c</sup></b>	4.18 (0.59)
In practice, I would like to do my best to help clients.	4.46 (0.73)
Regular professional training is necessary to ensure the quality of profession.	4.45 (0.75)
I believe that the profession of clinical psychology has its contributions to our society.	4.37 (0.77)
I will do my best improve my professional ability at the time out of work.	4.36 (0.70)
I agree with the code of ethics for clinical psychologists	4.32 (0.67)
I am willing to keep studying and researching to maintain the quality of profession.	4.29 (0.79)
I belong to clinical psychology professional.	4.24 (0.80)
I am concerned about the future and development of the profession of clinical psychology.	4.19 (0.74)
I agree with the helping skills in clinical psychology to treat clients.	4.15 (0.74)
I am willing to do my bit to make a better profession.	4.13 (0.75)
I'd love to make clinical psychology my lifetime career.	3.95 (0.85)
I am willing to pay extra effort to help clinical psychology work to gain affirmation from the public.	3.91 (0.78)
I am proud to introduce myself as a clinical psychologist to others.	3.90 (0.90)
I believe that clinical psychology work makes me feel self-fulfilled.	3.86 (0.87)

<sup>a</sup> subscales arranged in descending order of score

<sup>b</sup> the four-point Likert scale ranging from 0 to 3

<sup>c</sup> the five-point Likert scale ranging from 1 to 5

**Table 3.** Comparisons of work stress and professional identity by personal and working characteristics

Variables	Work stress			Professional identity		
	Mean	SD	t / F	Mean	SD	t / F
Gender						
Male	61.16	13.90	-.45	57.26	10.82	-1.40
Female	62.37	15.94		59.31	6.45	
Educational level						
Graduate	63.45	9.84	1.46	60.25	4.91	3.82*
Master	62.25	16.14		57.81	8.74	
PhD	52.57	8.48		66.00	3.61	
Post-hoc comparison				PhD > Master		
Marital status						
Single	62.16	15.69	.17	58.23	9.28	-.48
Married	61.71	14.80		58.91	7.27	
Employed status						
Full-time	63.95	13.89	3.13**	58.06	8.97	-1.07
Part-time	52.22	19.30		60.39	4.82	
Post-hoc comparison		Full-time > Part-time				
Type of organization						
General hospital	62.95	14.04	3.40*	58.27	8.31	2.04
Psychiatric hospital	64.81	14.82		57.09	9.95	
Other	55.23	17.65		61.35	5.13	
Post-hoc comparison	No significance between groups					
Working year			r			r
			-.22**			.19*

\*p&lt;.05, \*\* p&lt;.01

different. Clinical psychologists working in psychiatric hospital reported the highest work stress. However, post hoc analysis indicated that there was no significant difference between any two organizations on work stress. There were no significant difference between/among other demographic or working conditions variables, such as gender, educational level, and marital status on work stress.

In terms of professional identity, clinical psychologists with more working years reported higher professional identity ( $r=.19$ ,  $p<.05$ ). The professional identity reported by clinical psychologists with Ph.D. degrees was the highest one among different educational levels, and was significantly higher than those with master degrees ( $t=3.82$ ,  $P<.05$ ). Gender, marital status, employed status, and type of organization were not found to have any difference in their effect on professional identity.

### Psychological distress, turnover intention, and intention to change professions

Thirty-two (23%) of the participants suffered from psychological distress (CHQ 12 score over the cut-off point). Forty-eight (34.5%) of the participants reported an intention of turnover and thirty-five (25.2%) of them reported an intention to change professions.

Logistic regression analyses were conducted to separately investigate the effects of work stress and professional identity on psychological distress, turnover intention, and intention to change professions. Gender, educational level, indicators of working conditions (including working year, employed status, and type of organization), work stress, and professional identity were used as independent variables (Table 4). With regard to psychological distress, participants who reported higher work stress were more likely to be psychological distressed ( $OR=1.10$ ,  $p<.001$ ). Conversely, those who reported higher professional

**Table 4.** Logistic regressions for psychological distress, turnover intention, and intention to change professions

	Psychological distress		Turnover intention		Intention to change professions	
	OR	95%CI	OR	95%CI	OR	95%CI
Gender <sup>a</sup>	7.30**	1.72-30.88	1.13	0.45-2.85	0.64	0.25-1.63
Education level	0.92	0.21-4.03	0.61	0.18-2.03	0.89	0.28-2.83
Working year	1.00	0.99-1.01	0.99	0.98-1.00	1.00	1.00-1.01
Employed status (full-time) <sup>b</sup>	1.54	0.24-9.66	1.36	0.33-5.54	1.13	0.28-4.50
Type of organization						
Psychiatric hospital <sup>c</sup>	0.40	0.11-1.50	0.26*	0.08-0.81	0.63	0.22-1.81
Other <sup>c</sup>	0.69	0.12-3.95	0.97	0.28-3.30	0.20	0.04-1.04
Work stress	1.10***	1.05-1.16	1.08***	1.04-1.32	1.00	0.97-1.04
Professional identity	0.94*	0.88-0.99	0.94*	0.89-0.99	0.90**	0.83-0.96

OR denotes Odds Ratio; 95%CI denotes 95% confidence interval

<sup>a</sup> male as a conference group

<sup>b</sup> part-time as a conference group

<sup>c</sup> general hospital as a conference group

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

identity were less likely to be psychologically distressed (OR=0.94,  $p < .001$ ). With regard to turnover intention, participants who reported higher work stress were more likely to report an intention to change jobs (OR=1.08,  $p < .001$ ), and those who reported higher professional identity were less likely to be psychologically distressed (OR=0.94,  $p < .05$ ). Compared with those in general hospital, clinical psychologists working in psychiatric hospitals were more likely to report an intention of turnover (OR=0.26,  $p < .05$ ). With regard to the intention to change professions, participants with higher professional identity were less likely to report an intention to change professions (OR=0.90,  $p < .001$ ). Work stress was not found to have a significant effect on intention to change professions.

## Discussion

The present study aimed to investigate work stress and professional identity of registered Taiwanese clinical psychologists and to explore the effects of work stress and professional identity on psychological distress, intentions to change jobs and to change professions. The workforce distribution at the study time was analyzed to make sure the representativity of participants in the study. The percentages of local clinical psychologist associations memberships in this

study (50.4% of participants were in northern Taiwan, 24.1% in central Taiwan, and 18.2% in southern Taiwan) were similar to a national survey (48.9%, 23.6%, and 21.6%, respectively)<sup>[17]</sup>. The percentages of work places were also similar (81.3% for hospital and 7.9% for school in this study and 75.5% for hospital and 11.5% for school in that national survey). Based on the similar distribution of subjects, the findings in this study could provide valuable references for further studies although the response rate was not high.

The mean score of MHPSS in the study was higher (mean=1.47, SD=0.36) than that in a British study (mean=1.1, SD=0.3) and in an Australian study (mean=1.2, SD=0.5) measured by the same questionnaire<sup>[18,19]</sup>. The mean number of working years of the participants in the study was less than seven years while those in the British study and the Australian study were ten and more than fifteen years, respectively. A short number of working years is considered to be related to higher work stress for workers<sup>[20]</sup>. In addition, length of legislation, completeness of obligation and welfare, cultural difference, and different charges for services might be also associated with higher work stress in Taiwanese clinical psychologists.

Workload, a lack of resources, and organizational structure and processes were main stressors for Taiwanese clinical psychologists. This finding was consistent with previous research in

other countries in which these dimensions were also found to be major work stressors of mental health professionals<sup>[18-21]</sup>. A previous survey in Taiwan showed that the weekly working hours in clinical psychologists was 55.3 hours. Sixty-one percent of working hours was for professional services, 28.6% for administrative and clerical job, and 10.1% for research and teaching<sup>[2]</sup>. Working long hours and spending more than one-fourth working time on non-professional work, Taiwanese clinical psychologists, not surprisingly, found workload heavy. In terms of a lack of resources, another study found that about 60% of Taiwanese clinical psychologists felt a serious lack of relevant instruments for psychological assessment and 54.7% expressed a need for more job training<sup>[6]</sup>. Improving the charges for professional services from Bureau of National Health Insurance, developing appropriate assessment instruments and providing job training would be beneficial for decreasing work stress for Taiwanese clinical psychologists.

The mean score of professional identity in the study was between “a little agree” and “strongly agree,” meaning that the professional identity of Taiwanese clinical psychologist would be high-intermediate level. Of all the items, ‘In practice, I would like to do my best to help clients,’ ‘regular professional training is necessary to ensure the quality of profession,’ and ‘I believe that the profession of clinical psychology has its contributions to our society’ obtained highest scores. It seemed that Taiwanese clinical psychologists were self-demanding and had positive attitudes towards the function of their profession. However, ‘I believe that clinical psychology work makes me feel self-fulfilled’ ‘I am proud to introduce myself as a clinical psychologist to others,’ ‘I am willing to pay extra effort to help clinical psychology work to gain affirmation from the public,’ and ‘I’d love to make clinical psychology my lifetime career’ received the lowest scores, all below “a little agree.” A previous survey also indicated that the clinical psychologists in Taiwan created the variety of practices very slowly and their working style was conservative<sup>[17]</sup>.

The study showed work stress and professional

identity had significant effects on psychological distress, which was consistent with the finding reported by other studies. Work stress has been associated with lower job satisfaction, poorer physical and mental health, and higher intention of turnover<sup>[22-24]</sup>. Among these, the impact on mental health should be given more attention, for poor mental health is not easily detected by individuals or others and therefore often causes neglect and more serious consequences<sup>[25,26]</sup>. How to assist clinical psychologists to avoid the negative effect of work stress on psychological distress should be an important issue because they need their energy to help clients heal.

More than one-third of the participants reported intention of turnover within next year, which was higher than that of other medical staff members<sup>[22,27]</sup>. The number of clinical psychologists required by organizations is still more than the registered number, and therefore the attitude toward job changing to another organization might be optimistic<sup>[17]</sup>. However, high turnover rate is not good for developing professional career and workforce stability. Particularly, the intentions of turnover and profession change are important predictors for actual turnover and professional change, respectively<sup>[28]</sup>. Therefore, the intention to change job or to change profession among clinical psychologists should be detected as early as possible.

In this study, about 25% of participants reported an intention to change professions during next five years. Moreover, ‘I’d love to make clinical psychology my lifetime career’ and ‘I believe that clinical psychology work makes me feel self-fulfilled’ did not obtain high scores. Similarly, one previous study showed nearly half of Taiwanese clinical psychologists had none or only a little faith in the prospect of clinical psychology in Taiwan<sup>[6]</sup>, which indicates that there is an important issue here requiring our attention. In addition, lower professional identity was also found to be associated with poor mental health, intentions of turnover and profession change in this study. Therefore, it should be an important issue for educators and Taiwan Association of Clinical Psychology to find out the determinants of



professional identity and to enhance the prospects of clinical psychology in Taiwan.

This study has some limitations, although it has been carried out as rigorous as possible. Firstly, the study adopted a webform questionnaire survey to collect data. The participants needed to be computer users, to check email regularly, or to browse Association's websites often. Also, the response rate was not high. The representativity of the participants should be considered when generalizing our conclusions. Secondly, professional identity is a predictor for intentions of turnover and profession change for clinical psychologists. However, the measure instrument of professional identity in the study was developed by researchers. A further development of a standardized questionnaire especially for clinical psychologist's professional identity is recommended.

In conclusion, this study found that work stress was an indicator for intention to change jobs but not intention to change professions. Professional identity was an important factor for steadily working in the field of clinical psychology and staying in the present job.

## Conflict of Interest

The authors claim no conflict of interest.

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# 臨床心理師的工作壓力、專業認同及其對心理困擾、離職意圖及轉業意圖之影響

張錚如<sup>1</sup> 湯豐誠<sup>2,3</sup> 黃淑玲<sup>4,5\*</sup>

<sup>1</sup> 鹿東基督教醫院 心理健康課

<sup>2</sup> 彰化基督教醫院 職業醫學科

<sup>3</sup> 朝陽科技大學 休閒事業管理系

<sup>4</sup> 中山醫學大學 心理學系

<sup>5</sup> 中山醫學大學附設醫院 臨床心理室

**研究目的：**瞭解台灣臨床心理師工作壓力及專業認同的現況，並探討工作壓力、專業認同對臨床心理師的心理困擾、離職意圖與轉業意圖的影響。**研究方法：**採橫斷式研究方法，以電子問卷方式進行全面調查。共取得有效問卷139份。**研究結果：**臨床心理師的工作壓力屬於中等程度，其中「工作負荷」、「資源缺乏」及「組織與行政」得分最高；臨床心理師的專業認同在中上程度。參與研究的臨床心理師中，23.0%有心理困擾；34.5%具有離職意圖；25.2%有轉業意圖。邏輯迴歸分析後發現工作壓力對臨床心理師的心理困擾（OR=1.10,  $p<.001$ ）、離職意圖（OR=1.08,  $p<.001$ ）有顯著影響；專業認同對心理困擾（OR=0.94,  $p<.05$ ）、離職意圖（OR=0.94,  $p<.05$ ）及轉業意圖（OR=0.90,  $p<.001$ ）皆有顯著影響。**研究結論：**工作壓力是造成臨床心理師考慮離職的原因之一，但不會造成轉換專業的意圖。臨床心理師的專業認同才是穩定留任臨床工作（不離職、不轉業）的重要因素。建議未來進一步釐清臨床心理師專業認同形成的歷程及影響因子。

**關鍵詞：**臨床心理師、工作負荷、專業認同、心理健康

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\* 通訊作者：黃淑玲

通訊地址：40201台中市南區建國北路一段110號

聯絡電話：04-24730022分機12301

電子信箱：shuling@csmu.edu.tw