

## THE IMAGE OF PSYCHOLOGY AS A HEALTH PROFESSION AMONG UNIVERSITY TEACHERS OF PSYCHOLOGY AND MEDICINE

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*The aim of this study is to discover the opinion of university teachers in Psychology and Medicine about Psychology as a health profession. A total of 593 Psychology and Medicine teachers participated in the study. A questionnaire on Psychology as a health profession was designed and sent to the teachers by e-mail. Data were analyzed according to subject taught (Psychology or Medicine), academic area and teaching status. The results indicate a favourable opinion among Psychology and Medicine teachers about Clinical Psychology as a health profession. The data obtained are useful as an approximate indicator of opinion among Psychology and Medicine teachers about Psychology as a health profession.*

*El objetivo del presente estudio es conocer la imagen que tienen los profesores de Psicología y Medicina de la Psicología como disciplina sanitaria. Participaron un total de 593 profesores universitarios de Psicología y Medicina. Se les aplicó un cuestionario de opinión sobre la Psicología como profesión sanitaria elaborado por los investigadores que les fue facilitado a través de correo electrónico. Los datos se analizaron en función de la disciplina, área académica y categoría docente de los profesores. Los resultados indicaron que existe una opinión favorable de los profesores de Psicología y Medicina acerca de la Psicología Clínica como disciplina sanitaria. Los datos obtenidos son útiles como aproximación sobre la opinión de los profesores de Psicología y Medicina acerca de la Psicología como profesión sanitaria.*

The exclusion of the Psychology degree (BSc) from the health sector as a result of the *Ley de Ordenación de las Profesiones Sanitarias* (LOPS; Law for the Organization of the Health Professions) has caused great controversy in Spain, and led practically all those representing Psychology as a discipline (from the official Psychological Associations to university students) to express their categorical opposition to the decision and to demand a rectification by the Government. This frontal opposition, and the actions carried out over the last few months, have led Spain's Health Ministry to consider some modifications to the Royal Decree on Clinics and Hospitals (*Real Decreto de Centros Sanitarios*), including the recognition, for the first time, of Psychology graduates as being within the field of health; nevertheless, the problem has by no means been solved.

The call for the recognition of Psychology as a health profession is far from new – indeed, and as Duro (2004)

points out, it can be considered to date from the 1970s, when it led to the creation of six positions for “resident psychologists on special programmes”. In the 1980s, Reig carried out a historical review of Psychology, demonstrating its collaboration with the health system through teaching, research and attention to patients (Reig, 1985), and clearly lending it credence as a health-related profession; a similar approach to the question is maintained in a recent work stressing the common objective of Medicine and Psychology that is human well-being (Reig-Ferrer, 2005). In this same line, Buela-Casal (2004) points to the connections between Psychology and Medicine at the origins of Spanish Psychology, and describes the relationship between Psychology and other health science disciplines dating back several decades in different health contexts, as well as the existence of interdisciplinary fields and, particularly, the emergence of Health Psychology and the incorporation of the psychologist in the hospital environment. Likewise, Carpintero (2004) lists a series of reasons why Psychology should be categorized as a health profession: it promotes well-be-

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ing and quality of life; the psychologist's training is oriented to the promotion of these using rigorous methodology; all psychological intervention involves interrelation with the client; and finally, in all their activity, psychologists attempt to promote health in accordance with the World Health Organization criteria. Recently, the Conference of Psychology Deans here in Spain has aligned itself with such positions, adducing several reasons to justify the classification of Psychology as a health profession, including its provision of health-related services and psychologists' academic training in health. As Santolaya Ochando and Berdullas Temes (2003) argue, few professionals have contributed so much to the solution of problems in the social, health and educational contexts as psychologists. In sum, psychologists are professionals sufficiently well qualified to deal with health-related behavioural problems and increase people's well-being (Berdullas Temes, Jiménez Tornero & Vallejo Parejo, 2005; Santolaya Ochando, 2005). Such analyses have led to the current broad consensus, among both academics and professionals, that situates Psychology within the Health Sciences, rather than within the Social and forensic Sciences; indeed, a specialized field within the discipline (Clinical Psychology) is already classified as part of the health context. Nevertheless, Buela-Casal (2004) goes further in advocating the same goal for other psychological disciplines, drawing parallels between different medical and psychological fields that suggest the logic of considering Psychology as a health discipline.

One way of assessing the current situation of a discipline is to run opinion polls on the attitudes to it and the image held of it among different sectors of the population. Such studies acquire special relevance in times of transition, such as those that Spanish Psychology is currently experiencing. In recent decades, numerous studies have been carried out in various countries on the image people hold of Psychology, many of them using samples from the general population, in Argentina (Sans de Uhlandt, Rovella & Barbenza, 1997), Australia (Hartwig & Delin, 2003), Austria (Friedlmayer & Rössler, 1995), the United States (Faberman, 1997; Janda, England, Lobejoy & Drury, 1998; Nevas & Farber, 2001; Rose, 2003; Schindler, Berren, Mo, Beigel & Santiago, 1987; Wood, Jones & Benjamin, 1986), Finland (Montin, 1995), Israel

(Raviv, Raviv, Propper & Schachter Fink, 2003; Raviv & Weiner, 1995), Norway (Christiansen, 1986), South Africa (Stones, 1996) and Spain (Berenguer & Quintanilla, 1994; Hidalgo, De Nicolás & Yllá, 1991; Seiseded, 1983; Yllá & Hidalgo, 2003), among others. Many of these studies focus their attention on the clinical dimension of Psychology, comparing it with other health sciences (Dollinger & Thelen, 1978; Hidalgo et al., 1991; Janda et al., 1998; Murray, 1962; Nunnally & Kittross, 1958; Small & Gault, 1975; Tallent & Reiss, 1959; Thumin & Zebelman, 1962; Webb, 1985; Wood et al., 1986). A type of sample often employed in assessing attitudes towards Psychology is that constituted by Psychology students (Alvarez-Castro, Buela-Casal & Sierra, 1994; Freixa i Baqué, 1984, 1985; García, Pérez, Gutiérrez, Gómez & Bohórquez, 2004; Oliver, Bernstein, Anderson, Blashfield & Roberts, 2004; Sans de Uhlandt et al., 1997; Sierra, Alvarez-Castro & Buela-Casal, 1994; Sierra & Freixa, 1993; Sierra, PalHegedüs, Alvarez-Castro & Freixa i Baqué, 1995; Turner & Quinn, 1999).

Other studies have concentrated on the image of Psychology among psychologists and doctors. Some of these have concluded that psychologists' own image of their profession is not particularly positive; Harnett, Simonetta and Mahoney (1989), for example, analyzing non-clinical psychologists' perception of their clinical counterparts, found the formers' image of the latter to be only moderately positive, since they claimed they would only seek professional help from 25% of the clinical psychologists they knew, while as many as 35% were undecided about or clearly unconvinced of the effectiveness of psychotherapy. In a meta-analysis of 60 studies of this type, Von Sidow and Reimer (1998) found, surprisingly, that psychologists believe their profession to be perceived by the general population more negatively than it actually is. In Spain, Sanz (2002), presented data indicating an increase in Health Psychology research and in the assessment of the efficacy of interventions, which reflects the progress of Clinical and Health Psychology that has taken place in this country in recent years. Furthermore, in a survey carried out among teachers from the Psychology Faculty at the University of Seville, they were found to consider Psychology as the Science of Behaviour, with behavioural theories once more the most well accepted

(García et al., 2004). This same tendency is discerned in the study by Santolaya Ochoa, Berdullas Temes and Fernández Hermida (2002), which analyzed the professional situation of Spanish psychologists based on a survey among 6765 members of the official psychologists' associations. The results indicated that the commonest specialization of those surveyed is Clinical Psychology, and that their theoretical orientation is predominantly behavioural; moreover, the study found that although most clinical work takes place in the private sector, its presence in the public sector has grown and become consolidated in recent years. Del Río Sánchez, Borda Más and Torres Pérez (2003), in a poll among final-year undergraduates and recent graduates in Psychology, who were asked to rate the ethics of certain behaviours in therapists, found these young people to have serious difficulties in making these ratings about some behaviours, which may in turn hinder decision-making on ethical issues. This, according to the authors, suggests the need for a reform of the Deontological Code.

In recent years Psychology has tightened its relationship with Medicine and the health field, collaborations between doctors and psychologists becoming common in a range of contexts. Thus, even in the 1980s, some 8-10% of members of the *American Psychological Association* exercised their profession in medical contexts (DeLeon, Pallak & Heffernan, 1982; Dörken, Webb & Zaro, 1982), a percentage that will certainly have increased since then. It can, indeed, be assumed that the more developed the health system, the greater the importance of the clinical psychologist's role (Laviana Cuetos, 1998).

Despite a dearth of studies analyzing the attitudes and beliefs of doctors about psychologists, in the majority of those that have been conducted, Psychology is perceived as positive and enriching. For example, Meyer, Fink and Carey (1988), in a survey of 500 GPs from rural areas in the American Midwest on their attitudes to psychological intervention in medical contexts, found in general that respondents saw Psychology as useful and necessary, despite expressing concern over psychologists' level of training in such activity. Kelly (1999), on reporting that GPs perceive psychological attention provided in health contexts in a favourable way, concluded that under-use of psychological services in medical contexts depended not on doctors' perceptions but on the value of the psy-

chological services themselves. Wayne (2000), on the other hand, found doctor's attitudes and beliefs to suggest they were in favour of collaboration with psychologists, but that the favourability of their disposition depended on the quality of their experiences of collaboration and on their contact with psychological theories during their training.

In Spain, there are only a few studies that have analyzed the attitudes of the medical and related professions towards Psychology (e.g., Cabrero García, Richart Martínez & Sancho García, 1988; Perales Blasco, Lorente Raigal, Jiménez Ortiz & Cuenca Hervás, 1994). Some of these argue that there is a need for the degree in Medicine to include courses in human sciences and medical Psychology (Soria Ruiz, 2001), and point out that doctors have demanded psychological content in university medical courses (assessment of the need to refer patients to a psychiatrist, emotional aspects of chronic or terminal patients, risk of suicide, etc.) (González-Pinto Arrillaga & Guimón Ugartechea, 2004), suggesting a positive attitude towards Psychology among the medical profession. Recently, Virués-Ortega (2004) analyzed collaboration between clinical psychologists and psychiatrists in mental health services in Spain, concluding that, although the work of psychologists is well considered in general, *it is usually treated as subsidiary to that of the psychiatrist*, and that when a distinction is made in attention to patients, psychotic disorders are associated with the psychiatrist, and anxiety, affective and adaptive disorders with the psychologist.

At such a significant time as the present one, in which the status of Psychology as a health profession is being fervently debated and discussed, it is crucial to know how the issue is viewed by both the psychologists and the doctors whose mission it is to educate and train, at university level, future members of their respective professions. The aim of the present study is to explore the image held by teachers of Psychology and Medicine about Psychology as a discipline with scope for professional health activity, regardless of other professional profiles.

## METHOD

### Participants

The sample was made up of 593 university teachers, of

whom 489 were teachers of Psychology (51.9% men and 48.1% women; mean age 43.55 years, standard deviation 8.96) and 104 lectured in Medicine (67.3% men and 32.7% women; mean age 50 years, standard deviation 7.53).

### Instruments

- Opinion Questionnaire on Psychology as a Health Profession (*Cuestionario de Opinión sobre la Psicología como Profesión Sanitaria, COPPS*). This opinion questionnaire was designed by the authors of the present study for assessing the image of Psychology as a health profession and the estimated degree of affinity between different Psychology specializations and Medicine. It was made up of two subscales. The first of these included 15 items referring to matters of the proximity between Medicine and Psychology and the role of the latter as a health profession. This subscale offers three response options (yes, no, don't know), drawn up so that the higher the score, the more favourable the opinion about Psychology as a health profession. The second subscale, composed of 14 items, is designed to rate the degree of affinity between pairs of medical and psychological specializations. Response format is a scale with five alternatives, and the higher the score, the greater the perceived affinity. Test-retest reliability was calculated for a total of 230 teachers who responded a second time to the questionnaire one month later, and found to be 0.49 ( $p < 0.001$ ) for the first subscale and 0.45 ( $p < 0.001$ ) for the second. Moreover, a linear correlation between the items of the first and second application of the instrument (test-retest) revealed that for almost all the items the correlation was significant at a level of  $p < 0.001$ . As regards the internal consistency of the instrument, the values of  $\alpha$  for the first subscale were 0.68 and 0.66 for pretest and post-test, respectively. For the second subscale,  $\alpha$  values of 0.93 and 0.94 were obtained for pretest and post-test, respectively. The linear correlation coefficients obtained in the test-retest can be considered adequate if we bear in mind that this is an instrument with few items and with few response options, and that, moreover, the study was carried out at a time when a range of activities (demonstrations, debates,

publications, etc.) related to the issue of Psychology as a health profession were taking place, which may well have influenced changes in the opinions of some respondents (Bretón-López, et al., 2005).

Factor analysis indicated an adequate structure of the questionnaire's scales. Specifically, 3 factors emerged for the first subscale, the first factor including the items with content related to Psychology in general, the second the items related to Clinical Psychology, and the third the items with health content. In the case of the second subscale, which assessed the affinity between psychological and medical disciplines, there emerged a single factor in which all the items saturated. These results demonstrate a satisfactory factor structure in line with the assessment objectives for which the scales were created (Bretón-López et al., 2005).

We used a computer program in *Visual Basic* which, by means of a website, gave access to the questionnaire through a link from an e-mail message. The program allows the responses to be stored in an SQL database. Automatic recording of the responses reduces to zero the possibility of errors in the computation of data.

### Design

This is a study of populations by means of questionnaires according to the classification proposed by Montero and León (2005). In writing the article we have followed, as closely as possible, the norms drawn up by Ramos-Álvarez and Catena (2004).

### Procedure

The procedure consisted of the following phases:

- Search for approximately 2000 e-mail addresses of university teachers of Medicine and 2000 addresses of university teachers of Psychology. This search was made via the websites of the Psychology and Medicine departments at Spanish universities offering these subjects. Totals of 1887 and 2142 e-mail addresses of Medicine and Psychology teachers, respectively, were eventually obtained.
- Drawing-up of a questionnaire for obtaining the opinion of Spanish university teachers of Psychology and Medicine on Psychology as a health profession and

their ratings of the affinity between pairs of disciplines from the two fields. The questionnaire also requested information on whether the respondent was a teacher and a doctor, teacher and psychologist, research assistant, or other. The purpose of this section was to discard the questionnaires from non-teachers who had responded, given the difficulty in some cases of distinguishing whether the e-mail addresses belonged to teachers or not. Data was also collected on respondents' age, sex, professional status, university and field of specialization.

- E-mail message to the 4029 addresses requesting collaboration with the study. Access to the questionnaire was made by means of a link directly from the message. Once the questionnaire had been filled out and returned, the responses were stored in an SQL database, and the respondent no longer had access to the questionnaire, so as to avoid the same person responding twice or changing their original answers. Immediately after the completed questionnaire had been returned, respondents received a message of thanks for their collaboration, in which they were also told whether their data had been successfully processed or not. If those to whom the initial message

was sent did not respond within 15 days, they were sent a reminder via e-mail with a new link to the questionnaire.

- Data collection for the test-retest reliability analysis of the questionnaire. One month after the first message has been sent, those who had answered within two weeks were asked to fill out the questionnaire a second time, so that an analysis of test-retest reliability could be carried out. This analysis was made with a total of 230 teachers.
- Analysis of the responses from teachers who answered the questionnaire.

**RESULTS**

Here we present the results and their analysis for the teachers of Psychology and Medicine who responded with their opinions about Psychology as a health profession.

For the sake of clarity, we have divided up the data for the first and second parts of the questionnaire, and in accordance with three categories: the opinions of Medicine and Psychology teachers, the opinions of Psychology teachers by academic area or field, and the opinions of Medicine and Psychology teachers by teaching status.

**TABLE 1**  
**PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM TEACHERS OF PSYCHOLOGY AND MEDICINE TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION**

Item	Teachers of Psychology (%)		Teachers of Medicine (%)	
	YES	NO	YES	NO
1. Psychologists can help to prevent health problems	99.2	0.2	90.4	5.8
2. Psychology and Medicine are sciences that belong to the same field of knowledge	31.3	62.0	38.5	51.9
3. Clinical Psychology and Medicine are sciences that belong to the same field of knowledge	71.0	25.2	76.0	20.2
4. Any type of psychologist is qualified to diagnose mental problems	13.1	83.6	5.8	81.7
5. Clinical psychologists are qualified to diagnose mental problems	94.5	2.5	54.8	26.0
6. Psychology is closer to Medicine than to other fields of knowledge	44.8	46.8	64.4	24.0
7. Any type of psychologist is qualified to treat emotional and mental problems that affect health	17.2	78.9	3.8	85.6
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health	95.5	2.7	62.5	22.1
9. Psychology can help to improve people's health	99.0	0.8	94.2	1.9
10. The work of the psychiatrist and the psychologist is very similar	36.0	58.7	19.2	73.1
11. The work of the psychiatrist and the clinical psychologist is very similar	69.6	25.9	32.3	54.8
12. Psychologists should form part of professional teams in hospitals	72.6	21.5	36.5	48.1
13. Clinical psychologists should form part of professional teams in hospitals	99.0	0.2	95.2	4.8
14. One of the central aspects of Psychology is to promote healthy behaviours	93.0	4.3	85.6	4.8
15. Psychologists are as qualified as psychiatrists for making expert assessment in the legal context	86.9	5.5	18.3	46.2

\* The shortfall for 100% corresponds to the option DON'T KNOW.

These levels of analysis were considered relevant for assessing the difference between these two groups of professionals. Even so, in the case of academic area we included only the Psychology teachers, since the specializations of Medicine represented in the sample obtained do not cover the entire range available; nor would the number of teachers in each category be sufficient for making comparisons.

### Teachers of Psychology and teachers of Medicine

With regard to the percentages of response to the first part of the questionnaire, Table 1 indicates that favourable opinion increases when items refer specifically to Clinical Psychology and not to Psychology, and to clinical psychologists rather than to psychologists in general, for both groups of teachers, though in the majority of items opinions are more favourable in the case of the Psychology teachers.

As regards the second part of the questionnaire, referring to perceived affinity between pairs of disciplines, Figure 1 shows how greater affinity is perceived by the Psychology teachers, though their opinions do not differ greatly from those of the Medicine teachers. It is noteworthy how for fields such as those of Public Health and Psychology of Health, Gerontology and Psychogerontology, Neurology and Psychoneurology and Immunology and Psychoneuroimmunology, the difference between the two groups is greater than that perceived, for example, between Medicine and Psychology, Psychiatry and Psychology, or Health Education and Education for Health, where perceived affinity is practically equivalent between the two groups of teachers.

Table 2 shows the total scores for both the first and second parts of the questionnaire. These were obtained by summing the scores given to each one of the items. It should be pointed out that for the case of the first subscale, and given that five items were clearly identified that emphasize the distinction between Psychology and Clinical Psychology (and this could lead to biases in the opinion), we obtained two total scores, one for these items and another for the remaining items. The results are analyzed indicating the difference in this characteristic.

The data presented in Table 2 reveal how the favourable opinion about Psychology as a health profes-

sion and the perceived affinity between pairs of disciplines are more pronounced among the Psychology teachers than among the Medicine teachers. However, it was not calculated whether the differences found in the total mean scores were significant, since the number of Medicine teachers was not considered comparable to the number of Psychology teachers.

### Academic fields of Psychology

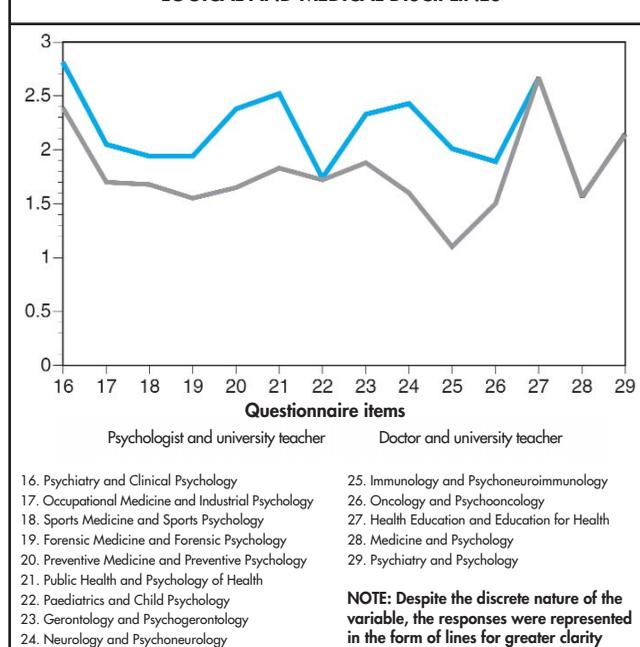
As far as the percentages of response to the first subscale

**TABLE 2**  
TOTAL SCORES OF PSYCHOLOGY AND MEDICINE TEACHERS FOR THE OPINION QUESTIONNAIRE

Profession	First subscale, no clinical items		First subscale, only clinical items		Second subscale	
	Mean	SD	Mean	SD	Mean	SD
Psychology teachers	6.17	1.68	4.49	0.72	30.43	9.78
Medicine teachers	5.13	1.71	3.26	1.50	24.99	11.43

SD: Standard Deviation

**FIGURE 1**  
COMPARISON OF MEANS OF RESPONSE FROM PSYCHOLOGY AND MEDICINE TEACHERS ABOUT AFFINITY BETWEEN PSYCHOLOGICAL AND MEDICAL DISCIPLINES



are concerned, it is important to point out that, as Table 3 shows, the opinion of the Psychology teachers, by academic field, is divided with regard to whether Psychology and Medicine belong to the same field of knowledge. However, the opinion becomes clearer and more consensual when the items distinguish between Psychology and Clinical Psychology, the latter case being that in which the percentages show greater perceived proximity between the tasks and competencies of the Psychologist and those of the Doctor-Psychiatrist.

Figure 2 shows the mean scores for the second subscale. As it can be seen, perceived affinity between the disciplines is fairly similar across the different specialized fields of the Psychology teachers.

Table 4 presents the total scores obtained by the Psy-

chology teachers for the first and second subscales, distinguishing in the former case between score on the “clinical” items and score on the rest of the items. It is important to note that for the first subscale of the questionnaire, positions favourable to Psychology as a health profession (YES) were assigned a value of 1, while unfavourable positions (NO) were assigned 0; the response option DON’T KNOW was not considered in the calculation of the mean scores, given the difficulty of interpreting its meaning in accordance with the intention of the scale, which indicates that the higher the score, the more favourable the opinion on Psychology as a health profession.

From the data it can be seen that for both the “clinical” items and the others, scores are higher for teachers from

**TABLE 3**  
**PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM TEACHERS OF PSYCHOLOGY TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION, BY ACADEMIC FIELD**

Items	Clinical Psychology(%)		Psychonomics(%)		Methodology(%)		Social(%)		Psychobiology(%)		Developmental(%)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Psychologists can help to prevent health problems	98.4	0.8	100	0	98.1	0	100	0	100	0	10	0
2. Psychology and Medicine are sciences that belong to the same field of knowledge	30.2	66.7	26.2	58.3	40.7	53.7	35.4	61.5	46.3	51.2	24.7	68.0
3. Clinical Psychology and Medicine are sciences that belong to the same field of knowledge	70.5	27.1	79.8	17.9	75.9	20.4	64.6	30.2	78.0	28.0	66.0	29.9
4. Any type of psychologist is qualified to diagnose mental problems	12.4	84.5	13.1	81.0	18.5	81.5	13.5	84.4	14.6	82.9	10.3	85.6
5. Clinical psychologists are qualified to diagnose mental problems	99.2	0	92.9	3.6	87.0	5.6	94.8	2.1	95.1	0	93.8	4.1
6. Psychology is closer to Medicine than to other fields of knowledge	52.7	43.4	41.7	47.6	51.9	35.2	35.4	60.4	56.1	39.0	36.1	49.5
7. Any type of psychologist is qualified to treat emotional and mental problems that affect health	12.4	84.5	25.0	66.7	20.4	74.1	19.8	77.1	17.1	78.0	12.4	85.6
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health	98.4	1.6	90.5	6.0	92.6	1.9	94.8	2.1	100	0	95.9	4.1
9. Psychology can help to improve people’s health	99.2	0.8	98.8	0	96.3	3.7	100	0	100	0	99.0	1.00
10. The work of the psychiatrist and the psychologist is very similar	34.9	62.0	34.5	58.3	40.7	50.0	35.4	57.3	41.5	53.7	32.0	67.0
11. The work of the psychiatrist and the clinical psychologist is very similar	74.2	22.6	80.9	14.3	61.5	23.1	73.7	21.0	61.5	38.5	59.3	40.7
12. Psychologists should form part of professional teams in hospitals	63.6	31.8	77.4	19.0	66.7	22.2	80.2	14.6	82.9	9.8	73.2	19.6
13. Clinical psychologists should form part of professional teams in hospitals	99.2	0.8	98.8	0	100	0	97.9	0	100	0	99.0	0
14. One of the central aspects of Psychology is to promote healthy behaviours	93.8	5.4	88.1	4.8	87.0	5.6	93.8	5.2	87.8	7.3	96.9	2.1
15. Psychologists are as qualified as psychiatrists for making expert assessment in the legal context	87.6	8.5	88.1	2.4	81.5	5.6	83.3	4.2	95.1	2.4	84.5	10.3

Clinical Psychology: Personality, Assessment and Psychological Treatment; Psychonomics: Basic Psychological Processes; Methodology: Methodology for Behavioural Sciences; Social: Social Psychology; Developmental: Developmental and Educational Psychology.

\* The shortfall for 100% corresponds to the option DON’T KNOW.

the fields of Methodology for Behavioural Sciences, and Psychobiology. In the second subscale, greater affinity between pairs of disciplines is perceived by teachers from the areas of Psychobiology, Developmental Psychology, and Personality, Assessment and Psychological Treatment. The differences were not found to be significant.

### Teaching status

Table 5 presents the percentages of response to the items of the first subscale by teaching status, showing that, in general, the scores were quite similar across the groups.

As regards the level of affinity perceived between pairs of disciplines across the different teaching status categories, it is worthy of note that for the majority of items it is the university Professors who present the lowest mean scores, and who thus perceive the least affinity between the disciplines in question.

As far as total scores are concerned, for both the subscales, it can be seen from Table 6 that the score is lower for the university Professors than for the other groups, but slightly higher in the case of contract staff. The differences were not significant.

Below we discuss the principal results obtained and draw some conclusions.

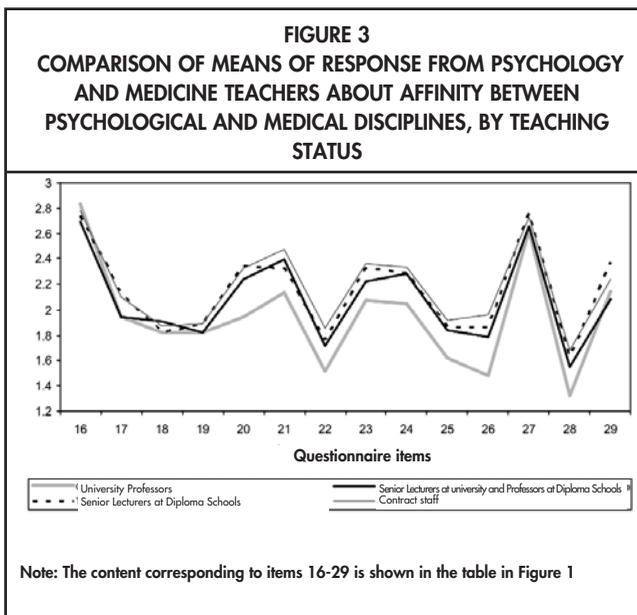
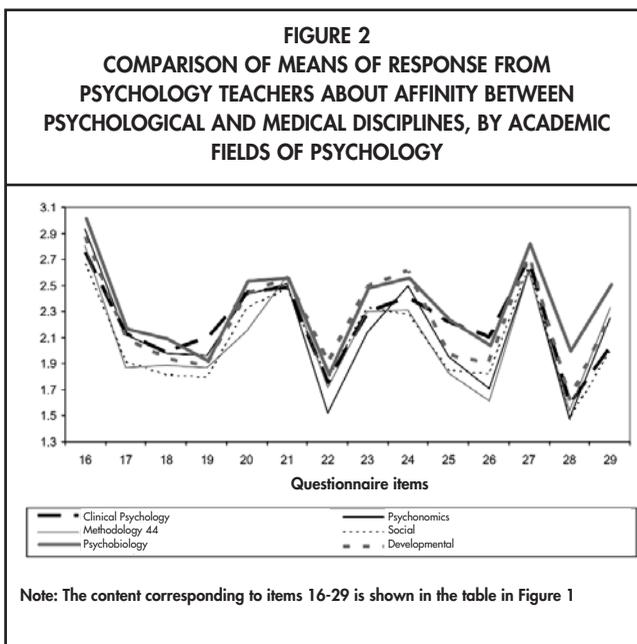
Professional Profile	First subscale, no clinical items		First subscale, only clinical items		Second subscale	
	Mean	SD	Mean	SD	Mean	SD
Clinical Psychology	5.94	1.69	4.52	0.63	30.93	8.68
Psychonomics	6.30	1.69	4.79	0.42	30.11	9.54
Methodology	6.67	2.00	4.40	0.70	29.41	10.17
Social	6.23	1.71	4.61	0.70	29.13	11.14
Psychobiology	6.55	1.58	4.23	0.73	32.49	10.72
Developmental	5.88	1.40	4.20	0.96	31.23	9.69
Value of F	1.88		1.94		1.02	

Clinical Psychology: Personality, Assessment and Psychological Treatment; Psychonomics: Basic Psychological Processes; Methodology: Methodology for Behavioural Sciences; Social: Social Psychology; Developmental: Developmental and Educational Psychology.

SD: Standard deviation. F: Statistic

### CONCLUSIONS

In the review of previous work it was pointed out that research in Spain in the field of Clinical and Health Psychology has grown considerably in recent years, which also corresponds to the increased activity of professional psychologists in this area; this has undoubtedly led to closer links with medical professionals, and hence, greater mutual awareness and knowledge. This knowledge and doctors' opinion of psychologists have been the object of diverse studies which, in general, have re-



vealed opinions that can be considered positive.

The results obtained in the present study should be

viewed with considerable caution, given that the level of representativeness of the samples is different, and that the sample of Medicine teachers cannot be considered as representative either with regard to its size or its distribution by fields of knowledge – though the sample of Psychology teachers is indeed representative. Thus, the results in relation to doctors should be considered as no more than a tentative indication. With this caveat, it is nevertheless noteworthy – as shown by the tables – that the teachers of Medicine have a more favourable opinion than those of Psychology in relation to the question of whether Psychology and Medicine belong to the same field; this difference can be appreciated more clearly in the form of percentages (64.4% for the Medicine teachers, compared to 44.8% for those of Psychology). As regards the items referring to Clinical Psychology, both samples give much more favourable opinions about a

**TABLE 6**  
TOTAL SCORES OF PSYCHOLOGY AND MEDICINE TEACHERS FOR THE OPINION QUESTIONNAIRE, BY TEACHING STATUS

Teaching status	First subscale, no clinical items		First subscale, only clinical items		Second subscale	
	Mean	SD	Mean	SD	Mean	SD
Univ. Professors	5.79	1.99	4.43	1.09	27.34	9.14
Senior Lecturer & Diploma School Profs.	6.03	1.32	3.91	0.94	29.14	10.40
Diploma School Profs.	6.02	1.76	4.25	0.97	30.11	10.60
Contract staff	6.21	1.61	4.31	1.04	30.53	10.75
Value of F	0.72		0.61		1.70	

SD: Standard deviation. F: Statistic.

**TABLE 5**  
PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM TEACHERS OF PSYCHOLOGY AND MEDICINE TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION, BY TEACHING STATUS

Items	UP (%)		SL/PDS (%)		SLDS (%)		CS (%)	
	YES	NO	YES	NO	YES	NO	YES	NO
1. Psychologists can help to prevent health problems	95.4	4.6	96.8	1.5	100	0	98.4	1.1
2. Psychology and Medicine are sciences that belong to the same field of knowledge	29.2	67.7	30.4	61.1	36.8	57.9	36.4	56.5
3. Clinical Psychology and Medicine are sciences that belong to the same field of knowledge	75.4	21.5	69.9	24.2	71.1	28.9	75.5	22.8
4. Any type of psychologist is qualified to diagnose mental problems	13.8	75.4	12.1	82.9	10.5	86.8	9.2	85.9
5. Clinical psychologists are qualified to diagnose mental problems	80.0	12.3	87.6	5.9	84.2	10.5	88.6	6.5
6. Psychology is closer to Medicine than to other fields of knowledge	38.5	49.2	46.3	43.7	50.0	44.7	54.9	37.5
7. Any type of psychologist is qualified to treat emotional and mental problems that affect health	12.3	78.5	14.7	80.8	13.2	84.2	14.1	78.8
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health	83.1	9.2	88.8	6.8	89.5	10.5	91.3	4.3
9. Psychology can help to improve people's health	95.4	1.5	98.2	0.9	100	0	98.4	1.6
10. The work of the psychiatrist and the psychologist is very similar	35.4	60.0	34.2	58.7	36.8	57.9	28.8	66.8
11. The work of the psychiatrist and the clinical psychologist is very similar	66.7	22.2	63.9	31.3	45.5	54.5	53.3	37.8
12. Psychologists should form part of professional teams in hospitals	52.3	35.4	65.5	27.1	68.4	23.7	70.7	20.7
13. Clinical psychologists should form part of professional teams in hospitals	100	0	97.3	1.5	100	0	98.9	1.1
14. One of the central aspects of Psychology is to promote healthy behaviours	90.8	6.2	91.7	3.8	94.7	0	90.8	5.4
15. Psychologists are as qualified as psychiatrists for making expert assessment in the legal context	66.2	18.5	75.2	11.5	73.7	21.1	71.7	11.4

UP: University Professors; SL/PDS: Senior Lecturers at university and Professors at Diploma Schools; SLDS: Senior Lecturers at Diploma Schools; CS: Contract staff.

\* The shortfall for 100% corresponds to the option DON'T KNOW.

common field of knowledge, and the opinion of the Psychology teachers is actually even better. As far as the affinity between different psychological and medical disciplines is concerned, it can be concluded that while the Psychology teachers' scores are higher than the mean affinity scores, those of the Medicine teachers approach the mean values of the affinity scores.

With regard to the opinion of the Psychology teachers according to their academic field, the sample can be considered as fairly representative, in terms of both size and the distribution of teachers among the different fields. Among the most relevant conclusions is that the responses are quite similar for both scales across the teachers from different fields, though it is clear that those from Developmental and Educational Psychology are the least likely to consider Psychology as a health discipline, followed – surprisingly – by those from the area of Personality, Assessment and Psychological Treatment.

The analysis of opinions according to teaching status did not reveal important differences in responses. Nevertheless, a trend was observed, according to which university Professors had a slightly less favourable opinion towards Psychology as a health profession, while contract staff were the group showing the trend for the most favourable opinion.

Finally, it should be stressed that these results are to be interpreted with caution, and taking into account some important limitations, such as the point in time at which the study was carried out – a time of conflict and a continuous flow of information on the issue, which undoubtedly affected the opinion of many respondents. Another limitation is the brevity of the questionnaire, a necessary condition for obtaining such a large number of responses – though in the case of Medicine teachers even this was not sufficient to properly achieve our goal in this respect. Nevertheless, we feel that the results can be of use for improving knowledge on the opinion of university Psychology teachers about this important issue.

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