# THE IMAGE OF PSYCHOLOGY AS A HEALTH PROFESSION AMONG SPANISH PSYCHOLOGISTS

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The aim of this study is to discover the opinion of the members of professional psychological associations about Psychology as a health profession. The sample was made up of 1206 professionals, who filled out the Opinion Questionnaire on Psychology as a Health Profession, which they accessed via the website of the Spanish Psychological Association. Data were analyzed according to professional profile and employment sector. The findings indicate, in general, a favourable opinion about Psychology as a health profession, and even more so in the case of Clinical Psychology. These data contribute important knowledge about the Psychology profession and the functions of the psychologist in the context of the Health Sciences.

Este estudio pretende conocer la opinión que tienen los psicólogos colegiados españoles acerca del carácter sanitario de sus funciones. La muestra se compuso por 1.206 profesionales colegiados a los que se les administró un Cuestionario de Opinión sobre la Psicología como Profesión Sanitaria, COPPS) a través de los servidores de correo electrónico del Colegio Oficial de Psicólogos. Se analizaron los datos según perfil profesional e institución en la que trabajaban. Los resultados encontrados reflejan una posición general muy favorable al carácter sanitario de la Psicología y más acentuada para el caso de la Psicología Clínica. Estos datos son muy útiles para el conocimiento sobre la profesión del Psicólogo y sus funciones en el marco de las Ciencias de la Salud.

n Spain, some 30,000 psychologists are members of official associations, despite the fact that not all members practice the profession, nor all practising psychologists are members. The majority of those who do belong to the professional associations work in the clinical field (Santolaya Ochando, Berdullas Temes & Fernández Hermida, 2002), though the recently passed Ley de Ordenación de las Profesiones Sanitarias (LOPS; Law for the Organization of the Health Professions) recognizes only the Clinical Psychology specialization as a health profession. This law has markedly increased concern and uncertainty over the present and future of the profession of psychologist among association members (Spanish Psychological Association, 2004a, b), among Psychology graduates and students, and among academics within the discipline. It would seem important, therefore to learn the opinion of Spanish psychologists about their profession and analyze in some detail their perception of their professional activity, with particular reference to the field of health.

Given that the profession of psychologist has a rela-

tively short history in Spain, there are few studies that describe in any detail the professional activity of this group and their perception and opinion of it. In one of the few published works on the issue, Díaz and Quintanilla (1992) analyzed multiple sociodemographic variables in a sample of 606 psychologists. As regards the professional profile of the sample, the fields most well represented were found to be Educational Psychology (38.5%) and Clinical Psychology (29.9%), and among the ten commonest types of work carried out, seven were related to Clinical and Health Psychology, namely, treatment of patients with psychological problems, follow-up of treated cases, patient diagnosis, clinical diagnosis interviews, diagnosis and/or treatment of anxiety-related problems in children, adolescents and adults, diagnosis and/or treatment of depression in children, adolescents and adults, and diagnosis and/or treatment of learning difficulties in children and adolescents (maturation, verbal comprehension, psychomotricity, etc.) - even though, clearly, many of these tasks are similar, and their categorization is somewhat confused. The authors of this survey found, furthermore, that tasks of assessment and treatment were not exclusive to the clinical field, but were also reported by psychologists working in the areas of Educational

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Psychology, Work and Organizational Psychology or Social Services – a result of considerable relevance for the issue under examination here.

More recently, Santolaya Ochando et al. (2002), analyzing the professional profile of more than 7000 members of psychologists' associations, found that the majority (68.36%) reported working in Clinical Psychology, with only 12.28% reporting that their work was in the area of Educational Psychology. Comparing these data with those of Díaz and Quintanilla (1992), it would appear that Clinical and Health Psychology has gained ground on the other areas of activity of the professional psychologist in Spain. This same study also revealed that the theoretical orientation with which psychologists (of all specializations) most commonly identify is the cognitivebehavioural approach, preferred by 49.08% of the sample. Once more, as reported in the study by Díaz and Quintanilla (1992), it emerges that the tasks of assessment and treatment are not exclusive to the clinical psychologist, but are also carried out by educational psychologists, industrial psychologists, and psychologists specializing in social intervention or road safety, even though these data require more detailed analysis in relation to what is understood by "assessment" and "treatment", and to the actual application contexts involved.

In sum, these studies reveal the considerable increase in the number of practising professionals, as well as indicating that the activities whose regulation is intended by the LOPS (assessment, diagnosis or treatment) may be being carried out by psychologists from different specialized fields, and not exclusively from Clinical Psychology, the only specialization covered by this Law.

The aim of the present study is to discover the opinion of members of Spanish psychologists' associations about the health-related nature of the psychologist's professional functions, and to examine whether this opinion differs depending on the professional profiles proposed by the Spanish Psychological Association (Colegio Oficial de Psicólogos, 1998) to which the psychologists participating in this study ascribe themselves.

#### **METHOD**

#### **Participants**

The sample was made up of 1206 members of professional psychologists' associations. Of these, 58.7% were women and 41.3% were men. Mean age was 41.22 years and standard deviation was 8.95. The sample selection process is described in the Procedure section.

### Instruments

On the basis of a questionnaire created by the researchers for application to university teachers of Medicine and Psychology, we designed the Opinion Questionnaire on Psychology as a Health Profession (Cuestionario de Opinión sobre la Psicología como Profesión Sanitaria, COPPS), whose objective was to assess the perception of Psychology as a health profession and the estimated degree of affinity between different areas of Psychology and Medicine. In order to adapt it to the aims of the present study, we made some modifications to the original questionnaire in relation to sociodemographic data, specifically the inclusion of sections on professional profile, place of work and province of residence. The questionnaire is made up of two subscales, one with 15 items and another with 14. The first subscale assesses aspects related to the proximity of Medicine and Psychology and the status of the latter as a health profession, offering 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 is designed to rate the degree of affinity between pairs of medical and psychological disciplines. Response format is a scale with five alternatives, and the higher the score, the greater the perceived affinity. Analyses carried out with the sample of professional psychologists on the internal consistency of the instrument indicate a value for the first subscale of 0.67, while the value for the second subscale is 0.94.

Factor analysis revealed 3 factors for the first subscale. The first factor includes 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

For application of the questionnaire we took advantage of the e-mail servers of the Spanish Psychological Association. A message was sent to the 10,380 association members with e-mail addresses, requesting their collaboration with the study. Of these potential participants, 1826 belonged to the Catalan association. A total of 1206 completed questionnaires were returned. 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 more) or changing their original answers. 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 gues-

TABLE 1 NUMBER OF PARTICIPANTS AND PERCENTAGE IN EACH PROFESSIONAL PROFILE AND BY EMPLOYMENT SECTOR									
Professional profile	Ν	Employment sector	N						
Clinical Psychology	648 (53.7%)	Private institution	704 (58.4%)						
Educational Psychology	147 (12.2%)								
Social Intervention	128 (10.6%)	Public institution	368 (30.5%)						
Organizational Psychology	123 (10.2%)								
Psychology of Health	67 (5.6%)	Unemployed	89 (7.4%)						
Psychology of Drug-Dependence	38 (3.2%)								
Forensic Psychology	32 (2.7%)	University (teacher)	45 (3.7%)						
Psychology of Traffic and Road Safety	15 (1.2%)								
Psychology of Physical Activity and Sport	8 (0.7%)								
	Total: 12	206							

tionnaire. Finally, we proceeded to the analysis of the responses.

# RESULTS

Here we present the results obtained in relation to the health nature of Psychology in the opinion of members of Spanish psychologists' associations. Statistical analysis was carried out using version 12.0 of the program *Statistical Package for Social Sciences* (SPSS 12.0).

As regards the descriptive aspects of the sample, Table 1 presents data on the number of members and percentages for each of the professional profiles considered; also shown are the number of members and percentages for those working in public institutions, private institutions and universities, and for those who are unemployed, all highly relevant data for the present study.

As can be seen, it is those that report a professional profile of Clinical Psychology (648, or 53.7% of the total sample) and those that report working in the private sector (58.4% of the total sample) who predominate, as against those with other profiles and those who work in other types of institution or are unemployed.

Table 2 shows the percentages of favourable and unfavourable responses to each of the questions on the health-related nature of Psychology in general and the Clinical Psychology specialization. The results obtained reflect a position generally favourable to the consideration of Psychology as a health profession in the majority of the questions. Only in questions 4, 7 and 10 ("Any type of psychologist is qualified to diagnose mental problems", "Any type of psychologist is qualified to treat emotional and mental problems that affect health" and "The work of the psychiatrist and the psychologist is very similar") do the percentages of unfavourable responses (73.3%, 71% and 74%, respectively) strongly outweigh those of favourable responses (21.9%, 23.6% and 20.8%, respectively). These data are in sharp contrast to those for questions 5, 8 and 11, which refer to the Clinical Psychology specialization, and for which there is a clear predominance of favourable responses (96.2% versus 1.5% for question 5; 96.2% versus 1.1% for question 8; and 64.1% versus 33.2% for question 11).

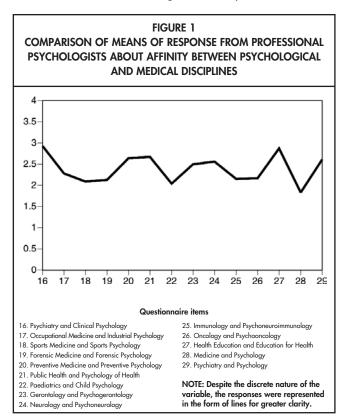
Figure 1 shows the mean scores for the questions about the affinity between psychological and medical disciplines. As it can be seen, the means are generally high, the closest affinity being found for the pairs Psychiatry-Clinical Psychology and Health Education-Education for Health.

For the sake of clarity, and in accordance with the aims of the study, we shall now present the data separately for each of the subscales making up the questionnaire, following the criteria: (a) comparison according to the professional profile reported by the participants; (b) comparison according to participants' employment sector, including the category "unemployed".

## Participants' opinion about Psychology as a health profession according to professional profile reported.

Table 3 shows the results expressed in percentages of affirmative and negative responses to each one of the 15 questions assessing participants' perception of Psychology as a health profession. A fairly consistent pattern can be observed with regard to the favourable position towards the health-related nature of Psychology across the different professional profiles of the respondents (namely, Social Intervention, Clinical Psychology, Educational Psychology, Psychology of Traffic and Road Safety, Psychology of Drug-dependence, Psychology of Health, Psychology of Organizations, Forensic Psychology and Psychology of Physical Activity and Sport).

However, we find once again some questions in which



the situation is reversed – exactly the same ones as for the case of Table 2 –, showing higher percentages of unfavourable positions (number of negative responses obtained). It is interesting to note the content of these questions, which permits a contrast between Psychology and Clinical Psychology, for the implications it may have insofar as these responses reflect a tendency throughout the sample of association members to perceive the role of psychologists according to their specialization.

Given the richness and abundance of the data obtained, it is worth carrying out a more detailed analysis according to professional profile and the percentages of favourable and unfavourable responses about Psychology as a health discipline. This is achieved through a descriptive analysis of the data presented in Table 3.

#### TABLE 2 PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM PSYCHOLOGICAL ASSOCIATION MEMBERS TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION

Items	YES	NO
1. Psychologists can help to prevent health problems	99.2	0.5
2. Psychology and Medicine are sciences that belong to the same field of knowledge	51.6	40.7
<ol> <li>Clinical Psychology and Medicine are sciences that belong to the same field of knowledge</li> </ol>	79.4	16.3
<ol> <li>Any type of psychologist is qualified to diagnose mental problems</li> </ol>	21.9	73.3
5. Clinical psychologists are qualified to diagnose mental problems	96.2	1.5
6. Psychology is closer to Medicine than to other fields of knowledge	61.9	27.7
<ol><li>Any type of psychologist is qualified to treat emotional and mental problems that affect health</li></ol>	23.6	71.0
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health	96.2	1.1
9. Psychology can help to improve people's health	98.8	0.6
10. The work of the psychiatrist and the psychologist is very similar	20.8	74.0
<ol> <li>The work of the psychiatrist and the clinical psychologist is very similar</li> </ol>	64.1	33.2
<ol> <li>Psychologists should form part of professional teams in hospitals</li> </ol>	76.6	17.5
<ol> <li>Clinical psychologists should form part of professional teams in hospitals</li> </ol>	98.6	0.6
14. One of the central aspects of Psychology is to promote healthy behaviours	94.0	4.6
<ol> <li>Psychologists are as qualified as psychiatrists for making expert assessment in the legal context</li> </ol>	84.8	6.1
* The shortfall for 100% corresponds to the option DON'T		



Figure 2 shows the opinions, by professional profile, on the similarity between certain psychological and medical disciplines. The results show that in this case, it is the profile of Traffic Psychology and Road Safety that presents the most extreme positions in a large part of the subscale questions, and with greatest distinction from the rest. More detailed analysis of each one of the profiles permits their comparison across the questions in the instrument, but in general they are found to follow a similar pattern in the responses.

To determine whether the data presented are statistically significant or not, and as Table 4 shows, we compared the total scores obtained on the questionnaire by professional profile. For the case of part one of the questionnaire, given the response format, answers favourable to Psychology as a health profession (YES) were assigned a 1, and unfavourable responses (NO) a 0, with the aim of calculating the total mean scores. The response option DON'T KNOW was excluded from this calculation because of the limitations involved in interpreting its meaning. It should be pointed out here that, given the characteristics of the questionnaire and of the study objectives, it was deemed necessary for the analysis of these total scores to distinguish between the total scores for the instrument without considering the items related to Clinical Psychology and for those items that referred exclusively to the field of Clinical Psychology. The second subscale, which asked about the affinity between disciplines, was not affected by this situation. Furthermore, it is important to mention that we did not take into account the profiles of Psychology of Traffic and Road Safety or Psychology of Physical Activity and Sport, since, as can be seen in Table 1, the numbers of professional psychologists for these profiles are not com-

PERCENTAGES* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM ASSOCIATION MEMBERS TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION, BY PROFESSIONAL PROFILE											5							
ltems	Soc Int Clin Psy		Psv	Educ Psy Psy TR		y TRS Psy Drug		Psy Health		Org Psy		For Psy		Psy Sport				
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Psychologists can help to prevent health problems	99.2	0	98.6	0.9	100	0	100	0	100	0	100	0	100	0	100	0	100	0
2. Psychology and Medicine are sciences that belong to the same field of knowledge	49.2	42.2	49.5	42.7	57.8	32.7	53.3	46.7	60.5	31.6	56.7	41.8	48.8	41.5	56.3	37.5	75.1	24.9
3. Clinical Psychology and Medicine are sciences that belong to the same field of knowledge	77.3	12.5	78.5	18.2	83.1	10.2	60.1	39.9	89.5	10.5	82.1	16.4	78.1	18.6	84.4	12.5	87.5	0
<ol> <li>Any type of psychologist is qualified to diagnose mental problems</li> </ol>	23.4	73.4	19.1	75.6	21.8	74.8	40.1	46.7	21.1	73.7	28.4	67.2	24.4	69.9	43.8	56.3	12.4	75.1
5. Clinical psychologists are qualified to diagnose mental problems	96.1	1.6	97.1	1.5	94.6	0.7	100	0	97.4	0	94.0	1.5	93.5	3.3	96.9	0	100	0
6. Psychology is closer to Medicine than to other fields of knowledge	61.7	31.3	65.6	25.3	52.4	32.1	33.3	53.3	60.5	15.8	59.7	29.9	53.7	34.1	84.4	12.5	62.5	37.5
7. Any type of psychologist is qualified to treat emotional and mental problems that affect health	27.3	67.2	19.9	74.7	27.9	68.1	40.1	59.9	23.7	65.8	29.9	61.2	25.2	69.9	40.6	59.4	12.4	75.1
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health 96.1	0	97.2	0.9	92.5	2.1	93.3	0	100	0	94.0	3.0	95.1	1.6	96.9	0	100	0	
9. Psychology can help to improve people's health	99.2	0.8	98.1	0.6	100	0	100	0	100	0	98.5	1.5	99.2	0.8	100	0	100	0
10. The work of the psychiatrist and the psychologist is very similar	21.9	74.2	17.1	77.5	29.3	65.3	20.1	66.7	23.7	68.4	22.4	76.1	22.8	71.5	40.6	56.3	24.9	75.1
<ol> <li>The work of the psychiatrist and the clinical psychologist is very similar</li> </ol>	64.8	32.8	60.8	36.7	67.3	28.6	66.7	26.7	60.5	36.8	62.7	34.3	78.9	18.7	71.9	25.0	24.9	75.1
2. Psychologists should form part of professional teams in hospitals	82.8	12.5	72.4	20.8	76.2	16.3	73.3	20.1	73.7	13.2	88.1	10.4	83.7	14.6	87.5	9.4	100	0
<ol> <li>Clinical psychologists should form part of professional teams in hospitals</li> </ol>	98.4	0	93.3	0.8	99.3	0	93.3	6.7	100	0	98.5	1.5	99.2	0.8	100	0	100	0
4. One of the central aspects of Psychology is to promote healthy behaviours	93.8	3.9	92.7	5.9	95.9	2.1	100	0	100	0	94.0	6.0	95.9	3.3	93.8	3.1	100	0
<ol> <li>Psychologists are as qualified as psychiatrists for making expert assessment in the legal context</li> </ol>	85.9	5.5	86.1	6.5	78.9	7.5	73.3	6.7	89.5	0	85.1	6.0	81.3	6.5	93.8	0	100	0

Soc Int: Social Intervention; Clin Psy: Clinical Psychology; Educ Psy: Educational Psychology; Psy TRS: Psychology of Traffic and Road Safety; Psy Drug: Psychology of Drug-Dependence; Psy Health: Psychology of Health; Org Psy: Organizational Psychology; For Psy: Forensic Psychology; Psy Sport: Psychology of Physical Activity and Sport.

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

parable to the rest. Having made the above distinction, it can be seen in Table 4 that the differences found between the responses of those with different profiles to the questions of the first subscale were significant for both the case of items with Clinical Psychology content and those without such content.

It is interesting, finally, to consider the profile that presents the highest score and the most favourable attitude towards Psychology in general and Clinical Psychology as health professions. For the case of the "Psychology in general" items, the profile in question is that of Forensic Psychology, while for the "Clinical Psychology" items, it is Educational Psychology and, once again, Forensic Psychology. For the second subscale, in which respondents were asked about the affinity between different medical and psychological disciplines, no statistically significant differences were obtained.

## Participants' opinion about Psychology as a health profession according to employment sector

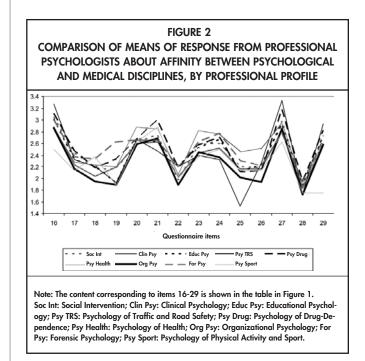
With regard to opinions about the health-related nature of Psychology by type of institution or employment sector, Table 5 shows the percentages of favourable and unfavourable responses for each of the questions from the first part of the questionnaire. In general, higher percentages are obtained for the consideration of Psychology as a health discipline than for its consideration as a nonhealth discipline. Even so, there are once more cases in which this tendency is clearly inverted; thus, in questions 4 and 7 ("Any type of psychologist is qualified to diagnose mental problems" and "Any type of psychologist is qualified to treat emotional and mental problems that affect health"), higher percentages of unfavourable responses are obtained, and which, moreover, remain constant across the different employment sectors, including that of "unemployed". It is worthy of note that these two questions (4 and 7) are those which also presented the higher percentages of unfavourable positions in the case of the analysis by professional profile.

Figure 3 shows the means for the second subscale, classified according to participants' employment sector. Similar positions are observed, even though we find once again that it is those working in universities who present the most favourable opinions on affinity between disciplines.

Finally, as Table 6 shows, although we have described some differences by employment sector for the two subscales of the questionnaire, the results for the total scores on the first subscale (considering once again the "Clinical Psychology" questions and the rest separately) and the second subscale are not significantly different as regards their means.

#### CONCLUSIONS

The present study was carried out with a sample of over 1200 psychologists from the various regional professional

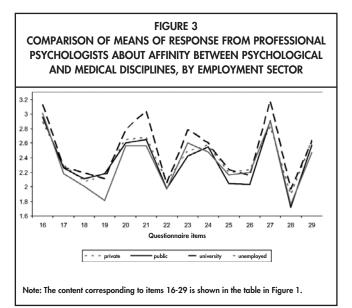


Professional profile	First sub no clir item	ical	only	ubscale, clinical ems	Second subscale			
	Mean	SD	Mean	SD	Mean	SD		
Social Intervention	6.88	1.75	4.57	0.62	34.18	10.97		
Clinical Psychology	6.54	1.80	4.41	0.75	33.08	11.27		
Educational Psychology	7.02	1.76	4.62	0.64	34.14	9.63		
Psychology of Drug-Dependence	7.17	1.92	4.56	0.50	35.45	9.74		
Psychology of Health	6.90	1.81	4.48	0.85	35.22	10.52		
Organizational Psychology	6.71	1.80	4.55	0.65	31.94	10.80		
Forensic Psychology	7.56	1.74	4.62	0.56	35.16	11.37		
Value of F	2.	56*	2.5	57*	1.34			

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associations of Spain, making it a sufficiently representative sample of this population. Hence, the results obtained can be extremely useful for revealing the opinion of professional psychologists about the issues in question.

We used the same instrument as in a very similar study on the opinion of Psychology and Medicine teachers (published in this issue of the journal). Even so, for the present work we also calculated reliability indices for the instrument, obtaining results similar to those of the previous study, so that we can speak of good stability across the different samples. This means we can make compar-



isons between the two studies, comparing the teachers' opinion with that of the professional psychologists.

The results show that, in general, our participants – members of psychologists' associations – have a quite favourable opinion about Psychology as a health discipline, and that they find considerable affinity between psychological and medical disciplines, particularly in the specific case of Clinical Psychology.

In the first subscale the mean score is close to eight, the upper limit being ten; in the case of Clinical Psychology the result is even clearer, since the mean is over four, out of a maximum five. The findings are similar for the case of the second scale, which compares medical and psychological disciplines. Nevertheless, it is noteworthy that

TABLE 6 TOTAL SCORES OF ASSOCIATION MEMBERS FOR THE OPINION QUESTIONNAIRE, BY EMPLOYMENT SECTOR										
Employment sector	First sub no clir iten	nical	only	ubscale, clinical ems	Second subscale					
	Mean	SD	Mean	SD	Mean	SD				
Private Institution	6.77	1.72	4.46	0.73	33.69	11.07				
Public Institution	6.56	1.87	4.47	0.72	32.99	10.50				
University (teacher)	7.01	1.93	4.63	0.63	35.11	10.89				
Unemployed	6.97	1.99	4.55	0.55	32.69	11.57				
Value of F	1.36 0.98 0.82									

	TABLE 5
PERCENTAGES* OF	FAVOURABLE AND UNFAVOURABLE RESPONSES FROM ASSOCIATION MEMBERS TOWARDS
	PSYCHOLOGY AS A HEALTH PROFESSION. BY EMPLOYMENT SECTOR

ltems	Privo	Private (%)		Public (%)		University (%)		oyed (%)
	YES	NO	YES	NO	YES	NO	YES	NO
1. Psychologists can help to prevent health problems	99.4	0.3	98.6	0.8	100	0	98.9	1.1
2. Psychology and Medicine are sciences that belong to the same field of knowledge	54.1	38.9	48.6	43.5	46.7	42.2	46.1	42.7
3. Clinical Psychology and Medicine are sciences that belong to the same field of knowledge	81.8	15.6	76.4	17.4	80.1	13.3	73.1	19.1
4. Any type of psychologist is qualified to diagnose mental problems	21.1	73.9	19.1	76.9	31.1	66.7	36.1	57.3
5. Clinical psychologists are qualified to diagnose mental problems	95.7	1.7	97.6	1.4	95.6	2.2	94.4	0
6. Psychology is closer to Medicine than to other fields of knowledge	64.2	26.3	62.8	28.3	53.3	22.2	44.9	39.3
7. Any type of psychologist is qualified to treat emotional and mental problems that affect health	22.3	72.3	22.6	71.7	33.3	64.4	33.7	60.7
8. Clinical psychologists are qualified to treat emotional and mental problems that affect health	95.9	1.1	96.2	0.8	97.8	2.2	97.8	1.1
9. Psychology can help to improve people's health	99.4	0.1	97.6	1.4	97.8	0	98.9	1.1
10. The work of the psychiatrist and the psychologist is very similar	20.5	75.1	19.1	75.3	31.1	60.1	25.8	67.4
11. The work of the psychiatrist and the clinical psychologist is very similar	62.4	34.7	64.7	32.9	77.8	20.1	68.5	29.2
12. Psychologists should form part of professional teams in hospitals	78.1	16.2	72.1	22.1	68.9	20.1	87.6	7.9
13. Clinical psychologists should form part of professional teams in hospitals	98.3	0.7	98.9	0.5	97.8	0	100	0
14. One of the central aspects of Psychology is to promote healthy behaviours	94.2	4.7	92.9	4.9	97.8	0	95.5	4.5
15. Psychologists are as qualified as psychiatrists for making expert assessment in the legal context	85.7	5.8	83.7	6.3	84.4	6.7	83.1	6.7

in all three cases the psychologists who identify with the profile of Clinical Psychology are those that score lowest.

By participants' employment sector, we obtained similar results to those found by professional profile. In general, opinions are favourable with respect to Psychology as a health discipline, and highly favourable in the case of Clinical Psychology. Those most likely to consider Psychology as a health profession are those working in universities, while those least likely to do so are psychologists employed in public institutions.

Thus, it can be concluded that, in general terms, members of psychological associations have a favourable attitude towards Psychology as a health discipline, and particularly so in the case of Clinical Psychology.

#### **ACKNOWLEDGEMENTS**

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#### REFERENCES

Bretón-López, J., Bermúdez, M.P., Teva, I., Gil Roales-Nieto, J., Sierra, J. & Buela-Casal, G. (2005, Julio). Propiedades psicométricas del cuestionario de opinión acerca de la Psicología como profesión sanitaria. Presented at the V Congreso Iberoamericano de Evaluación Psicológica, Buenos Aires, Argentina.

- Colegio Oficial de Psicólogos (1998). Perfiles del Psicólogo. Madrid: Colegio Oficial de Psicólogos
- Colegio Oficial de Psicólogos (2004a). Valoración y opiniones. Declaraciones institucionales de los colegios autonómicos. *Infocop, special issue*, 62-73.
- Colegio Oficial de Psicólogos (2004b). Valoración y opiniones. Opiniones de asociaciones de profesionales. *Infocop, special issue,* 49-61.
- Díaz, R. & Quintanilla, I. (1992). La identidad profesional del psicólogo en el Estado español. *Papeles del Psicólogo, 52*, 22-74.
- Montero, I. & León, O.G. (2005). Sistema de clasificación del método en los informes de investigación en Psicología. International Journal of Clinical and Health Psychology, 5, 115-127.
- Ramos-Álvarez, M. & Catena, A. (2004). Normas para la elaboración y revisión de artículos originales experimentales en Ciencias del comportamiento. International Journal of Clinical and Health Psychology, 4, 173-189.
- Santolaya Ochando, F., Berdullas Temes, M. & Fernández Hermida, J.R. (2002). La década 1989-1998 en la Psicología española: análisis del desarrollo de la Psicología profesional en España. Papeles del Psicólogo, 82, 65-82.