

The teaching of psychology on health professional courses

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Abstract

Psychology is taught on a range of vocational courses including such training for professions as nurses, medics, physiotherapists, occupational therapists, and other health care professionals. However, what is uncertain is what psychology is taught, who it is taught by and how it is taught. This project aims to address these unresolved questions by surveying course leaders' perspectives on the teaching of psychology within health professional courses. A total of 103 responses to a specially designed questionnaire were received from 300 courses across the United Kingdom. The results of the survey revealed a number of interesting findings. For example, the development, teaching and examination of psychology on health care professional courses is not always undertaken by qualified psychologists. The most commonly taught areas of psychology included health, social and developmental psychology and business and educational psychology the least. Psychology is a small component (less than 5 per cent) of the majority of health professional courses and this low level is considered appropriate. This being said, course leaders consider psychology important for a health professional's future career. On the basis of these results it is suggested that psychologists needs to develop and promote the psychology provision within health professional courses and develop strategies on how best psychology can be taught and assessed within an integrated health professional course.

PSYCHOLOGY IS taught on a range of professional and vocational courses. An unpublished audit of Higher Education Institutions (HEIs) previously undertaken by the British Psychological Society's Committee on the Teaching of Psychology to Other Professions (TOPTOP) during the 1990s received a number of responses from professions as diverse as commercial managers, electrical engineering, accountancy, sport science, marketing, teaching and business management. Furthermore, these courses also included a number of health care professional courses such as nurses, medics, physiotherapists, occupational therapists, and other health care professionals. However, what was uncertain is what psychology is taught, who it is taught by and how it is taught. At a HEA–Health Science and Practice organised event in 2006 these issues were discussed by the participants (drawn from across the psychology teaching community) and some key themes emerged (HEA, 2006):

- there is little if any information on the nature of the psychology material being taught to health care professionals;
- there is little information on why this material is being taught to health care professionals;
- there is a perceived need for the development of core curricula in psychology for health care professionals; and
- there was no community spirit and a feeling of abandonment—people felt they neither fitted with the psychology or health care professional community.

The literature on the psychological component of health care professionals' curricula is small, as is the literature on the development of effective health care professionals. However, there is increasing acknowledgment that undergraduate health professionals should be taught only what is relevant for *effective* professional practice.

The importance of behavioural factors in health and illness has been recognised not

only by students, researchers, practitioners but also by government and policy makers (Wanless, 2004; Abraham & Michie, 2005). Therefore, it is obvious that psychology has a role in health, and by natural progression, in the training and education of health care professionals.

The professional and regulatory bodies that oversee the educational requirements of the individual professions (e.g. Health Professional Council/Nursing and Midwifery Council) and suggest the key topics and curriculum content that have to be both studied and completed in order for the individual student to be considered a proficient practitioner in that area. These regulatory frameworks and the guidance from the professional bodies all mention the need for psychology to be contained within the educational experience.

For example, psychology is mentioned in the majority of the Standards of Proficiency guidance for health care professional courses. However, there is limited mention of how this translates into educational provision. Hence, the amount of psychology may be over ridden by other more 'pressing' issues. For example, the HPC Standards of Proficiency (2003) note that dieticians are supposed to 'understand sociology, social policy, psychology, public health...' we can see that psychology is not clearly identified and emphasised but is merely a part of a range of other activities. This may be telling in terms of the importance attached to psychology by the HPC/individual professional groups and may communicate this to educators, students ultimately, patients/clients (Sanson-Fisher & Rolfe, 2000). As Thorne et al. (1999) highlight the content of any course is dependent on the socio-political context of the time.

There has been little previous research in this specific area, suggesting a need for further investigations into curriculum content of professional health care courses to be conducted. Mowforth, Harrison and Morris (2005) do report on student nurses' views on the relevance of psychology in their curriculum (along with sociology and biology) and noted that students perceived topics as impor-

tant to understand the concept of health and illness. Furthermore, student nurses appreciated the relevance of psychology but mainly *after* their practical placement when they appreciated how psychology could provide insight into both patient problems and care.

Sanson-Fisher and Rolfe (2000) brought attention to the lack of research into curriculum content on professional health courses. They suggested that better definitions of subtopics on a curriculum would be useful for helping assess the content of various health professional courses. They further highlighted the benefits of assessing time allocation of the topics on the curriculum; they believed this would assist in evaluating the dynamics of the courses. In addition to this, the authors suggested it would be useful to gain the opinions of stakeholders and consumers about curriculum content, so as to enable valid criticisms and amendments to be acknowledged. There has been some debate about what health professional students should be taught. For instance, some professionals believe that students should only learn what is necessary for their specific professional practice, and receive only basic knowledge in other areas, such as science for example (depending on the profession). In light of this, Sanson-Fisher and Rolfe (2000) outlined the benefits of identifying the most relevant 'core conditions' taught on a course, but to also acknowledge other aspects such as basic science and public health studies, all depending on which profession was concerned.

On this basis it was thought appropriate to undertake a survey exploring the current level of psychology teaching on health care professional courses. The aims of this study are, therefore, were to:

- investigate the curriculum content of health professional courses, and more specifically, how much psychology is present within that curriculum;
- find out what psychology topics were taught in health professional courses;
- find out who taught the psychology in the health professional courses;

- determine who decided what should be taught in the health professional courses; and
- gauge opinions on what psychology should be taught on health professional courses.

Methodology

Participants

Health professional courses run at Higher Education Institutions across the UK were identified from the UCAS directory. All of these courses were subsequently reviewed through the individual websites to confirm addresses, the exact nature of the course provision and any further relevant information. On this basis a total of 300 individual courses were identified and the course leaders from these programmes were identified and sent a letter, and questionnaire. From this population, a total of 103 course leaders responded (response rate of 34 per cent) and their results were available for analysis. The responses were drawn from 12 different health care professions:

- optometry;
- physiotherapy;
- nursing (all branches);
- midwifery;
- radiography/radiotherapy;
- occupational therapy;
- speech and language therapy;
- pharmacy;
- nutrition and dietetics;
- medical physics;
- podiatry; and
- other (e.g. prosthetics and orthotics, toxicology, child health).

Materials

The questionnaire used, was specifically designed for this particular project (a copy is available from the authors). The questionnaire was mixed format in design, including fixed choice questions, Likert scale style questions along with open ended questions. It concentrated on how much psychology (if any) was on the course (e.g. 'During the course, what proportion of time is dedicated

to psychology?'), who taught it and what topics in psychology were presented. Information was also collected on other taught areas of the course in order to provide a comparative analysis on the importance of these subjects to health professional education. These included topics such as, biology, research, sociology, and core professional skills (e.g. 'How important do you think the following subjects are to your profession?').

Further information on the course was also recorded, such as the speciality of the external examiners for psychology, and the qualifications of the staff who taught psychology (e.g. 'Are those that teach psychology topics on your course predominantly: Qualified psychologist; Staff with a psychology degree; Those with an interest in psychology, but no qualification; Those with work experience in psychology?').

Procedure

The UCAS directory (<http://wwwucas.ac.uk/>) was used to obtain contact details, and the different professional health care courses available in the U.K. Course leaders from the different health professional programmes were then sent an explanatory letter, accompanied by the questionnaire postally. A self-addressed envelope was included for return of the questionnaire. Data was collated using SNAP software and analysed through SPSS.

Results

The sample

A total of 300 questionnaires were distributed and 103 were returned, therefore providing a response rate of 34 per cent. A range of individual professions responded to the questionnaire – although the majority of responses were received from physiotherapy and nursing courses (see Figure 1). Fewer responses were received from those leading the Speech and Language Therapy course.

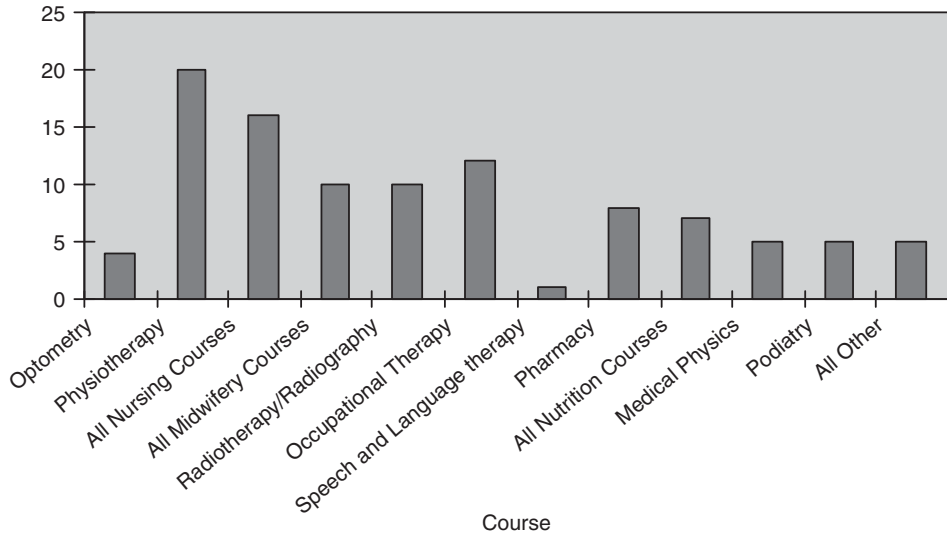


Figure 1: Overall number of courses involved

Staff involved in teaching of psychology

The majority of the courses indicated that they had either none or just one member of staff teaching psychology (see Table 1). The size of the departments varied from small (N = 6 members of staff) to extremely large (N = 25+).

The qualifications of these Psychology staff vary (see Table 2), with 50.6 per cent having no formal qualifications in psychology.

Number of psychology staff	Percent
0	31.3
1	26.5
2	16.9
3	13.3
4	3.6
5	2.4
6+	4.8

Table 1: Frequency table showing the number of psychology staff teaching on courses

When asked about who made the key decisions about the psychology component of the course it was suggested that it was the 'Core team' (defined as the primary subject tutors) who decided upon the content rather than the psychology team/member. A minority of respondents (15.9 per cent) suggested that it was the psychology staff that made the key decisions on the psychology content of the programmes (see Table 3).

In addition to this, the respondents indicated that only 8.0 per cent of the external examiners were qualified psychologists com-

Teachers are	Percent
Qualified psychologists	24.1
Staff with a psychology degree	25.3
Interest in psychology, but no qualification	24.1
Work experience in psychology	15.7
Other	10.8

Table 2: The qualifications of the psychology staff on the course

Staff	Percent
Psychology staff	15.9
Core team	71.0
Health professional body	33.6
Other	6.5

Table 3: The key decision maker/s for the psychology elements on the course

Staff	Percent
Qualified psychologist	8.0
HCP	66.7
Both	6.7
Other	18.7

Table 4: External examiner for the psychology elements of the course

pared to 66.7 per cent being health professional from their course (see Table 4).

Overall, therefore, it appears as if the psychology content was being developed, delivered and examined by non-psychologists. It

was interesting that the qualitative comments on the questionnaire indicated that there were others involved in the development – for example colleagues from another department or interestingly a few mentioned ‘Users of cancer services’ and ‘local employers’ indicating that there was some external verification for some courses.

Psychology topics taught

Course leaders were also asked what Psychology topics were taught on their course, and in addition to this, what they think ‘should’ be taught on their course. These results are displayed in Table 5.

On a broad inspection, there appears to be a similarity in the percentages for ‘What psychology topics are taught?’, and ‘What topics should be taught?’ for each Psychology topic area. Out of all the topics, for both the ‘are taught’ and ‘should be taught’ assessment, the highest percentage is with health psychology with 74 per cent having it present on their syllabus, and 64 per cent believing it ‘should’ be present. Closely followed by this is social psychology, with 54.4 per cent having it present on their syllabus, and 42.7 per cent believing it ‘should’ be present. In contrast, specific areas

Topic area in psychology	Are taught (% reporting)	Should be taught (% reporting)
Health	74.0	64.0
Social	54.4	42.7
Developmental	44.7	35.0
Cognitive	35.0	35.0
Counselling	31.1	35.0
Abnormal	29.1	27.2
Clinical	21.4	21.4
Educational	13.6	20.4
Sport	8.7	14.6
Occupational	4.9	9.7
Other areas of psychology	3.9	1.9
Business	1.0	1.9

Table 5: Topics taught, and should be taught on the course

of psychology (e.g. education, sport, occupation and business psychology) were less likely to be taught or to be thought necessary.

Comparison of psychology teaching compared to other topics

The proportion of time dedicated to the teaching of various subjects was explored and the results from these questions presented in Table 6 ('other' refers to those subjects not highlighted in the questionnaire and included such topics as ethics and supplementary subjects). The table indicates the percentage of responses to each of the time allocations for each subject area. As can be noted from the table the majority of respondents indicated that psychology occupied less than 5 per cent of the total time on the course. In contrast, research occupied (on average) 11–20 per cent of the total course time, and (although a range of responses were received) the professional skills occupied 31–40 per cent.

The next question asked respondents to indicate whether they felt the amount of time allocated to each of those topics was too little, too much or about right (see Table 7). Most believed that the amount of time spent on psychology (and the other topics) was 'about right'. However, 29.8 per cent felt that there was either far too little or too little psychology on the course. This compared to sociology where 22.5 per cent felt there was either far too little or too little, biology (13.8 per cent), research (10.7 per cent), professional skills (7.2 per cent), core skills (6.1 per cent), or other subjects (5.6 per cent).

The final question aimed at highlighting the perceived value of psychology in relation to other areas of the curriculum by asking respondents how important they felt each topic was in terms of future career of their students (see Table 8). Results indicate that, in terms of ranked importance sociology was

Time	Professional skills	Research	Sociology	Biology	Core skills	Other	Psychology
0–5%	1.1	10.8	59.6	23.3	1.1	27.0	58.0
6–10%	11.6	26.9	27.0	32.2	5.5	35.1	30.0
11–20%	17.9	38.7	12.4	30.0	6.6	16.2	7.0
21–30%	17.9	15.1	0.0	6.7	18.7	8.1	2.0
31–40%	27.4	5.4	0.0	4.4	33.0	2.7	0.0
41–50%	11.6	3.2	1.1	1.1	12.1	8.1	3.0
51%+	12.6	0.0	0.0	2.2	23.1	2.7	0.0

Table 6: Proportion of time dedicated to various subject areas

Time	Professional skills	Research	Sociology	Biology	Core	Other	Psychology
Far too little	–	2.4	2.5	2.5	–	–	2.4
Slightly too little	7.2	8.3	20.0	11.3	6.1	5.6	27.4
About right	90.4	81.0	71.3	81.3	92.7	94.4	69.0
Slightly too much	2.4	8.3	5.0	3.8	–	–	1.2
Far too much	–	–	1.3	1.3	1.2	–	

Table 7: The opinions of the course leaders on the time dedicated to each subject area

Time	Professional skills	Core	Research	Psychology	Biology	Sociology	Other
Irrelevant	1.2	-	-	-	-	-	-
Not Important	-	-	-	1.2	-	1.3	-
Neither	-	-	-	7.1	4.9	17.5	-
Important	8.2	10.7	31.0	50.6	43.2	53.8	30.8
Very Important	90.6	89.3	69.0	41.2	51.9	27.5	69.2

Table 8: How important each subject is regarded in terms of career

perceived as least important whereas professional skills were considered most important.

When these results were explored in further detail and the level of importance ranked the results presented in Table 9 were obtained.

In relation to this question it is worth exploring the data obtained in response to the free response questions asking course leaders on the value of having psychology topics taught on their course. A number of responses were received (N = 77) and a content analysis suggested that a major explanation was that teaching in psychology enhanced understanding of the patient and improved patient interaction. For example: ‘Helps mediate application of practical skills into clinical environment using patient-centred approach’, ‘Enables students to reflect on own attitudes, beliefs and the impact’, and ‘Helps student’s self preservation in stressful environment’ and ‘It is an integral part of the biopsychosocial approach to the prevention and rehabilitation of illness’ and ‘psychology can play a large role

Rank	Topic
Most important	Professional skills
	Core skills
	Research skills
	Psychology
	Biological skills
	Sociology
Least important	Other areas

Table 9: Level of importance of topics taught

in the holistic management of a patient’. Most of the responses were positive, suggesting that the course leaders’ had an appreciation of the role of psychology in the curriculum.

However, there were also a few responses which appeared to present a resigned acceptance of the need for psychology. For example, a number of cases spoke about the ‘requirement’ for its inclusion. Hence, some provided examples such as ‘requirement of nutrition/graduates to have knowledge of this area’ and ‘requirement of a health care practitioner’.

Concerns over teaching psychology

There were a number of concerns that were brought up about the teaching of psychology in the free text question. For example:

- Loss of depth due to teaching mode (e.g. PBL or modular structure);
- Difficulty in demonstrating link with clinical skills because taught in isolation/difficulty with integration;
- Difficulties in engaging health care students or students seeing relevance of subjects;
- Difficulties in presenting material due to lack of time;
- Better interaction with psychology colleagues required;
- Too much information had to be presented.

There were also some comments about the teaching:

- Appropriate teaching materials required;
- Too many other topics need to be covered;

Finally, one comment appeared to sum up some of the responses received throughout: 'Whilst we view psychology and the supplementary topics as being equal value we feel that this may not be the case for some students. For example, some students may feel that clinical skills are more important than psychology or sociology'.

Discussion

The results of this survey present insight into the current status of Psychology teaching on health professional courses. Obviously there are still unresolved issues and unanswered questions but the results of the survey offer a foundation for future investigations and developments. A series of key results were obtained from the survey which highlight some of the issues facing teachers of psychology on health care professional courses.

Who teaches psychology?

The number of psychology staff teaching on the courses sampled varied, but approximately two-thirds had one or more member of psychology staff involved on their teaching staff.

The qualifications of these psychology staff were quite diverse, with only a small difference in the percentages between them all, but with a large proportion having no formal qualification in psychology, but just 'with an interest' in it. Hence, this survey has (for the first time) highlighted a key issue for the psychology community: the teaching of psychology to health care professionals is taught in many cases by those without a qualification in it (39.8 per cent reported that they had no formal qualifications in psychology).

This obviously gives rise to a number of potential areas of concern. Firstly, students may have a poorer educational experience since as it is possible that their tutors did not have a broad understanding of psychology. Obviously, there is no evidence to suggest that those students being taught psychology by those without a psychology qualification are receiving a poorer education than those receiving material from those with a

psychology degree, although this is, of course, a possibility. Secondly, psychology graduates and post-graduates who could provide such a service may be being deprived of the opportunity to promote and develop this material. Finally, by the same token, those tutors without a psychology qualification may possibly not be enjoying the experience of teaching a topic they are unfamiliar with. Obviously these are all speculative- it could be that having psychology taught by somebody with no psychological qualification is at worst benign.

Who developed the curricula?

Even though many of the courses appear to have at least one member of psychology teaching staff on their team, only 15.9 per cent have a role in the decision making process in what psychology should be delivered. In relation to this, 71 per cent of courses use the core team to decide the psychology elements on their curriculum. Participant course leaders were also asked who the external examiners were for the psychology element of their course with 66.7 per cent of courses suggesting that they use a (related) health care professional as their external examiner, and only 8.0 per cent use a qualified psychologist as their external examiner for assessing the psychology elements of the course. Hence, it appears as if psychologists were not fully involved in the development, delivery or examination of the psychology based material for a large proportion of health care professional courses.

How much time is spent on psychology compared to other subjects?

Psychology may be included within the curriculum in an integrated manner rather than a separate entity (e.g. Mowarth et al., 2005). Some courses stated psychology was not taught as a separate unit, so was therefore not able to be assessed individually. On the one hand, this can be viewed positively in as much that the application of psychology can be viewed within a professional context. How-

ever, others may argue that the underlying principles of psychology are probably best taught prior to the clinical application so a fuller understanding of the value and limitations can be appreciated. However, which approach is 'best' is matter of personal opinion until appropriate research evidence is developed and supported by empirical studies.

The majority of the course time was spent on the 'core skills' of the subject with approximately a quarter of courses suggesting that over 50 per cent of their student's time was spent on these subjects. In contrast, sociology largely occupied less than 5 per cent of the curriculum time. With these two benchmarks in mind it is worth noting that psychology was considered a minor subject-over 50 per cent suggesting that it occupied less than 50 per cent of the curricula, and 80 per cent suggesting that it occupied less than 10 per cent of the time.

Translating this time into ranked importance (although caveats do apply) suggest that the most important topics as perceived by the course designers were professional skills, core skills, biology and research and the least important sociology and psychology. This does have implications for it may present a view of topic importance to both students and colleagues over the relative importance of these subjects (Sanson-Fisher & Rolfe, 2000; Thorne et al., 1999).

There is also the potential to define content at much finer levels. So for example, we could sub differentiate 'biology' into anatomy, physiology and biochemistry.

How much time is spent on psychology?

Interestingly, the majority of the courses dedicate less than 5 per cent of the course time to psychology – a small amount given its potential value and importance in health care. However, psychology was still rated as quite important to the students' future career (90 per cent rating it as at least important) although there was somewhat of a dichotomy here with almost 60 per cent believing the

limited amount of time spent on psychology to be 'about right'. Taken together, a pessimistic scenario would be that psychology was taught infrequently, and most thought this was right even though people thought that it was important for their student's future career!

If, as the results have suggested, psychology is 'important' for a future career in the world of health care, then would it not prove worthwhile to increase the amount of psychology taught on specific courses? For this question to be answered, additional studies could be conducted, perhaps involving stakeholders, students, and health care professionals who have completed their studies, and are working in a direct professional role, rather than an academic post. In the future, semi structured interviews could be used alongside analyses of certain course review/audit documents.

What psychology topics are taught?

Not surprisingly, the most frequent psychology topics taught on professional health care courses was health psychology (74 per cent of the courses sampled included this topic on their curriculum). However, both social psychology (54.4 per cent), and developmental psychology (44.7 per cent) were reported as being taught frequently. Interestingly, there was a strong relationship between the amount 'actually taught' and 'should be taught' indicating that course leaders considered their psychology curriculum to be a reasonable one. Obviously, the question of whether this was a valid assumption can be raised.

Conclusion

Overall, the study appears to be quite informative of what is occurring at the academic stage for health care professionals. Psychology has been recognised as having some importance towards the future careers of health care professionals, but also, the limited provision of psychology on certain courses has created questions for additional studies and research to be based upon. It

can now be argued that in order to better serve students the psychological content of professional health care training may need to be raised. Rather than being viewed as a 'supplementary' subject, psychology should be core.

Finally, the views and suggestions of the patients/clients were not assessed in this study and their perspective may provide a different perspective on curriculum content. This view may also prove useful and equally important. While patients will not usually be in a position to make decisions about how

much specific discipline content is necessary in a curriculum, they are able to provide useful feedback on the care they receive from graduates. This is obviously a future study which would be of interest to conduct to triangulate the views of clients/patients with students and tutors.

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