

# Employability of Health Psychologists: Reflections on Career Identity and Role Perceptions

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According to Philippot (1998), the term employability is more often used than understood. McArdle, Waters, Briscoe, and Hall (2007) defined employability as a psycho-

social construct with three dimensions: (a) *career identity*, that refers to how people define themselves in a particular work context; (b) *adaptability*, the willingness and ability to change personal factors (e.g., behaviours, feelings, thoughts, disposition) in response to environmental demands; and (c) *human and social capital*, with the former referring to a host of personal variables capable of influencing a person's career advancement (e.g., education, work experience, training, skills, knowledge). It is evident from this definition that employability is a multidimensional construct with many facets to consider. This therefore makes investigating the employability of Health Psychologists difficult, and capturing the whole employability picture, especially on a global scale, may be almost impossible. Fueling this difficulty is the wide variety of descriptions for Health Psychology and Health Psychologists.

Although there are many works describing this specialist branch of psychology (e.g., Cohen, McChargue, & Collins, 2003; Johnston, 1994; Matarazzo, 1980; Michie & Abraham, 2004; Morrison & Bennett, 2016; Ogden, 2007; Taylor, 1990) and there exist many professional organisations for the field of Health Psychology (e.g., Division 38 of the American Psychological

Association, the British Psychological Society Division of Health Psychology, the Australian Psychological Society College of Health Psychologists, the European Health Psychology Society (EHPS)), confusion remains around the clear boundaries that define Health Psychology (Thielke, Thompson, & Stuart, 2011) and the roles and identities held by Health Psychologists. To understand how Health Psychology is defined, EHPS National Delegates (N=27) were asked to provide the commonly used definition of Health Psychology in their country. Results indicated that responses vary widely between the EHPS member countries. Six countries reported using the definition of Health Psychology based on Matarazzo (1980, 1982), and one country reported using the WHO definition of health (WHO, 1947). Most countries (15/27) defined Health Psychology more broadly, or made use of other definitions (e.g., Bishop, 1994; Johnson, 1994; Weinman, 1990) (See Table 4.1). These descriptions included Health Psychology being defined as research, practice, and science and encompassing biological, social, and psychological factors to understanding wellbeing, health and illness as well as using psychology principals to motivate and intervene to change people's behaviour. However, among these broad definitions, there was much variation in the detail of descriptions of Health Psychology. A few countries (3/27) reported that there was no established definition of Health Psychology, and two countries simply reported Health Psychology being defined as "Medical Psychology" or "Clinical Psychology". These findings indicate that a consensus on a universal definition of Health Psychology may be needed which, in turn, may

**Matarazzo 1980, 1982**

Health Psychology is an aggregate field in psychology, involving educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction.

[addition in 1982: ...and to the analyses and improvement of the health care system and health policy formation.]

**Johnston 1994**

Health Psychology is the study of psychological and behavioural processes in health, illness, and healthcare.

**Weinman 1990**

Health psychology is a disciplinary area of psychology which is concerned with human behavior in the context of health and illness.

**WHO 1947**

Health is a 'state of complete physical, mental and social well-being and ... not merely the absence of disease or infirmity'.

**Table 4.1** Examples of Definitions of Health Psychology used in the EHPS member countries

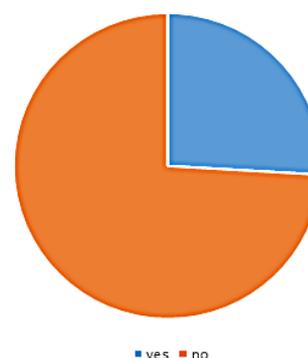
help to establish and solidify the identity of Health Psychologists.

In this article we reflect on the career identity of Health Psychologists in the various EHPS member countries, and how they perceive themselves in their work context. These reflections were drawn from data collected within the larger study that formed the papers in this Special Issue. For details on study methods, see the issue editorial. In addition, three case studies from three different countries (Italy, Netherlands, Australia) are presented that illustrate how Health Psychology is defined in the specific country and the common practice areas Health Psychologists occupy.

## Roles and Identities of Health Psychologists

To gain insight into the roles and identities of Health Psychologists, EHPS National Delegates were asked to respond to a series of open and closed questions related to common practice areas Health Psychologists occupy, see box 1.2, p. 371. A range of responses were reported (see Figures 4.1-4.3).

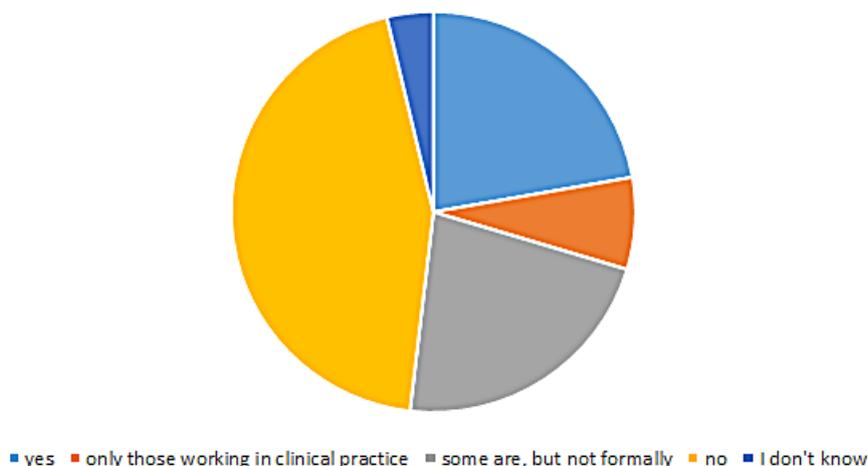
Is the title of Health Psychologist legally protected?



**Figure 4.1.** Legal Protection of the Title of Health Psychologist

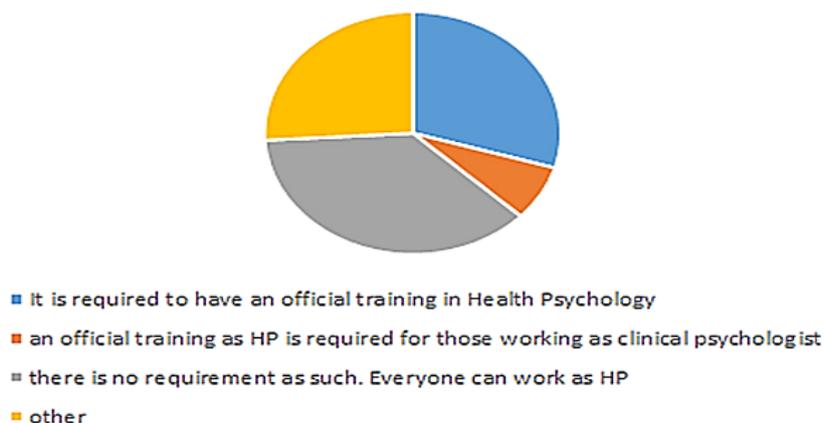
Only seven of the 27 countries reported the professional title of 'Health Psychologist' as being legally protected. Six of the 27 countries indicated having a national registration authority that requires Health Psychologists to be formally registered to work. In another six countries, it was reported that registration is possible but not formally required, and in two countries registration was reported as being required only for those working in clinical practice. Twelve of the 27 countries indicated no national registration authority. Only eight of the 27 countries reported having formal requirements to undertake specialist

## Are Health Psychologists being registered?



**Figure 4.2.** *Registration as a Health Psychologist*

## In my country, in order to work as a Health Psychologist



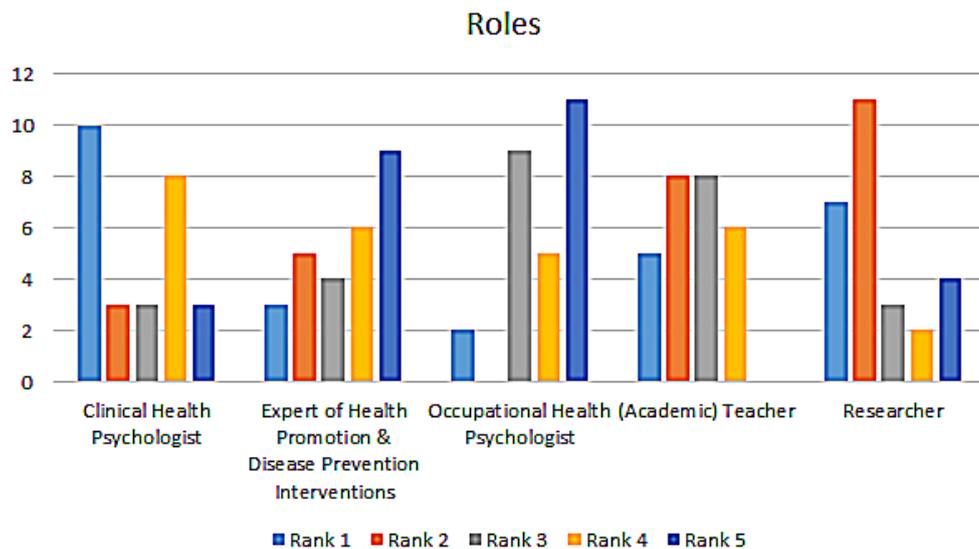
**Figure 4.3.** *Working as a Health Psychologist*

training in Health Psychology to work as a Health Psychologist, with two countries reporting that training was required only if working in clinical practice. In 10 countries it was reported that everyone can work as a Health Psychologist, regardless of training, and seven countries reported 'other'. In reviewing the data on the roles and contexts where Health Psychologists work, we coded five main work roles (see Figure 4.4). Clinical health psychologist, researcher, and academic/teacher were the main roles reported as being

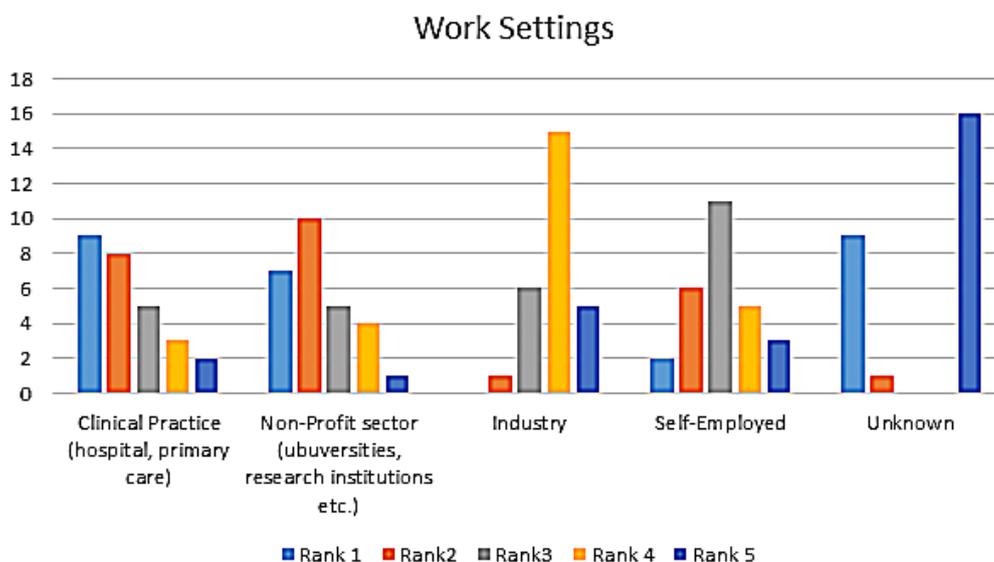
occupied by Health Psychologists. These data mirrored the context Health Psychologists work in, with clinical practice settings and non-profit/academic settings being ranked the highest (see Figure 4.5).

## Case Studies

**1. Health Psychology in Italy.** In Italy, a large number of professionals are registered as



**Figure 4.4.** Main Working Roles for those Working in the Field of Health Psychology



**Figure 4.5.** Main Work Settings for those Working as a Health Psychologist

psychologists (> 100,000), of which many claim to be involved in improving the health and health outcomes of individuals and groups. Only a minority of these, however, would define themselves as a Health Psychologist, as the identity of Health Psychologists and what they do is unclear. There are only two specialized schools in Health Psychology in Italy (University of Rome and University of Turin) that offer professional training that leads to formal recognition of the title of

Health Psychologist. As such, many psychologists work as Health Psychologists but under other titles (e.g., Clinical Psychologist). Further, Health Psychologists often assume the role of a Clinical Health Psychologist or the role of researcher. So, in Italy, the integration of health psychology, clinical psychology, positive psychology, occupational health psychology, and community psychology is quite strong with many psychologists holding multiple identities and not a single identity of

'Health Psychologist'. It is the field of research or practice (e.g., healthcare, health promotion, health behaviour change) that the individual works within that defines them as a Health Psychologist.

**2. Health Psychology in the Netherlands.** In the Netherlands, Health Psychologist, like psychologist in general, is not an officially recognized and/or legally protected title. Four out of 14 universities in the Netherlands offer a Masters program in Health Psychology, after which one has the title of MA (in Health Psychology). Practical training is not part of the curriculum in these Masters programs, and a national registration body for Health Psychology does not exist. The only 'type' of psychologist that needs registration in the so-called BIG registry (BIG is the Dutch abbreviation for professions in healthcare, in Dutch: 'Beroepen in de Gezondheidszorg'), are those working in clinical practice, and are given the title of Clinical Psychologist. Health Psychologists are not Clinical Psychologists, consistent with French, Vedhara, Kaptein, and Weinman (2010), but Clinical Psychologists can be Health Psychologists. Thus, in the Netherlands, like in Italy, there is a lack of clarity about who Health Psychologists are and what they do. To improve the visibility of Health Psychologists in the Netherlands (and Belgium), a book showcasing Health Psychology was recently published with the support of ARPH, the Dutch and Belgium organisation for Research in Health Psychology (<http://www.arph.nl/images/Health-psychology-showcase-Dutch-version.pdf>).

In this book, Health Psychologists are defined as behavioural scientists that focus on health behaviour, health behaviour change, and the implementation of health behaviour change interventions. A range of individuals are presented as working as Health Psychologists, though with no formal training in Health Psychology. In the Netherlands the roles and requirements of working as a Health Psychologist are unclear and further understanding of this specialised field of

psychology is needed.

**3. Health Psychology in Australia.** Unlike Italy and Netherlands, in Australia there are very clear regulations on who can officially work under the title of Health Psychologist. Australian undergraduate psychology programs are traditionally a three-year degree, with students competing for entry into an honours/four-year program of study. To register as a psychologist, students need to complete an additional two-year supervised work program, a combination of university coursework as a fifth year and one-year supervised work program, or a Masters or Professional Doctoral program (Littlefield, 2016). Students can then apply to the Australian Health Practitioner Regulation Authority (AHPRA) for registration as a general psychologist. To be eligible to apply for an area of practice endorsement, such as Health Psychologist, a student needs to complete an accredited Masters in one of the approved areas of practice (in this case Health Psychology), and a minimum of two years of approved supervised full-time equivalent practice with a Board approved supervisor. Here lies the issue; currently in Australia there are only two universities that offer an accredited Masters program in Health Psychology (University of Queensland and University of Adelaide). Despite this, the academic field of Health Psychology is strong, and a special issue in Australian Psychologist highlighted this point (Hamilton & Hagger, 2014). Further, the Australian Psychological Society College of Health Psychologists (CHP) recognise the importance of academic members and one can be approved full membership to the specialist college on this basis. According to the CHP (<https://groups.psychology.org.au/chp/>), Health Psychologists specialise in understanding the relationships between psychological factors (e.g. behaviours, attitudes, beliefs) and health and illness. They highlight that Health Psychologists

practice in two main areas: health promotion (prevention of illness and promotion of healthy lifestyles) and clinical health (application of psychology to illness assessment, treatment, and rehabilitation). In sum, Australia has very clear guidelines and legal regulatory bodies for practicing as a Health Psychologist yet also recognises the importance of academics and researchers working in the field of Health Psychology.

## Conclusion

In conclusion, across the 27 EHPS National Delegates who represented 27 countries in this study there appeared to be no global or consistent narrative on who Health Psychologists are and what Health Psychology is. This is clearly demonstrated by the three case studies presented; in Italy Health Psychologists and Clinical Psychologists overlap in roles, in the Netherlands a range of individuals work under the title of Health Psychologist with no specific training in Health Psychology required, in Australia formal professional training and registration is required to work as a Health Psychologist. These case studies and survey findings further highlight that countries also differ in who can practice under the title of Health Psychologist versus working in the field of Health Psychology. In some countries no specialised training in Health Psychology is required to work as a Health Psychologist, while in other countries specialist training is a legal and regulatory requirement. However, where training is available and required in order to work as a Health Psychologist the options appear limited, often to a few universities offering such specialised training. This picture is further complicated by participants' reports that suggest many Health Psychologists end up working as Clinical Psychologists in clinical settings. This has major implications for the

professional identity of Health Psychologists and the recognition of Health Psychology as a profession globally. Moreover, the lack of educational pathways potentially threatens the identity of Health Psychology as a discipline and Health Psychologists as specialised professionals. Combating such a threat requires defining and recognising the distinct and unique knowledge and skill sets that Health Psychologists possess and can bring to bear on health problems relative to other psychological disciplines such as clinical and counselling psychology. These issues, however, have not stymied the growth of Health Psychology globally, and there is a critical mass of researchers and practitioners applying Health Psychology theory and principles in diverse contexts. In moving forward and clarifying the roles and identity of Health Psychologists, a global consensus of what Health Psychology is and who Health Psychologists are as well as internationally recognised standards of practice are urgently needed. This will help to improve the global mobility and employability of Health Psychologists and stimulate the exchange of expertise and knowledge on an international level. Health Psychology is a specialised field of psychology, and there is a need to recognise and address the potential identity issue of Health Psychology as a discipline and Health Psychologists as specialised trained professionals. A way forward to instil such an identity may be for Health Psychologists and those adopting identical approaches under different titles (e.g., psycho-oncology, Chambers et al., 2014; behavioural interventions, Plotnikoff et al., 2014) to come together as a collective and into organisations like the EHPS (Hamilton & Hagger, 2014).

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