

An Approach to the Profile and Professional Practice of Pediatric Psychology at Federal Brazilian University Hospitals

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The purpose of this article is to portray the development and current situation of pediatric psychology in Brazil from a profile of psychologists and their professional practice at federal university hospitals. Method. Twenty-five pediatric psychologists from 11 different hospitals responded to an electronic questionnaire, available on the internet. The instrument includes questions on the level of professional training, time worked in the field, theoretical-philosophical basis, activities, techniques and resources used. Results. Pediatric psychologists appear to be primarily involved in assisting hospitalized patients, providing assistance of an individualized nature, in which they use a limited number of techniques and resources. Problems in the development of clinical practice and scientific research seem to be linked to a lack of professional training.

Keywords: pediatric psychology, Brazil, infant hospitalization.

El objetivo de este artículo es presentar El desarrollo y La situación actual de La psicología pediátrica em Brasil a través de um perfil de los psicólogos y de su práctica profesional em hospitales universitários federales. Método: venticinco psicólogos pediátricos de once diferentes hospitales respondieron a um cuestionario electrónico disponible em internet. El instrumento incluía cuestiones sobre El nivel de entrenamiento profesional, el tiempo que se había trabajado em este área, fundamentos teórico-filosóficas, actividades, técnicas y recursos utilizados. Resultados: los psicólogos pediátricos parecen estar implicados prioritariamente em asistir a pacientes hospitalizados, proporcionando asistencia de naturaleza individual, en la que usan um número limitado de técnicas y recursos. Los problemas en el desarrollo de la práctica clínica y la investigación científica parecen ligados a uma falta de entrenamiento profesional.

Palabras clave: psicología pediátrica, Brasil, hospitalización infantil.

Pediatric psychology in Brazil began in the 1970s with isolated initiatives by faculty and researchers in public universities, which became a part of hospital pediatric care for the development of clinical practice and research (Crepaldi, Linhares & Perosa, 2006).

Over time, the number of professionals working in the area has expanded gradually, especially in secondary and tertiary levels of health care (Crepaldi, Linhares & Perosa, 2006). This concentration of activities in the hospital environment reflects, on one hand, public health policies in Brazil, which, since the 1940s, have been centered on a clinical/welfare model (Castro & Bornholdt, 2004); and, on the other hand, the potentially adverse character of the infant illness and hospitalization experience, already well documented in the literature (Barros, 1999; Costa Junior et al., 2006; Drotar, Witherspoon, Zebracki, & Peterson, 2006; Roberts, 2003).

Scientific research activities in pediatric psychology have also expanded in the country, along with clinical practice. In a recent review of Brazilian literature, Doca (2009) pointed out an accelerated growth in scientific publications on topics relevant to pediatric psychology, especially over the last 10 years. A group of researchers affiliated with Brazilian public universities has strengthened this movement, which, starting in 2000, formed a Pediatric Psychology Research Group, a task force linked to the National Association for Research and Graduate Studies in Psychology (ANPPEP), with the goal of establishing contingencies for the development of integrated group activities (Zannon, 2004), in order to help develop pediatric psychology in Brazil and to maintain its consistency through scientific publications.

Public universities in Brazil play an important role in scientific advances in the country. Likewise, university hospitals (UHs) linked to these institutions are important to the development and improvement of health care actions and/or technology, and provide fertile ground for the development of health care, education, scientific research, and university extension (Brazil, 2007).

As such, the purpose of this study is to portray pediatric psychology in Brazil through a description of the profile of professional psychologists in public university hospitals, under the hypothesis that pediatric psychology services in these institutions are considered reference in the field, depicting UHs general status of development in Brazilian clinical practices in pediatric psychology.

Method

Considering the lack of studies that depict the development of pediatric psychology in Brazil, this study is exploratory, descriptive, quantitative and qualitative.

A non-probabilistic sample was taken at hospitals of (1) federal universities; (2) with pediatric care; and (3) with psychology professionals working in pediatrics.

The study was analyzed and approved by the Ethics Committee of the College of Health Sciences at the University of Brasilia (UnB), and all of the participants signed an informed consent form (ICF).

Data collection was conducted from April to October 2008 via a self-administered, electronic questionnaire developed specifically for this study, with 29 questions divided into three parts. This paper reports only the results of the first two. The first part was designed to collect data on the psychologists' profile (age, gender, educational level, length of experience in pediatrics, employment relationship with the hospital, job position, work hours, location/unit in which they work, and their theoretical-philosophical approach). The second part was designed to obtain details on their professional activities in pediatric units, the specific population with which they work, and the techniques, resources and frequency used.

Of the 44 federal Brazilian UHs, all met the criteria for inclusion and were contacted via e-mail or telephone for the purpose of identifying the psychologists in the institutions working in pediatrics. Eleven hospitals responded, at which 42 pediatric psychologists were identified; 25 responded to the entire questionnaire (54.3% response rate).

The identified psychologists were invited by e-mail to complete the self-administered, electronic questionnaire, hosted at <http://www.psicologiapediatrica.com.br>. The instrument was accessible only with the use of an individually assigned username and password, sent to each participant.

The data obtained were tabulated by the *Statistical Package for the Social Sciences (SPSS) for Windows*, version 13 and analyzed using various techniques, according to the type of variable. The questions with nominal variables were analyzed using descriptive statistical procedures, with frequency distribution. Open (descriptive) items on the questionnaire were analyzed using functional response categorization (organized according to the matters addressed by the participants).

Results

The results obtained from the 25 psychologists, UH referring to: (a) the profile of pediatric psychologists, and (b) their clinical practices.

Profile of Psychologists at Brazilian UH

Average Age. 38.8 ($SD = 8.9$; range = 25 to 53 years; variation coefficient = 23%). Of the 25 respondents, seven were under 30, and 14 (56% of the sample) were younger than 40.

Gender. Most participants were female ($n = 24$).

Education. Four psychologists held only a bachelor's degree, 21 had completed graduate studies, 10 were specialists, nine had their master's degrees and two had

obtained their doctorates. Only a bachelor's degree is required to practice professionally as a psychologist in Brazil. Accreditation is granted by the Ministry of Education with professional registration in the Federal Council of Psychology. Among the participants, 10 were currently studying, two in specialization, 5 in master's courses, and three were enrolled in doctoral programs.

Length of field experience. Seventeen psychologists (68%) had worked in the field for at least four consecutive years, and nine of these had more than 10 years experience in providing child care.

Employment relationship. Twenty-two were permanent staff, two had temporary professional service contracts, and one psychologist was a volunteer.

Job title/position. Most of the participants ($n = 20$) held technical positions (psychologist), four were educators, and one was volunteer.

Working hours. Seventeen psychologists devoted at least 30 hours per week in the pediatric unit (eight worked 40 hours; one worked 36 hours, and eight worked 30 hours). Six worked 20 hours and two participants worked 10 hours per week in pediatrics. The professional who provided services on a voluntary basis devoted 20 hours a week for activities in the pediatric unit.

Work location. Only three psychologists worked at only one location, 14 at two, and eight at three sites. Twenty-one were assigned to hospital infirmaries, 18 were in outpatient services, nine in emergency services, and seven elsewhere in the hospital (four in pediatric and/or neonatal ICUs, one in otorhinolaryngology, one in a surgical ward, and one in schools and day-care centers connected to the hospital). Among those who worked in only one location in the hospital, one worked in the infirmary, one in the pediatric and neonatal ICU, and one in otolaryngology. Those who worked in at least two distinct areas were distributed as follows: (a) 10 in the infirmary and outpatient services (two of whom worked in other locations, as well; one in the operating room, and another in schools and day-care centers connected to the hospital); (b) one in an infirmary and emergency room; (c) three in the infirmary and pediatric/neonatal ICU; (d) two in outpatient and emergency care; and, (e) six in the infirmary, outpatient and emergency care.

Theoretical and methodological approach. Among the participants, 19 reported using only one basic theoretical and methodological approach, five reported two approaches, and one reported the use of six different approaches. The most mentioned approaches were: psychoanalysis (10); behavioral psychology (3); humanist psychology (2); and existential psychology (2). The other approaches and/or their combinations were mentioned once each.

The Clinical Practice Profile of Psychologists at Brazilian UHs

Activities. All 25 professionals carried out psychological care activities (care provided directly to patients), 15 were

educators, 13 conducted or coordinated research activities (but only five participants had work published in scientific journals), nine reported engagement in consulting activities, and one worked in university extension.

Interventions. The psychologists reported performing various types of interventions, conducted primarily for care. The most mentioned in descending order are: individual psychological care (25), interdisciplinary consultation (22), intake (20), referrals to other professionals (18), supervision (16), group care (15), and psychological assessment (14).

Individual sessions were conducted primarily with the patients ($n = 24$), followed by attention to family members ($n = 23$), and health care team professionals ($n = 7$).

Twenty-two psychologists routinely engaged in interdisciplinary consultation with the multidisciplinary health team, with the following professionals: physicians ($n = 20$), social workers ($n = 15$), nurses ($n = 13$), nutritionists ($n = 11$), speech therapists ($n = 7$), physical therapists ($n = 5$), occupational therapists ($n = 5$), teachers ($n = 3$), and pharmacists ($n = 1$).

Referrals to other professionals were carried out by 18 psychologists to several specialists ($n = 20$), speech therapists ($n = 9$), social workers ($n = 8$), nutritionists ($n = 7$), teachers ($n = 3$), occupational therapists ($n = 3$), physical therapists ($n = 3$), other psychologists ($n = 3$), nurses ($n = 2$), and even lawyers ($n = 1$).

Supervision was mostly conducted with psychology students (15) and, to a lesser extent, with medical students (2).

Group meetings were conducted by 15 of the 25 participants, 11 with patients, 13 with family, and four with the team.

Finally, the assessment interventions, reported by 14 participants, encompassed one or more of the following topics: (a) general aspects of child development (motor, language, affection, socialization, cognition and personality); (b) neuro-psycho-emotional/behavioral aspects (psychodiagnostics, psychiatric examination, behavioral, psychological and emotional assessment, among others); (c) relational aspects (mother-infant bonding, relationships with the family and community); (d) issues related to the context of illness and health care (adaptation to the hospital, coping and adhering to treatment, emotional reactions); (e) specific assessment for invasive procedures (surgery and transplants); and (f) other issues (children with a history of sexual abuse and neglect).

Techniques. All 25 psychologists reported frequent use of the following techniques: listening ($n = 24$), orally provided information ($n = 23$), play care ($n = 21$), interview ($n = 21$), behavioral observation ($n = 19$), psychological preparation ($n = 19$), and psychotherapy ($n = 17$). Dramatization and visualization techniques were never used by 15 and 14 participants respectively.

Resources. Care protocols were the resources referred to as the most frequently used among the study participants ($n = 14$), followed by interview scripts ($n = 12$), group dynamics ($n = 7$) and guidelines ($n = 6$). In contrast, 12 psychologists reported never or rarely using psychological tests, scales and/or inventories.

Discussion

The results indicate that the actions of pediatric psychologists in federal UHs in Brazil appear to be centered on inpatient care, mostly on an individual basis, supported by a limited number of techniques and resources. This may indicate that the psychologists have little knowledge of other techniques, or, even, difficulty in implementing scientific knowledge available in the literature, in clinical practice.

The results also indicate that interventions are not always preceded by assessments, or, even when they are carried out, the aspects mentioned as the focus of the assessment are not often directly related to health and/or are vague or nonspecific.

Professionals were found to not use psychological tests, scales and/or inventories. This may reflect the psychologists' lack of awareness of these resources, or the difficulty that comes from the low number of such instruments being validated for the Brazilian pediatric population, or a lack of psychologist interest in developing standardized instruments.

Although involvement in scientific research activities is a skill both highly desirable and recommended in pediatric psychology (Roberts, 1993; Roberts, 2003; Spirito et al. 2003; Zannon, 2004), and federal university hospitals are potential field environments for this work, few pediatric psychologists referred to routine research activities. A gap was also observed between research and publication of results. Of the 13 psychologists which reported engaging in research, only five had published articles in scientific journals.

In general, these factors seem to point to gaps in the education of Brazilian pediatric psychologists, especially considering that, to this day, this specialty is not included in the curriculum of most Brazilian universities (Castro, 2007). A similar situation is observed in graduate studies, in which specific, federally accredited courses in the area were not found, however several projects have been related to psychology pertaining to matters of direct interest to the specific field of pediatric psychology. What has existed up till now, are isolated initiatives in structured professional internship programs and/or basic research in psychology.

Problems in the education of health psychologists, in general, have been pointed by several Brazilian researchers, including Yamamoto, Trindad and Oliveira (2002), and Castro and Bornholdt (2004). Education of psychologists acting in the health care field is deficient, both in terms

of developing practical actions, and developing applied research. This leads to theoretical and technical difficulties for professionals in building systematic actions that are potentially capable of being generalized and/or applied to other contexts, or assisting in the improvement of current interventions through specific indicators.

Finally, it must be noted that this study has limitations, due to its small sample size, allowing only hypotheses rather than conclusions on pediatric psychology's current status in Brazil. Pediatric psychology departments not profiled may differ from those in the sample.

As such, we suggest that broader and more detailed research be carried out, under other children and adolescents health care contexts, as well as, in person questionnaires, observation and direct interviews with professionals, to provide a more accurate view of pediatric psychology in Brazil.

Research to validate tests, scales and inventories for the Brazilian pediatric population, as well as studies that show the relationship between pediatric psychology care and results are recommended, which may assist in establishing protocols for practical action, preferably multicentric.

References

- Barros, L. (1999). *Psicologia pediátrica*. Lisboa: Climepsi.
- Brasil (2007). *Ministério da Educação / Secretaria de Educação Superior / Hospitais Universitários*. Web site: <http://portal.mec.gov.br/sesu/index.php?option=content&task=category§ionid=10&id=97&Itemid=301>, accessed 23/05/2007.
- Castro, E. K. (2007). Psicologia pediátrica: a atenção à criança e ao adolescente com problema de saúde. *Psicologia, Ciência e Profissão*, 27(3), 396-405.
- Castro, E. K. & Bornholdt, E. (2004). Psicologia da saúde x Psicologia hospitalar: definições e possibilidades de inserção profissional. *Psicologia, Ciência e Profissão*, 24(3), 48-57.
- Costa Junior, A. L., Coutinho, S. M. G., Prado, J. A., Viana, K. F., Ferreira, R. S. & Meió, C. A. (2006). A importância de atividades de recreação e sala de espera de unidade de onco-hematologia pediátrica. *Pediatria Moderna*, 42(3), 138-141.
- Crepaldi, M. A., Linhares, M. B. M. & Perosa, G. B. (2006). *Temas em psicologia pediátrica*. São Paulo: Casa do Psicólogo.
- Doca, F. N. P. (2009). A psicologia pediátrica em hospitais universitários brasileiros. *Dissertação de Mestrado*, Universidade de Brasília, Brasília, DF.
- Drotar, D., Witherspoon, D. O., Zebracki, K. & Peterson, C. C. (2006). *Psychological interventions in childhood chronic illness*. Washington: American Psychological Association.
- Roberts, M. C. (1993). Introduction to pediatric psychology: An historical perspective. In M. C. Roberts, G. P. Koocher, D. K. Routh & J. D. Willis (eds.). *Readings in Pediatric Psychology* (pp. 01-21). New York: Plenum Press.
- Roberts, M. C. (2003). *Handbook of pediatric psychology*. New York: The Guilford Press.

- Spirito, A., Brown, R. T., D'Angelo, E., Delamater, A., Rodrigue, J. & Siegel, L. (2003). Society of Pediatric Psychology Task Force Report: Recommendations for the training of pediatric psychologists. *Journal of Pediatric Psychology*, 28(2), 85-98.
- Yamamoto, O. H., Trindade, L. C. B. O. & Oliveira, I. F. (2002). O psicólogo em hospitais no Rio Grande do Norte. *Psicologia USP*, 13(1), 217-246.
- Zannon, C. M. L. C. (2004). *Grupo de Trabalho: Pesquisa em psicologia pediátrica, X Simpósio de Pesquisa e Intercâmbio Científico da ANPEPP*, Web site: <http://www.anpepp.org.br/index-grupoX.htm>, accessed 06/10/2008.

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