

Commentary: Benchmarks for Work Performance of Pediatric Psychologists

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In "Benchmarks for Work Performance of Pediatric Psychologists by Opiari-Arrigan, Stark, and Drotar (2005)" from a previous issue of the *Journal of Pediatric Psychology* (doi:10.1093/jpepsy/jsj068), the authors provide a timely update on the field and a challenge for the future. This is the first such benchmarking effort since the survey by Drotar and colleagues 11 years ago (Drotar, Sturn, Eckerle, & White, 1993). Clearly, the information provided suggests the need for benchmarking at more frequent intervals, possibly every 5 years. Although the response rate from full division members (45% returned and only 34% usable) was disappointing, the results, recommendations, and accompanying commentaries, challenge all of us to determine future goals/directions, identify needed resources, and guide strategic planning as a professional organization.

Over the past 11 years, the health care environment has changed dramatically. Concurrently, the Society of Pediatric Psychology, Division 54 of the American Psychological Association (APA), representing pediatric psychologists, has solidified its relationship with the American Academy of Pediatrics (AAP) working together as a team to set policy and advise members on key intervention and assessment guidelines (i.e., ADHD, violence/injury prevention, care for the dying child, website at www.aap.org/). There is a clear belief in the value of pediatric psychologists' involvement in the entire range of care from primary care to care of chronically ill children. Despite national discussions regarding health care reform, many of the nation's poor and disadvantaged are without health care benefits. During this same timeframe, the presence of psychologists in medical schools and academic health centers increased, and their influence broadened. Results from a national survey of psychologists in medical settings coordinated by APA in collaboration with the Association of Medical School Psychologists suggested that there are more than

3900 psychologists working in these settings since 1997 (Pate & Kohout, 2005). At the same time, managed care has altered billing procedures and payment for services rendered by psychologists, whereas resources for research funding have decreased significantly. Numerous articles (i.e., Rae, 2004) have addressed these issues elsewhere and for this reason will not be repeated here.

Despite the "erosion of the financial infrastructure that once supported hospital-based pediatric psychologists" described by Opiari-Arrigan and colleagues, most of the respondents to the current survey (63%) continue to work in a hospital setting. This speaks to the solid base of support for the contributions of pediatric psychologists by medical colleagues and administrators. Two-thirds of this hospital-based group report being on an academic track, with one-third actually holding tenure track appointments. Given then that over one-third of the respondents are in nonacademic medical settings, the relative value of the academic track versus nonacademic appointments for pediatric psychologists for income, job flexibility, mobility, and quality of life is unclear. Although this was beyond the scope of the current survey, future benchmarking efforts should explore this issue, especially given the numbers of pediatric psychologists in nonacademic positions.

Interestingly, the current survey documents a change in salary for those in research versus clinical positions once they achieve associate professor status. Initially, those with clinical appointments make slightly higher salaries than those in research positions, but the shift begins at the associate professor level, with an even more dramatic difference at full professor. However, the respondents in these categories were small in number, thereby limiting specific conclusions that might be made. Length of time in position may also explain this salary difference and should be included in subsequent surveys. Further differentiating tenure line faculty from

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nontenure accruing or clinical faculty versus salaries of full-time nonacademic clinicians in hospitals versus independent practice would add to the information and understanding of career trajectories. Similarly, with the increase in PsyD providers, are there differences in work-life and salary for these cohorts who may have been differentially prepared? A better understanding of these differences might be helpful in guiding decisions regarding career path. Although patient care was the largest source of revenue for 83% of the respondents, research activity was a strong second (over one-half of those surveyed). This supports the value placed by the Society of Pediatric Psychology on a scientist–practitioner model of training. In addition, the strongest factors affecting the compensation for individual respondents were research based (i.e., federal grants, academic productivity), with similar factors considered for performance expectations (i.e., number of publications, hours teaching, number of grants). The current survey does not elucidate whether there are salary bonuses provided for increased research funding or increased clinical collection or both. This information would assist in establishing national benchmarks for departmental chairs to use in negotiating with hospital Chief Executive Officers and/or Deans and would likewise guide faculty and/or clinicians in their own salary negotiations.

Consistent with the Association of Medical School Psychologists 2003 survey of health psychologists in general (Pate & Kohout, 2005), female pediatric psychologists were compensated less than their male counterparts (with the exception of entry level positions). This gender-based salary disparity is troubling, especially in light of the increasing numbers of women in the field and specifically with pediatric psychologists. However, these data may simply reflect that younger women entering the field are indeed being compensated equally while more senior women still suffer from years of glass ceilings. Whether there are differences in academic versus clinical positions as a function of gender is unclear and would be of interest. Further, whether this state of affairs is associated with individual decision-making (i.e., the need for balance between career and family or geographic consideration; dependence on grant funding reducing overall income) is still unclear.

Recommendations for the Future

A commitment should be insured to periodic benchmarking reviews for the field of pediatric psychology, and possibly in collaboration with APA and AMSP to obtain comparative data for pediatric psychology within

the context of psychologists in general and health psychologists in particular. The data should be broadened by using longitudinal data collection to track members. Future benchmarking should be incorporated into a wider project that helps psychologists understand the pediatric psychology workforce and society's need for our research and services. One model is that provided by a series of surveys conducted with clinical neuropsychologists through Division 40 (APA, Neuropsychology) and the National Academy of Neuropsychology (NAN) that have compared practice issues across settings, board certification status, and other factors (Sweet, Peck, Abramowitz, & Etzweiler, 2002) that may help us better understand career trajectories, challenges, and opportunities.

Factors need to be explored that contribute to the salary differences between men and women to alter this imbalance, taking into consideration special issues such as time-off for child/family responsibilities. Although respondents in the current survey suggested only minimal variability in salary satisfaction across gender, setting, and academic appointment, further clarification of what contributes to quality of professional life would be helpful. In addition, a broader sample of respondents will hopefully provide sufficient data for individuals to argue for equal compensation between genders. While it is important to benchmark Division 54 members and their activities, this might be sampling only the “choir” and thus, future surveys should reach out to pediatric psychologists who are not members of the Division to determine if there are differences as a function of division membership.

The next benchmarking survey should be broadened to include questions designed for students, interns, and postdoctoral fellows in the field to ascertain a snapshot of their ideals and hopes for their careers. Their views about the future can help determine priorities for the field and the Society of Pediatric Psychology (Division 54). Similarly, it would be useful to know student funding at each level of training and debt-load upon completion of training to understand the type of training that impacts these issues.

Pediatric psychology should develop working models for mentorship across the professional life span to insure satisfying career decisions, access to successful research and clinical career paths, and guidance through difficult settings. This is particularly important in physician-driven environments such as medical schools or academic health settings (Garcia-Shelton & Leventhal, 2005). As noted by King and Cubic (2005), mentorship within health systems is particularly important to

women who continue to be underrepresented on faculties and within senior leadership at these health systems. The inclusion of benchmarking questions in future surveys that are focused on training, training satisfaction, and needs assessment of mentorship across all levels of professional development will help the field plan for its continued growth and development.

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