

**The subjective experience of a group of South African psychologists regarding the HPCSA and the ethical code**

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Dissertation submitted in partial fulfilment of the requirements for the degree Magister Artium in Research Psychology at the Potchefstroom Campus of the North-West University

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## SUMMARY

**Keywords:** subjective experiences, HPCSA, ethical code, ambiguous relationship, negative view

The profession of psychology in South Africa has not always been regulated by a statutory body such as the Health Professions Council of South Africa (HPCSA). Currently, the profession of psychology is regulated by the HPCSA and psychologists and the HPCSA find themselves in a lawful and interminable relationship. The HPCSA's motto is to protect the public and to guide the profession, but it was questioned whether psychologists actually experience guidance from the HPCSA. In response to this problem, this study aimed to explore the subjective experiences of a group of South African psychologists regarding the HPCSA as well as the ethical code which serves as a guideline for the conduct of psychologists. This study made use of a sequential mixed method design, which comprised of a qualitative phase followed by a quantitative phase. All participants in this study were qualified psychologists. Seven participants took part in the qualitative phase and 74 participants took part in the quantitative phase. The data from the qualitative phase was grouped into broad categories and served as the basis for compiling a questionnaire for the quantitative phase. After collecting the completed questionnaires, the data was read into SPSS (Statistical Package for the Social Sciences), which was used for the statistical analysis of the data. The data was analysed by means of frequency distributions and mean scores. During the analysis of the data, six themes were identified: five regarding the HPCSA as the regulator of psychology and one regarding the ethical code that guides the conduct of psychologists. The themes include "guidance and mentorship", "the HPCSA as a watchdog", "the HPCSA's motive", "reverence that psychologists have for the HPCSA", "the competence of the HPCSA" and "psychologists' view on the ethical code". The results indicated that an ambiguous relationship exists between this group of psychologists and the HPCSA, as these two entities seem to function separately. Generally, psychologists who took part in this research have a negative view towards the HPCSA, although they realise the necessity for the HPCSA as a regulating body for psychology. The recognition of this need is a platform for a workable relationship between psychologists and the HPCSA. The participants provided less detail and responded more neutral regarding their views on the ethical code, and it is concerning that quite a number of psychologists indicated that they did not know the code. This study concludes with recommendations for the HPCSA to be more approachable and to provide psychologists with more support.

## OPSOMMING

**Sleutelwoorde:** subjektiewe ervaring, HPCSA, etiese kode, kommerwekkende verhouding, negatiewe siening

Die sielkundeprofessie in Suid-Afrika was nie altyd gereguleer deur 'n statutêre liggaam soos die Health Professions Council of South Africa (HPCSA) nie. Tans word die sielkundeprofessie deur die HPCSA gereguleer en sielkundiges en die HPCSA bevind hulself in 'n wetlike en onlosmaaklike verhouding met mekaar. Die HPCSA se motto is om die publiek te beskerm en om die professie te lei, maar vrae het begin ontstaan of sielkundiges wel leiding van die HPCSA af beleef. In reaksie op hierdie probleem het hierdie studie ten doel gehad om die subjektiewe ervarings te ondersoek van 'n groep Suid-Afrikaanse sielkundiges rakende die HPCSA en rakende die etiese kode wat dien as 'n riglyn vir die gedrag van sielkundiges. Die studie het gebruik gemaak van 'n opeenvolgende, gemengde metode wat bestaan het uit 'n kwalitatiewe fase gevolg deur 'n kwantitatiewe fase. Al die deelnemers aan hierdie studie was gekwalifiseerde sielkundiges. Sewe deelnemers het deelgeneem aan die kwalitatiewe fase en 74 deelnemers aan die kwantitatiewe fase. Die data verkry uit die kwalitatiewe fase is gegroepeer in breë kategorieë en het gedien as 'n basis om 'n vraelys vir die kwantitatiewe fase saam te stel. Na die versameling van die kwalitatiewe data is die data in SPSS (Statistical Package for the Social Sciences) ingelees. Die data is geanaliseer deur gebruik te maak van frekwensietabelle en gemiddeldes. Gedurende die analisering van die data is ses temas geïdentifiseer: vyf rakende die HPCSA as reguleerder van sielkunde en een rakende die etiese kode wat die gedrag van sielkundiges rig. Die temas sluit in “leiding en mentorskap”, “die HPCSA as 'n waghond”, “die HPCSA se motief”, “ontslag wat sielkundige vir die HPCSA het”, “die bevoegdheid van die HPCSA” en “sielkundiges se siening van die etiese kode”. Die studie het bevind dat daar 'n kommerwekkende verhouding tussen hierdie groep sielkundiges en die HPCSA bestaan, en dat daar in sommige areas nie goeie samewerking voorkom nie. Oor die algemeen het sielkundiges wat deelgeneem het aan hierdie navorsing 'n negatiewe siening van die HPCSA, hoewel hulle die noodsaaklikheid van die HPCSA as 'n regulerende liggaam vir sielkunde besef. Hierdie besef is 'n belangrike basis waarop 'n werkbare verhouding tussen sielkundiges en die HPCSA bewerkstellig kan word. Sielkundiges het meer neutraal gerespondeer en minder besonderhede verskaf rakende hul siening oor die etiese kode, maar 'n kommerwekkende aantal sielkundiges het aangedui dat hulle nie die etiese kode ken nie. Die sluit af met voorstelle vir die HPCSA om meer toeganklik te wees en om meer ondersteuning te bied aan sielkundiges.

## **PREFACE**

### **Article format**

This mini-dissertation will be presented in the article format described in General Regulation a 13.7 of the North-West University.

### **Selected journal**

The journal selected for publication of this article is the South African Journal of Psychology. The manuscript, reference list and tables and figures were styled to meet the journal's specifications.

### **Page numbering**

For the purpose of examination, the pages will be numbered sequentially from the title page to the last page. For the purpose of publication, the numbering will follow the requirements of the South African Journal of Psychology.

### **Letter of consent**

We, the co-authors, hereby give consent that Pieter van der Merwe may submit the manuscript entitled "The subjective experience of a group of South African psychologists regarding the HPCSA and the ethical code" for the purposes of a mini-dissertation. It may also be submitted to the South African Journal of Psychology for publication.

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Prof Esmé van Rensburg  
Supervisor

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Dr Marietjie du Toit  
Co-supervisor



## INSTRUCTIONS TO AUTHORS



South African Journal of Psychology

Information for

### Contributors

#### Submission of a manuscript

SAJP is a peer-reviewed journal publishing empirical, theoretical and review articles on all aspects of psychology. Articles may focus on South African, African or international issues. Manuscripts to be considered for publication should be e-mailed to [sajp@up.ac.za](mailto:sajp@up.ac.za). A covering letter with postal address, e-mail address, and telephone number should be included. The covering letter should indicate that the manuscript has not been published elsewhere and is not under consideration for publication in another journal. An acknowledgement of receipt will be e-mailed to the author (within seven days, if possible) and the manuscript will be sent for review by three independent reviewers. The manuscript number must always be quoted in ALL correspondence to the editor.

Only one article per author will be published per calendar year. Exceptions to this rule will be at the sole discretion of the editor (with the associate editors) in the case of an exceptional article that needs to be published, a special issue where the specific article will make a significant contribution, or a written response to a *riposte*, etc.

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#### Manuscript structure

Manuscripts (including references and tables) should be no longer than 20 pages (5 000 words), and must include the full title of the manuscript, the name(s) of the author(s) and their affiliations, and the name, postal address, and e-mail address of the corresponding author.

An abstract, no longer than 300 words, and an alphabetical list of at least six keywords should be provided. The introduction to the article does not require a heading. Tables and figures, with suitable headings/captions and numbered consecutively, should follow the reference list, with their approximate positions in the text indicated.

The manuscript should be an MS Word document in 12-point Times Roman font with 1.5 line spacing. The American Psychological Association (APA, ver. 6) style guidelines and referencing format should be adhered to.

#### Short submissions

SAJP invites short reports on any aspect of theory and practice in psychology. We encourage manuscripts which either showcase preliminary findings of research in progress or focus on larger studies. Reports (of no more than 2 500 words) should be presented in a manner that will make the research accessible to our readership.

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Authors should take great care to spell out the steps taken to facilitate ethical clearance, i.e. how they went about complying with all the ethical issues alluded to in their study, either directly or indirectly, including informed consent and permission to report the findings. If, for example, permission was not obtained from all respondents or participants, the authors should carefully explain why this was not done.

**MANUSCRIPT FOR EXAMINATION PURPOSE: The subjective experience of a group of South African psychologists regarding the HPCSA and the ethical code**

**The subjective experience of a group of South African psychologists regarding the HPCSA and the ethical code**

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## **ABSTRACT**

Psychologists and the HPCSA find themselves in a lawful and interminable relationship. The HPCSA's motto is to protect the public and to guide the profession, but it was questioned whether psychologists actually experience guidance from the HPCSA. This study aimed to explore the subjective experiences of a group of South African psychologists regarding the HPCSA as well as the ethical code which serves as a guideline for the conduct of psychologists. This study made use of a sequential mixed method design, which comprised of a qualitative phase followed by a quantitative phase. During the analysis of the data, six themes were identified: five regarding the HPCSA as the regulator of psychology and one regarding the ethical code that guides the conduct of psychologists. The results indicated that an ambiguous relationship exists between psychologists and the HPCSA, as these two entities seem to function separately. Generally, the participating psychologists in this study express a negative subjective view towards the HPCSA, although they realise the necessity of the HPCSA as a regulating body for psychology. The realisation of this need provides a basis for establishing a workable relationship between psychologists and the HPCSA. The participants provided less detail and responded more neutral regarding their views on the ethical code. The number of psychologists who indicated that they did not know the code is cause for concern. The study concludes with recommendations for the HPCSA to be more approachable and to provide psychologists with more support.

**KEYWORDS:** subjective experiences, HPCSA, ethical code, ambiguous relationship, negative view

## INTRODUCTION

Psychology is a profession that falls under the guardianship of the Health Professions Council of South Africa. A profession, as defined by Davis (1996), is a number of individuals voluntarily organised to earn a living by serving some moral ideal in a way beyond what law, market and morality require. In order to join a profession, an individual must obtain a license to practice in a legal way. The license to practice subjects the individual to a set of standards that are designed to be morally permissible (Pelkie, 2003).

The South African Psychological Association (SAPA) was founded in 1948 and they published their first ethical code, the Digest of Ethical Standards, in 1955. However, this code was informal and SAPA was not a statutory body; therefore no structure existed to enforce the ethical conduct of psychologists. Ethics started to feature in psychology in the 1950s (Louw, 1993a) and the first complaint against a psychologist was documented in 1954/5, but no action was taken against the psychologist in question because there was no ethical code at that stage. Most complaints at that point were discussed via telephone and resolved in an informal manner (Louw, 1997a). In 1955, statutory regulations made it possible for clinical psychologists to register with the South African Medical and Dental Council (SAMDC), but there was still no existing council specifically for psychologists (Louw, 1993b). Only non-statutory organisations regulated the profession. The Psychological Institute of the Republic of South Africa (PIRSA) was founded in 1962. Psychology only acquired legal status as an independent professional occupation after the promulgation of Act 56 of 1974 (Wassenaar, 1998a). Prior to 1974, psychologists could not formally register, and there was therefore no institution which had the competency to subject psychologists to a disciplinary system, although there were already ethical codes which guided the conduct of psychologists. These ethical codes developed out of tradition and customs (Louw, 1993a), and whether a psychologist would honour the codes or not depended on how important he/she regarded these traditions and customs.

In 1977, the South African Society of Clinical Psychology was founded after psychologists felt that they were faced with ethical dilemmas that were not covered by their code of ethics at the time (Wassenaar, 1998a). The Psychological Association of South Africa (PASA) was founded in 1982 through a merger of existing institutions in South Africa (Wassenaar, 1998a). The first version of the South African Principles of Clinical Psychologists was published in 1985 (Steere & Wassenaar, 1985) and the first ethics committee of the PASA was founded in 1988. In 1994 the Psychological Society of South Africa (PsySSA) was formed, also as a non-statutory body (PsySSA, 2007). The promulgation of the Medical, Dental and Supplementary Health Services Act (Act 56 of 1974) made provision for disciplinary actions against psychologists, and in an

attempt to establish ethical guidelines, the first ethical code of conduct specifically for psychologists was established by Regulation R1856 in 1977 (Louw, 1997b). For part of the history of psychology in South Africa, no formal constitution regulated the conduct of psychologists.

Currently, the profession of psychology in South Africa is regulated by the Health Professions Council of South Africa (HPCSA), which is a statutory body. The HPCSA states their motto on their website and their letterheads as “Protecting the public and Guiding the Profession” and explains that they achieve this mission by formulating and regulating the standards for professional education, training and practice. The Council claims to achieve these standards through transparency, integrity and consultation, while being cognisant of the unique South African context and international perspectives (HPCSA, 2007b). The Council also sets minimum standards for education and training for registration to ensure the protection of the public. It is expected of psychologists to keep track of the development of these standards and the ethical code and to have knowledge and insight regarding ethical principles – the HPCSA therefore has certain expectations of psychologists. While it seems that the HPCSA succeeds in protecting the public, the question is raised whether they succeed in guiding the profession. Elkonin and Sandison (2006) found that some graduates had difficulty interacting with the HPCSA, and that they for example received inefficient responses to their requests and that they experienced that they were left in the dark. Similar results were found by Abel and Louw (2010), who found counsellors to be dissatisfied with the Professional Board of Psychology, particularly because they experienced it as unhelpful and inefficient.

Psychologists are dependent on the HPCSA to guide them – especially in terms of the controversial and high-risk domain of ethical behaviour. The publication of papers on ethics has increased dramatically, and particularly so in the last 30 years (Welfel, 2002) indicating the importance of ethics and research on ethics. The HPCSA as a guiding organisation is therefore of paramount importance and it is equally important that psychologists experience their statutory organisation as approachable and indeed “guiding”. This research therefore aims to firstly establish the subjective experiences of South African psychologists regarding the HPCSA in terms of the effectiveness with which they accomplish their function and goal, and secondly to determine psychologists’ view regarding the ethical code.

## **METHOD**

### **Research Design**

A mixed-method sequential design was followed, which included both a qualitative phase and a quantitative phase. This method also refers to the context in which qualitative research is employed to develop a quantitative questionnaire (Bryman, 2006). Key strengths in mixed-method research are reflected in the emphasis placed on diversity and integration (Eriksen *et al.* 2011). A mixed-method study can also enhance the validity and reliability of research findings (Hesse-Biber, 2010). The qualitative phase made use of semi-structured interviews with open-ended questions and the results were analysed to form the basis for instrument development. The quantitative phase involved data collection through a questionnaire which included scale questions and open-ended questions.

### **Sampling**

During the qualitative phase, an availability sample was used in order to conduct seven in-depth interviews with participants. The purpose of these interviews was to obtain information regarding psychologists' subjective experience of the HPCSA and the code in order to develop a questionnaire that could be used for a broader population.

During the quantitative phase, probability sampling was used to select 400 psychologists from the HPCSA's 2006 register. The reason for using probability sampling was to achieve representativeness in the sample, to accurately represent the entire psychologist population (Teddlie & Yu, 2007). The study yielded a total of 74 completed questionnaires, however, as it will be noticed in the tables, not all questions were answered by all the participants, which at times yielded observations of 71, 72, and 73 at certain questions

### **Participants**

All participants in this research in both the qualitative and quantitative phase were qualified psychologists in one or more of the five different fields of psychology and are registered with the HPCSA. During the qualitative phase, four male and three female participants between the ages of 27 and 57 were interviewed. The participants' experience as practicing psychologists ranged between three years and 25 years. Three of the participants had doctorate degrees and four had master's degrees. During the quantitative phase, most participants were female (70.3% of the sample) and males accounted for 29.7% of the sample. The majority

of participants were 40 years of age or older (62.2%), followed by participants between 30 and 39 years of age (24.4%), and then participants between 20 and 29 years of age (12.2%). One participant (1.4%) did not provide his/her age. 44.6% of participants had been practising psychology for less than 10 years, 33.8% for more than 10 years and 21.6% for more than 20 years. The largest portion of participants were from Gauteng (36.5%), followed by the Western Cape (18.9%), KwaZulu-Natal (16.2%), Free State (10.8%), North West (5.4%), Eastern Cape (5.4%), Northern Cape (4.1%) and Mpumalanga (2.7%). 81.1% of participants had a qualifying master's degree and 18.9% had a qualifying doctorate degree.

### **Data gathering**

The mixed-methods sequential design involves two distinct phases: a qualitative phase followed by a quantitative phase. During the qualitative phase, personal interviews consisting of open-ended questions were conducted with seven psychologists. This availability sample comprised psychologists who had been informed of the purpose of the study and agreed to participate. They also gave permission for the transcription of the interviews.

A qualitative analysis of themes was conducted from the interview transcriptions and the results were used in the quantitative phase to develop a Likert scale questionnaire to gauge psychologists' views regarding various statements. The Likert scale can be used to measure attitudes by assessing the level to which a respondent agrees or disagrees with a statement (McKenna, 2000). The scale used in this study ranged from 1 to 5, where 1 = completely agree, 2 = agree, 3 = neutral, 4 = disagree and 5 = completely disagree. The questionnaire makes provision for open-ended questions, where respondents are free to express their opinion regarding certain aspects in an unstructured manner. The questionnaire was mailed to the randomly selected participants (n= 400) together with an information letter and return envelope. An information letter informed the respondents about the purpose and nature of the study. It was also explained that the results would be handled with anonymity and confidentiality. A total of 74 completed questionnaires were received.

### **Ethical aspects**

Ethical approval was obtained from the Ethics Committee of the North-West University, Potchefstroom Campus: nwu0018-07-58. All ethical considerations were taken into account and the rights, values, and anonymity of participants were ensured. Informed and voluntary participation was ensured and the participants could withdraw from the research at any time. No physical or emotional risks were involved.

## **Analysis of data**

The data from the qualitative phase was grouped into broad categories and served as the basis for the compilation of a questionnaire for the quantitative phase. After collecting the completed questionnaires, the data was read into SPSS (Statistical Package for the Social Sciences), which was used for the statistical analysis of the data. The data was analysed by means of frequency distributions and mean scores.

## **RESULTS**

The items on the questionnaire that share common attributes were grouped into representing themes. These themes included “Guidance and mentorship” (which refers to the HPCSA as an organisation that provides support to psychologists); “the HPCSA as a watchdog” (referring to the way in which the HPCSA oversees the practice of psychology); “the HPCSA’s motive” (exploring the underlying driving force of the HPCSA); “the reverence that psychologists have for the HPCSA” (aspects of the way in which psychologists regard the HPCSA); “the competence of the HPCSA” (which refers to the ability of the HPCSA to perform their tasks); and “psychologists’ view on the code of ethics” (exploring some aspects that relate to the ethical code of conduct). Open-ended questions are quoted to substantiate the research results. Reference to the relevant table or figure follows after each result or group of results have been reported.

### **Guidance and mentorship**

The HPCSA sees its role as that of guiding the profession. Table 1.1 presents the extent to which psychologists experience the HPCSA as fulfilling a guiding role and as acting in a mentoring capacity.

According to the results, 59.5% of the respondents do not believe that the HPCSA is serious about protecting them (39.2% disagree and 20.3% disagree completely), nor do they feel that the HPCSA cares about their needs and interests (32.4% disagree and 27% disagree completely). The mean score for both these statements is 3.7, which indicates that psychologists tend to disagree with these statements. Responses included the following statements:

“They give the impression that they don’t really care about what happens to us.”

“... does not consider the needs of psychologists”

“They do not protect the psychologists, only the public.”

There is a more even distribution between psychologists who believe that the HPCSA provides good and reasonable guidelines (33.8%, of which 5.4% agree completely and 28.4% agree) and those who do not (39.2 %, of which 27.9% disagree and 9.5% disagree completely). An almost neutral mean score of 3.1 is reported. Most of the participating psychologists (61.6%, of which 30.1% disagree and 31.5% disagree completely) believe that the HPCSA does not provide practical solutions to problems that they encounter in practice. Only a very small percentage (6.8%) are of the opinion that they do provide practical solutions, while 31.5% remain neutral in this regard. A mean score of 3.9 indicates the strong inclination of psychologists to disagree. The majority of psychologists in this study (60.3%, of which 31.5% disagree and 28.8% disagree completely) disagree that the HPCSA is an institution where they can ask for help. A fifth (20.5%) of this group of psychologists believe that they can ask the HPCSA for help, while a fifth (19.2%) remain neutral. A mean score of 3.7 was recorded, which indicates that the HPCSA is not viewed as an institution where members can ask for help. 46.6% of respondents do not feel free to approach the HPCSA with issues that they experience (32.9% disagree and 13.7% disagree completely). 28.8% agree that they feel free to approach the HPCSA (1.4% agree completely and 27.4% agree) and 24.7% remain neutral in this regard. A mean score of 3.3 indicates that psychologists are slightly more inclined to disagree. More than two thirds (67.5%, of which 43.2% disagree and 24.3% disagree completely) of psychologists do not regard the HPCSA as user-friendly. Only 10.9% (1.4% agree completely and 9.5% agree) believe that the HPCSA is user-friendly, while 21.6% chose not to express an opinion in this regard. A mean score of 3.8 indicates a strong tendency for psychologists to disagree with the statement that “the HPCSA is user-friendly”.

[Insert table 1.1]

When psychologists are faced with an ethical issue, almost all (98.6%) turn to their colleagues for help (Table 1.2). Almost three quarters (74.3%) also consult the ethical code, while just more than half (54.1%) use literature and/or the internet. Only 17.6% of the respondents turn to the HPCSA when they are faced with an ethical issue. This begs the question as to why members of a professional organisation choose to make use of other resources. Other responses (14.9%) include reference to other professions or organisations, like insurance companies, the Medical Protection Society and attorneys or other legal practitioners.

[Insert table 1.2]

Furthermore, the participating psychologists do not believe that their interests are being protected by the HPCSA. To the question “Does the HPCSA protect your interests?”, 65.8% of the participants responded negatively, while 34.2% indicated that they believe their interests are being protected.

The feeling among this group of psychologists (57.6%) is that they cannot rely on the HPCSA to provide them with guidance and important information. 16.4% were of the opinion that they can rely on the HPCSA to a limited or large extent (12.3% and 4.1% respectively), while 26% remain neutral. A mean score of 3.6 is reported, which indicates that psychologists by and large feel that they cannot rely on the HPCSA.

There is very little interaction between psychologists and the HPCSA during any given year. 39.2% of the respondents have contact with the HPCSA only once a year, 25.7% have contact twice a year, 27% have contact four times a year and the remaining 8.1% contact the HPCSA on a monthly basis.

### **The HPCSA as a watchdog**

The term “watchdog” is used to describe the HPCSA in their role of exercising control or authority over psychologists and the psychology profession. The results are presented in table 2. Psychologists tend to be more neutral regarding statements that deal with this theme, as is evident from the high percentage of neutral responses.

44.6% of the respondents disagree with the statement that the HPCSA is set on pursuing them (of which 32.4% disagree and 12.2% disagree completely), as opposed to 21.6% of the respondents who agree (of which 5.4% agree completely and 16.2% agree). The mean score is slightly higher than the midpoint at 3.3, which indicates that psychologists disagree with this statement. However, the results for this group of participants show that most psychologists (52.1%) view the HPCSA as intimidating, since 15.1% agree completely and 37% agree with this view. This percentage is twice as high as for those who do not share this view (26%, of which 23.3% disagree and 2.7 disagree completely). This is also the theme on which the participants are most outspoken, seeing that only 21.9% of respondents expressed a neutral response. The mean score is calculated as 2.6, which indicates that psychologists agree with this statement that “the HPCSA is intimidating”. The open-ended questions yielded the following responses:

“Their weaknesses are bullying, intimidation, arrogance, inability to listen to anyone.”

“The tendency for the Board to operate from an ivory tower is a weakness.”

“A reputation of not [standing] up for psychologists, but trying to put us down.”

Intimidation is defined as making someone timid or to fill someone with fear and this can have far-reaching implications. Psychologists are quite divided on the issue of fear of the HPCSA, with 33.8% admitting to be afraid of the HPCSA (8.1% agree completely and 25.7% agree) and 39% dismissing this notion (25.7% disagree and 13.5% disagree completely). The mean score indicates an almost neutral stance at 3.1.

A similar trend is observed with regard to whether psychologists are being treated fairly by the HPCSA. 30.6% believe that this is the case (5.6% agree completely and 15% agree), 31.9% do not have an opinion and 37.5% believe they are not being treated fairly (27.8% disagree and 9.7% disagree completely). A mean score of 3.1 is reported. The most neutral result with regard to this theme is the issue of whether psychologists are being prosecuted for insignificant matters: 40.5% of the participants opted not to express an opinion on this issue. A quarter (25.7%) of the sample believes that psychologists are being prosecuted for insignificant matters (2.7 agree completely and 23% agree); however, a larger proportion (33.8%) believes that this is not the case (27% disagree and 6.8% disagree completely). An almost neutral mean score of 3.1 is reported.

[Insert table 2]

### **The HPCSA's motive**

This theme relates to the credibility of governing structures and aimed to explore how psychologists view the intention of the HPCSA. The results are presented in table 3.

62.2% of participating psychologists believe that the HPCSA acts in own interest (23% agree completely and 39.2% agree), compared to only 14.9% who disagree with this statement. The mean score is calculated at 2.3, which indicates that psychologists tend to agree that the HPCSA acts in own interest. Approximately half of the participants (50.7%) view the HPCSA as money-orientated (16.4% agree completely and 34.3% agree), whereas 12.3% have the opposite view (9.6% disagree and 2.7% disagree completely) and 37% have no opinion on the matter. Overall, the participants agree that the HPCSA is money-orientated, as is confirmed by the means score of 2.5. Responses to the open-ended questions shed more lights on these viewpoints:

“It would appear that they are more money orientated than service driven.”

“... money-making machine ...”

The majority of this group (59.2%) are of the opinion that there is unnecessary political interference in the HPCSA (32.4% agree completely and 26.8% agree), while only 7% disagree with this statement (5.6% disagree and 1.4% disagree completely). Approximately a third of these psychologists (33.8%) chose not to express an opinion. The psychologists' ratings amount to a mean score of 2.2 and the interpretation can be made that the respondents are of the opinion that there is unnecessary political interference in the HPCSA. Some psychologists stated that:

“... behind the scenes, politics is a major issue.”

“There are a lot of internal politics.”

“... too concerned with power and politics ...”

“... too bureaucratic ...”

The results for this theme indicate that the respondents either agree with the statements or express no opinion on the statements – very few respondents disagree with the statements. This is not a reflection of the actual situation in the HPCSA, but of the *perceptions* that psychologists have of the HPCSA. These perceptions will undoubtedly influence the relationship between the two parties.

[Insert table 3]

### **Reverence that psychologists have for the HPCSA**

Reverence refers to how psychologists regard the HCPCSA and gives an indication of the positioning of the HPCSA in psychologists' minds.

There is no doubt that psychologist realise the necessity for governing structures like the HPCSA. The vast majority of the respondents (86.4%) disagree with the notion that there is no need for an entity like the HPCSA (37.8% disagree and 48.6% disagree completely). Only about one in ten (9.5%) of the participating psychologists agrees with this statement. A mean score of 4.2 further illustrates that most psychologists disagree with this statement; thus it may be concluded that the majority regards the HPCSA as a necessary institute. These results are also reflected in the open-ended questions:

“We need a governing body of some sort.”

“It is entirely set up to ensure professional practice of psychologists in South Africa. I think the intention is great, and this goes some way to [constantly reminding] psychologists that we are human and can make mistakes.”

“I believe an organising body such as the HPCSA is essential and necessary.”

While the overall results of the questionnaire indicated that the participants often opted not to express an opinion but to remain neutral, only 4.1% chose to be neutral in this case. This again illustrates the strong feeling these participants have about the existence of the HPCSA. Despite the mostly negative feedback regarding the HPCSA thus far, the results for this question confirms the need for the HPCSA and this realisation can serve as a foundation for establishing a workable relationship between the psychologist and the HPCSA.

[Insert figure 4]

In response to a question regarding trust, only 10.8% of the respondents indicated that they really trust the HPCSA (2.7% have the utmost trust and 8.1% have a great deal of trust in the HPCSA), 36.5% have an average amount of trust in the HPCSA and 52.7% do not have a fair amount of trust in the organisation (31.1% have little trust in the HPCSA and 21.6% have no trust in the HPCSA). The mean score of 3.6 is indicative of a lack of trust among the participants in the HPCSA. Trust has long been regarded as an important factor in establishing relationships. The lack of trust in the HPCSA is concerning and will undoubtedly have an impact on the relationship between psychologists and the HPCSA.

In terms of appreciation, 60.8% of psychologists do not have appreciation for the way the HPCSA do their work, as opposed to the 39.2% who do. With regard to registration, 52.1% would register with the organisation of their own account and 47.9% would not register with the HPCSA out of their own free will.

### **The competence of the HPCSA**

Questions pertaining to how effectively the HPCSA operates indicated that 43.9% of the respondents believe the HPCSA to be incompetent to perform its duties (15.1% find the organisation very incompetent, and 28.8% find it incompetent). Only 13.7% of the respondents view the HPCSA as competent to perform their duties, while a large portion of psychologists chose not to express an opinion (42.5%). A mean score of 3.4 is reported, which is largely attributed to the high percentage of neutral ratings by psychologists. This mean

score leans slightly to one pole of the scale, indicating that most of the psychologists in this study view the HPCSA as incompetent.

The theme of competence was explored further and it was found that just more than half of this group of psychologists (51.4%) agree to some extent that the payment of their membership fees and registration is processed efficiently (10.8% agree completely and 40.5% agree). 35.1% do not share this view (20.3% disagree and 14.9% disagree completely), while a relatively small percentage (13.5%) remains neutral. These scores amount to a relatively neutral mean score of 2.9. A vast majority of 81.1% of the respondents agree that telephone calls to the HPCSA take too long (52.7% completely agree with this statement and 28.4% agree). 13.5% remain neutral in this regard and 5.4% disagrees. The mean score is calculated at 1.7, which indicates a high tendency for psychologists to agree with this statement.

67.5% of the respondents believe that the HPCSA is not well organised (35.1% disagree and 32.4% disagree completely), which is a markedly higher percentage than the 12.2% who believe the HPCSA is well organised (4.1% agree completely and 8.1% agree). The remaining 20.3% are neutral. A high mean score of 3.8 shows that psychologists in this study tend to view the HPCSA as unorganised. A majority of 60.3% disagrees with the statement that the HPCSA succeeds in regulating the profession effectively (32.9% disagree and 27.4% disagree completely). 17.8% agree with this statement (2.7% agree completely and 15.1% agree) and 21.9% remain neutral. A mean score of 3.7 indicates that psychologists in this study disagree with this statement. With regard to the HPCSA's ability to handle court cases, a majority of 68.9% chose to be neutral in this regard. 28.4% of the respondents disagree with this statement (14.9% disagree and 13.5% disagree completely), while only 2.7% agree that the HPCSA is able to handle court cases effectively. The mean score is reported at 3.4, which is slightly higher than the midpoint and indicates that this group of psychologists are relatively neutral with regard to this statement. According to 41.9% of the respondents, the HPCSA is not reaching its goal (24.3% disagree and 17.6% disagree completely). 24.4% believe that the HPCSA succeeds in reaching its goal and 33.8% chose to remain neutral. A mean score of 3.3 indicates respondents' neutral stance.

[Insert table 5]

It seems as if the psychologists in this research find the HPCSA inefficient in terms of administration. Only 10% of respondents indicated that they receive feedback from the HPCSA quickly, while 22.5% indicated that they receive feedback within a reasonable amount of time. The majority of respondents

(37.5%) perceive the feedback they receive as slow, while some (30%) report that they receive no feedback to their queries and requests. A mean score of 3.8 indicates that psychologists do not receive feedback speedily. Very few of the participating psychologists (9.5%) regard the administrative system of the HPCSA as effective, while 35.1% regard it as average. The majority (55.4%) regard the administrative system as ineffective (18.9% regard it as extremely ineffective and 36.5% regard it as ineffective). A mean score of 3.6 indicates that slightly more psychologist believe the administrative system of the HPCSA to be ineffective than those who believe it to be effective.

The results of this study clearly show that this group of psychologists believe that the employees at HPCSA need to have knowledge about the scopes of practice and problems which psychologists experience. This is evident in the very high percentage (94.7%) of positive responses to a question whether employees of the HPCSA need to have knowledge of the scope of practice and of problems which psychologists experience. This result is substantiated by remarks in the open-ended responses, such as the following:

“Preferably the employees dealing with psychology should be psychologists.”

“They need to know what I mean when I ask a question ...”

“If they are going to deal with my problems effectively, they need to have basic knowledge of what a psychologist does.”

“I can read ... I do not need someone to tell me what the document says but someone that has insight into why something might be a problem.”

“Possibly the greatest weakness lies in the fact that people that make the decisions and sit in the committees at the HPCSA do not have personal experience in the fields ...”

If the above-mentioned situation is taken into account, psychologists may be dissuaded from contacting the HPCSA in the first place. This is evident in the limited contact that psychologists have with the HPCSA in a one year period, while they rather make use of different avenues to meet their needs.

### **Psychologists’ view of the code of ethics**

The last theme explores psychologists’ view regarding the ethical code of conduct. These results are presented in table 7, where it can be seen that the group is divided on this theme. 39.2% of respondents

believe that the code of ethics is not user-friendly (16.2% agree completely and 23% agree), while 39.2% believe it is user-friendly (36.5% disagree and 2.7% disagree completely). The remaining 21.6% are neutral in this regard. The mean score is calculated at 2.9. A similar trend is observed with regard to whether the ethical code is easy to interpret: 43.3% believe that this is the case (1.4% agree completely and 41.9% agree), whereas 37.8% dismiss this notion (27% disagree and 10.8% disagree completely) and 18.9% remain neutral. A mean score of 3 shows that respondents neither agree nor disagree with the statement that the ethical code is easy to understand and interpret. A similar trend is observed in the responses to the question whether the ethical code is realistic and practical: 41.9% believe that this is the case (2.7% agree completely and 39.2% agree) and 39.2% do not (24.3% disagree and 14.9% disagree completely). 18.9% chose not to express an opinion. A very neutral mean score of 3.1 is reported.

[Insert table 6]

Responses to further questions exploring the perceptions and attitudes of the participants regarding ethics made it clear that psychologists are also divided with regard to the degree to which they are satisfied with the code. 39.2% are satisfied (35.1% are satisfied and 4.1% are very satisfied), 32.4% are not satisfied (2.7% are very dissatisfied and 29.7% are dissatisfied) and 28.4% are neutral on the issue of satisfaction. A mean score of 2.9 confirms the almost neutral level of satisfaction with the code of ethics. Results indicated that 38.4% of psychologists participating in this research consult the ethical code at least quarterly, 64.4% consult it at least twice a year and 76.7% consult it at least once a year. The remaining 23.3% consult the ethical code less than once a year. It is concerning that only 33.8% of the participants report that they know the code well, with only 6.8% reporting that they know the code extremely well. 50% claim to have an average knowledge of the code, while 8.1% admit that they do not know the code that well and 1.4% that they do not know the code at all. These scores amount to a mean score of 2.6, which means that slightly more psychologists claim to know the code reasonably well or well than those who claim not to know the code. Yet, it remains concerning that some participants in this research do not know the code. More than half (57.8%) of the respondents believe that the code of ethics address modern issues and challenges in the psychological profession, while 42.2% do not share this opinion. This may indicate that a portion of the participants feel that their needs are not being met.

In summary, this study has found that it is the subjective view of a group of psychologists that the HPCSA seems to be lacking in terms providing guidance and mentorship to psychologists. While the HPCSA regulates the ethical behaviour of psychologists, respondents in this research make use of avenues

other than the HPCSA when they are in need of ethical guidance. Furthermore, the HPCSA's role as a watchdog is regarded by some participants as intimidating and the organisation is perceived as having an unnecessary political orientation and profit-making motives. A lack of trust in the HPCSA became prevalent, but the majority of respondents still feel very strongly that there is a need for the HPCSA. The HPCSA is regarded as incompetent, disorganised and unable to regulate the profession effectively. The participating psychologists' view on the ethical code is unclear, with approximately the same number of psychologists viewing the ethical code as user-friendly, easy to interpret, realistic and practical as those who do not.

## **DISCUSSION**

The aim of this research was to determine the subjective experience of a group of South African psychologists regarding the HPCSA and the ethical code. The results of this study indicated that the group of participating psychologists experience the relationship with the HPCSA as unhealthy; the psychologists and the HPCSA seem to function as two opposing forces. This group of psychologists indicated a need to seek alternative means of support. Furthermore, these psychologists prefer to rely on each other for support and guidance, rather than on the HPCSA. Psychologists feel that they do not receive the support that they need from the HPCSA, because the HPCSA is experienced as either unwilling or unable to provide such support. These findings are similar to the findings of Elkonin and Sandison (2006) as well as the findings of Abel and Louw (2010). The finding that there is a lack of ability to provide support is substantiated by the finding that psychologists do not believe that the HPCSA regulates the profession effectively. This situation is aggravated by the ineffective administration system, poor feedback and long periods of waiting during telephone calls. Psychologists also express a need for the HPCSA to be knowledgeable about the scopes of practice and the problems which psychologists experience; however, this study did not explore the actual knowledge that the HPCSA possesses in this regard

The majority of participating psychologists view the HPCSA as intimidating. Intimidation can impact on the quality of work and can even cause errors to go unreported (Lamontagne, 2010) if psychologists fear prosecution. Threatening and bullying behaviour is often associated with intimidation (Lamontagne, 2010), and intimidation may thus result in psychologists being less transparent and viewing the HPCSA as not to be trusted. This further hampers the relationship between psychologists and the HPCSA and can damage the reputation of psychologists and the psychology industry. Psychologists feel that they cannot approach the HPCSA and that the HPCSA is not an institution where they can ask for help. With such a dysfunctional communication channel, ethical issues which cannot be resolved in an early stage may have dire

consequences. The lack of practical solutions they receive from the HPCSA may also limit psychologists' frame of reference and may oblige them to seek solutions elsewhere. The lack of trust that participants in this study had for the organisation is also a concern. The Oxford Dictionary defines *trust* as a strong belief in the reliability, truth or strength of a person or thing. According to Blau (1964), trust is essential for establishing social relationships. Furthermore, Corey and Corey (2006) explain that the level of trust is engendered by one's attitudes and actions. This lack of trust implies that there is some missing element in the relationship between psychologists and the HPCSA. Without trust, leaders cannot obtain compliance without coercion (Keele, 2007). Coercion, on the other hand, carries a considerable cost and can result in resentment and hostility towards leaders (Moorhead, 2007)

Psychologists in this research are of the opinion that the HPCSA pursues political goals and act in its own interest. From the psychologists' point of view, this can bring the credibility of the HPCSA in disrepute and further fragment the already fragile relationship. McKenna (2000) defines politics in organisations as behaviour that falls outside the confines of formal role behaviour; in other words it comprises activities that are not required as part of one's formal role in the organisation. Unhealthy politics in an organisation can lead to the loss of credibility and the fostering of a negative climate (McKenna, 2000)

Psychologists generally do not have strong opinions regarding the code of ethics, which can either indicate that there is a lack of engagement with the code or that the code meets the needs of the participants. It is, however, of concern that some of the participants lack knowledge of the code. Psychologists' attitude towards the ethical code requires further exploration to obtain an in-depth understanding of this issue.

Overall, there seems to be a sense of rejection and negativity towards the conduct of the HPCSA, based on needs and expectations regarding the HPCSA's responsibilities that are not being met. The HPCSA and the psychologists have an interminable relationship and this relationship will certainly influence the health of the psychology industry. Despite the view that psychologists have about the HPCSA, the HPCSA will continue to exist in its statutory capacity. In spite of all the frustration that psychologists report, they still support the notion of a statutory, regulatory body. This confirmation by psychologists that there exists a need for the HPCSA is a positive finding, because it provides a basis for establishing a constructive and healthy relationship between psychologists and the HPCSA.

## **RECOMMENDATIONS**

The HPCSA needs to be better synchronised with the practice of psychology. This includes being more in touch with what psychologists deal with on a daily basis and having sufficient knowledge to provide psychologists with concrete solutions. There is a need for an advisor who can be approached freely, without fear of intimidation or undue prosecution. The HPCSA should also focus on improving its administrative service delivery – this may be achieved through training and skill development programmes.

Ultimately, the HPCSA is a public protector, but this goal should not be pursued at the expense of psychologists. A comprehensive account of what psychologists need and expect from the HPCSA should be compiled; as well as a directory of the needs and expectations which can reasonably be met by the HPCSA. It is recommended that a specialised unit be established within the HPCSA, consisting of psychologists and/or individuals with the necessary experience and expertise to assist psychologists. There are numerous institutions which psychologists can join and which aim to serve psychologists, but none of these enjoy the same authority as the HPCSA. Such a unit within the HPCSA would provide psychologists with the guidance they need.

The results of this study may also be used in a further study which explores the views and perspectives of HPCSA employees, thereby creating a more comprehensive view about the relationship between psychologists and the HPCSA.

## **LIMITATIONS**

This study achieved a response rate of 19%. A total of 74 completed questionnaires were received, out of the 400 which were mailed. The effect of this response rate is that the results cannot be readily generalised to all psychologists. Because of the general sensitive nature of the questionnaire and because participation in the survey is completely voluntary, the study may have attracted individuals who have had an unpleasant experience with the HPCSA, which may have biased their point of view. This study explores the viewpoint of psychologists only and does not include the viewpoint of the HPCSA employees (see the recommendation for further research in this regard in the paragraph above).

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Table 1.1

## Guidance and mentorship

	Agree Completely	Agree	Neutral	Disagree	Disagree Completely	Mean	Total
The HPCSA puts in effort to protect psychologists	1 (1.4%)	7 (9.5%)	22 (29.7%)	29 (39.2%)	15 (20.3%)	3.7	74 (100%)
The general feeling is that the HPCSA cares about the needs and interests of psychologists	0 (0%)	13 (17.6%)	17 (23%)	24 (32.4%)	20 (27%)	3.7	74 (100%)
The rules and guidelines which the HPCSA provide are good and reasonable	4 (5.4%)	21 (28.4%)	20 (27%)	22 (29.7%)	7 (9.5%)	3.1	74 (100%)
The HPCSA provides practical solutions to problems you encounter in practice	0 (0%)	5 (6.8%)	23 (31.5%)	22 (30.1%)	23 (31.5%)	3.9	73 (100%)
The HPCSA is an institution where you can ask for help	0 (0%)	15 (20.5%)	14 (19.2%)	23 (31.5%)	21 (28.8%)	3.7	73 (100%)
You have the freedom to approach the HPCSA with issues that you might have	1 (1.4%)	20 (27.4%)	18 (24.7%)	24 (32.9%)	10 (13.7%)	3.3	73 (100%)
The HPCSA can be regarded as user friendly	1 (1.4%)	7 (9.5%)	16 (21.6%)	32 (43.2%)	18 (24.3%)	3.8	74 (100%)

Table 1.2

## Guidance and mentorship

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Who do you consult when you are being confronted with an ethical issue?	Yes	No
Colleague	73 (98.6%)	1 (1.4%)
Ethical code	55 (74.3%)	19 (25.7%)
HPCSA	13 (17.6%)	61 (82.4%)
Literature/Internet	40 (54.1%)	34 (45.9%)
Other	11 (14.9%)	63 (85.1%)

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Table 2

## The HPCSA as a "Watchdog"

	Agree		Neutral	Disagree		Mean	Total
	Completely	Agree		Disagree	Completely		
The HPCSA is out to "get" psychologists	4 (5.4%)	12 (16.2%)	25 (33.8%)	24 (32.4%)	9 (12.2%)	3.3	74 (100%)
The HPCSA is intimidating	11 (15.1%)	27 (37%)	16 (21.9%)	17 (23.3%)	2 (2.7%)	2.6	73 (100%)
I am afraid of the HPCSA	6 (8.1%)	19 (25.7%)	20 (27%)	19 (25.7%)	10 (13.5%)	3.1	74 (100%)
The HPCSA treats psychologists fairly	4 (5.6%)	18 (25%)	23 (31.9%)	20 (27.8%)	7 (9.7%)	3.1	72 (100%)
Psychologists get prosecuted for insignificant matters	2 (2.7%)	17 (23%)	30 (40.5%)	20 (27%)	5 (6.8%)	3.1	74 (100%)

Table 3

## The HPCSA's motive

	Agree		Neutral	Disagree	Disagree		Mean	Total
	Completely	Agree			Completely	Disagree		
The HPCSA acts in its own interest	17 (23%)	29 (39.2%)	17 (23%)	11 (14.9%)	0 (0%)	2.3	74 (100%)	
The HPCSA is money-orientated	12 (16.4%)	25 (34.2%)	27 (37%)	7 (9.6%)	2 (2.7%)	2.5	73 (100%)	
There is unnecessary political interference inside the HPCSA	23 (32.4%)	19 (26.8%)	24 (33.8%)	4 (5.6%)	1 (1.4%)	2.2	71 (100%)	

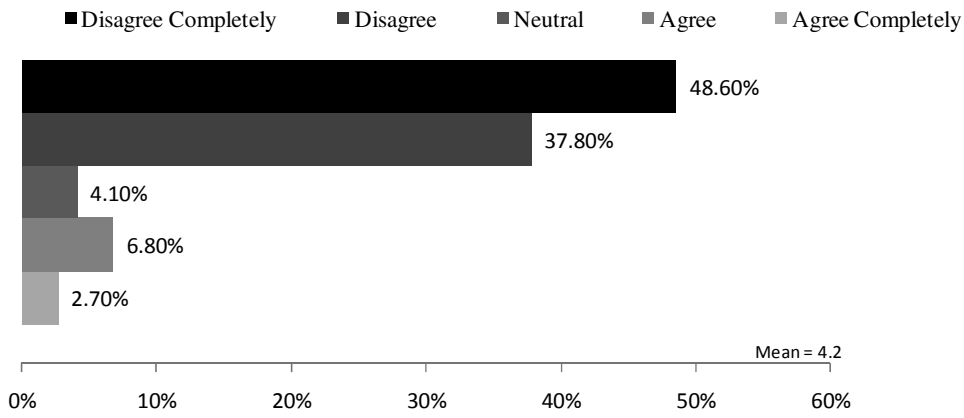


Figure 4 It is unnecessary for an entity like the HPCSA to exist for the psychology profession (Frequency distribution)

Table 5

## The competence of the HPCSA

	Agree		Neutral	Disagree	Disagree		Mean	Total
	Completely	Agree			Completely	Disagree		
Registration and payment of membership fees are processed efficiently	8 (10.8%)	30 (40.5%)	10 (13.5%)	15 (20.3%)	11 (14.9%)	2.9	74 (100%)	
Telephone calls to the HPCSA takes too long	39 (52.7%)	21 (28.4%)	10 (13.5%)	4 (5.4%)	0 (0%)	1.7	74 (100%)	
The HPCSA is well organized	3 (4.1%)	6 (8.1%)	15 (20.3%)	26 (35.1%)	24 (32.4%)	3.8	74 (100%)	
The HPCSA succeeds in regulating the profession effectively	2 (2.7%)	11 (15.1%)	16 (21.9%)	24 (32.9%)	20 (27.4%)	3.7	73 (100%)	
The HPCSA is able to handle court cases regarding ethical violations effectively	0 (0%)	2 (2.7%)	51 (68.9%)	11 (14.9%)	10 (13.5%)	3.4	74 (100%)	
The HPCSA succeeds in reaching their goal, namely "Protecting the public and guiding the professions"	1 (1.4%)	17 (23%)	25 (33.8%)	18 (24.3%)	13 (17.6%)	3.3	74 (100%)	

Table 6

Psychologists' view on the code of ethics

	Agree Completely	Agree	Neutral	Disagree	Disagree Completely	Mean	Total
The code of ethics is not user friendly	12 (16.2%)	17 (23%)	16 (21.6%)	27 (36.5%)	2 (2.7%)	2.9	74 (100%)
The ethical code is easy to understand and to interpret	1 (1.4%)	31 (41.9%)	14 (18.9%)	20 (27%)	8 (10.8%)	3	74 (100%)
The ethical code is realistic and practical	2 (2.7%)	29 (39.2%)	14 (18.9%)	18 (24.3%)	11 (14.9%)	3.1	74 (100%)