

Social model of health dahlgren and whitehead nursing essay

[Health & Medicine](#), [Nursing](#)



\n[[toc title="Table of Contents"](#)]\n

\n \t

1. [Introduction](#) \n \t
2. [Discussion](#) \n \t
3. [Social Model of Health – Dahlgren & Whitehead](#) \n \t
4. [Healthcare Communication](#) \n \t
5. [Personal Healthcare Communication](#) \n \t
6. [Barriers in Healthcare Communications](#) \n \t
7. [Determinants of Health Behaviors](#) \n \t
8. [Conclusion](#) \n

\n[/toc]\n \nAdult Nursing[Name of the writer][Name of the institute]

Introduction

Healthcare communication is a system of communication among different stakeholders. In this system of communication, interpersonal communication plays a pivotal role. When we talk about healthcare and communication, it is directed to the connection between the patient's data and physician. The data of the patient should be delivered to the required physician. Healthcare communication is defined as the dealing that creates a connection between numerous healthcare clients and teams regarding issues that are related to healthcare. The model of healthcare communication views a broader perspective and includes the external factors that affect the healthcare setting, which persuades the participants also has an influence on the outcome obtained through interaction. The three major factors in healthcare communication are transactions, contexts and relationships (Loevinsohn,

1990). Universally, the socially disadvantaged have less access to basic health resources and health system as a whole. This is how poor sick and die more often than those who belong to groups that have more privileged social positions. This becomes more critical in some of the most vulnerable groups. These inequities have increased despite the fact that never before existed in the world's wealth, knowledge and sensitivity, and interest in issues pertaining to health as at present. The traditional approach of the nurse-patient relationship is the paradigm interaction by focusing on the aid relationship. This approach traditional relationship of aid is based primarily on the attitudes and relationship skills such support as the presence and listening, empathy and exploration, confrontation. The nurse then becomes a therapeutic tool to treat the person with the relationship. Watson (1998) mentions that the Nursing Students can learn the principles that can be use in different interview techniques. However, without awareness of year context of the overall relationship, the nurse or technician is a year of interpreter role, not the person who establishes the trust, belief, hope and understanding that require health care quality. This is where the difference between a nurse who uses mechanical skills helping relationship and a nurse who Helps the transpersonal caring relationship.

Discussion

Social Model of Health – Dahlgren & Whitehead

Dahlgren and Whitehead (1991) have made a discussion on the different layers that has an influence on health. They have described a social ecological theory in respect of health. They made this theory so that they

could link the relationship in-between the individual person, their diseases and environment. Individuals are placed in the centre as they have a fixed set of genes. Later they are surrounded by various factors that have an influence on health and which can later be modified. The first layer in the model proposed by Dahlgren and Whitehead is of personal behavior and also includes methods of living that can either promote ones health or can damage it. For example, the decisions to whether smoke or not. Individuals are greatly affected by the company of friends they have and the norms they follow that represents their community. The next layer to this is the influence created by the society and the community that helps in providing of the mutual support for the community members within any unfavorable conditions. While the third and the last layer includes structural factors such as working conditions, housing, having access to provisions and services of those facilities that are essential. Healthcare communication is defined as the dealing that creates a connection between numerous healthcare clients and teams regarding issues that are related to healthcare. The model of healthcare communication views a broader perspective and includes the external factors that affect the healthcare setting, which persuades the participants and also has an influence on the outcome obtained through interaction. The three major factors in healthcare communication are: transactions, contexts and relationships. Healthcare communication is considered to be in the center as it is necessary to provide support. Therefore, in different situations, it might be more efficient to use challenging means. Therefore, it proposes that on a single scenario only a few forms of personal communication can be applied. Efficient and effective

communications in the healthcare settings is pertinent to both professional and personal healthcare outputs. These means helps the members of the healthcare institutions to achieve their objectives. This can be achieved only by establishing methods such as an effective leadership, effective goal clarification, appropriate behaviors and group norms which facilitate the healthcare communications (Smedley, 2002). The first is attached to the game of attitudes and roles and second is attached to holistic transpersonal aspects of the relationship. Nevertheless, the visions Grafted together are paradigmatic: the appearance of categorizing the pathophysiology is necessary for understanding of the disease annually appearance interactions role attitudes is necessary for helping the relationship, the overalls look of the holistic vision of the human person is necessary for the nurse-client relationship (Goldin, M. and Kautz, 2010). According to Watson (1997), the nurse-patient relationship is a relationship of transpersonal human; it cannot Be Reduced to a role Learned: it transcends the technical kind of care for Promote the expansion of consciousness and the target of human caring. Most health problems can be attributed to the socio-economic conditions of people. However, health's policies have dominated solutions focused on treatment of diseases, interventions without adequately incorporate the causes such as, for example, actions on the social environment. As a result, health problems have remained, inequities in health and health care have increased, and the results obtained with health interventions focused on the healing has been insufficient and does not achieve the health goals. Paradoxically, there is sufficient evidence, particularly from developed countries, of possible actions to reduce these inequities, mainly through the

implementation of health policies and interventions acting on social determinants. Primary health care system is considered to be important part of the health care that is totally based on practicality, methods that are accepted socially and technologically, made possible of the accessible of individuals and their families globally in the community through the help of complete participation upon that cost only that could be beard by the community and the country at every level of their development in respect of their self-determination and self-dependence (Matsuoka, 2003). Nursing is the profession falling under the category of medical and health care. This profession emphasizes on the care of families, individuals and communities so that they can maintain their good health, and recover from diseases or illnesses to good health. The purpose of this paper is to identify ways in which nurses can play their role in implementing and improving medical procedures in different areas, and how they can help in delivering better medical care to the patient. It is aimed at finding ways through which nurses can help in preventing unwanted situations from medical perspective, such as failures to deliver optimum medical health care. In short, the purpose of this paper is to evaluate and summarize the nurse's role in supporting the organization's strategic agenda. The health care sector has evolved greatly with the passage of time, and this has also called on the need of assuming more responsibilities by the health care providers (Mark et. al, 2003). Nurses take a somewhat different approach from others who are engaged in health care provision. There areas of practice are very diverse as well as the level of authority they are designated to practice. However, most of the nurses are allowed to provide medical health care to patients under the guidelines

provided by the physicians and doctor. It's often recognized that the primary role of Nurses is to care for the health of their patients; however, the evolving nature of the profession has compelled nurses to undertake planning, organizing, directing and controlling financial resources, human and material with the intent to effectively fulfill the goals of the institution. The nurses should guide their activities from the knowledge that provides administrative sciences, economics and politics. The theories and principles of these disciplines are necessary for the administrative practice of nursing care. This paper discusses the service learning trip in nursing cultural seminar for the capstone project, as well as, sheds light on the cost analysis of the project.

Healthcare Communication

Healthcare communication has a major role to play within the society.

Healthcare communication is a major responsibility that requires maintaining relations between all the stakeholders within the healthcare ecological unit.

A healthcare employee, despite the profession and educational level, must understand that by escalating their interaction skills and utilizing them to carry out their daily tasks, improving their health care and interpersonal relationships (Darley, 2002). Health is an up-and-coming area within the field of communication. Health communication includes the practice and study of communication strategies to prevent diseases or illness, and to promote individual and public health or quality of life. The pace of health communication research and practice has increased and expanded dramatically over the last three decades. Healthcare communication is a

major responsibility that requires maintaining relations between all the stakeholders within the healthcare ecological unit (Thompson, Dorsey, Miller & Parrott, 2003). Effective Personal Healthcare Communication with Other Healthcare Professionals, Clients, Patients Health care units are viewed as a few, most efficient and effective pre-emptive groups in the social order. Thus, community projects in healthcare institutions are a common setting. For example, groups that focus on the family violence, reproductive health, abusive substances and reproductive health are now commonly taken care off in the healthcare units. In addition, the groups of healthcare are utilized as the centers for providing treatment to people suffering from lethal diseases e. g. patients suffering from cancer. So as, to magnify the outputs of these parties, it is obligatory to promote communicating of thoughts by communicating effectively. This helps the healthcare units to move a long way in order to enhance the usefulness of the precautionary programs, treatment programs and support group programs on a whole. Therefore, effective ways of communication are required in order to realize and assert the outputs of the personal groups. For instance, healthcare communication is considered to be in the center as it is necessary to provide support. Therefore, in different situations, it might be more efficient to use challenging means. Therefore, it proposes that in a single scenario, only a few forms of personal communication can be applied. Accordingly, in personal groups, efficient communication is the key that helps achieving efficient outputs.

Personal Healthcare Communication

Health care units are viewed as a few, most efficient and effective pre-emptive groups in the social order. Thus, community projects in healthcare institutions are a common setting. For example, groups that focus on the family violence, reproductive health, abusive substances and reproductive health are now commonly taken care off in the healthcare units. In addition, the groups of healthcare are utilized as the centers for providing treatment to people suffering from lethal diseases e. g. patients suffering from cancer. So as, to magnify the outputs of these parties, it is obligatory to promote communicating of thoughts by communicating effectively. This helps the healthcare units to move a long way in order to enhance the usefulness of the precautionary programs, treatment programs and support group programs on a whole. Therefore, effective ways of communication are required in order to realize and assert the outputs of the personal groups. For instance, healthcare communication is considered to be in the center as it is necessary to provide support. Therefore, in different situations, it might be more efficient to use challenging means. Therefore, it proposes that in a single scenario, only a few forms of personal communication can be applied. Accordingly, in personal groups, efficient communication is the key that helps achieving efficient outputs.

Barriers in Healthcare Communications

The lack of effective communication in healthcare can be for different barriers; the reasons may be not timely response to query, the channel for communicating the data, and ineffective use of data. The lack of

communication can be disastrous in determining the correct results. The concerned person cannot fully evaluate the data if it is not communicated properly by using proper channel. The more vague data is delivered to the concerned person, the more it can show improper results. The lack of effective communication can direct to poor patient results and an adverse and inefficient work surroundings. In this regard, there are many factors that need serious consideration; the factors can be highlighted as goals, norms, cohesiveness, behaviors of the leader, behaviors of the member, and healing factors. Health care organizations are the most common sites for the interaction between patients and health care providers. The deficiency of efficacious communication at- both levels, professional and personal, can definitely help in improving the levels of health in the upcoming cited settings. For example, when a health care group is formed in order to keep a check of the employees' wages in a healthcare setting, then the group should consider ways for communication with the members of the staff so that they can collect their opinions and ideas. Subsequently, they must keep their focus on the major problems related to wages. This will help engaging communication of ideas amongst each other; a process that can only be carried out through effective communication. The same problem can also occur when personal interaction is not effective. In a case, where a therapeutic group has been created to tackle abusive substance such as drugs and smoking, then the group members might create an ambiance to support each other.

Determinants of Health Behaviors

The realization has led to the credible evidence, connecting the result of behavior and health, people that are healthy and societies, which termed as healthy are eminent at that era, by means of lack of pathology of physiological and the behavior pattern which cause risk reduction in the development of main persistent virus or disease. Number of behaviors including smoking, use of tobacco, diet, alcohol and exercises which cause major diseases in industrialized countries that related to morbidity and humanity. The cause of cancer is due to the smoking habit, and this behavior is more adopted by other family members. This research focuses on the past researches in which health behavior of the family influences other members in the family and the risk associated with it. The beginning of the appropriate and quality health appears to be in the early life. The responsibilities of the family to provide the child with the proper care and development. Children discover and acquire the emotional security and physical safety in the healthy families and ultimately permit them to preserve the health with the physically and emotionally as a self-governing of care givers. From this point, for a child an environment is healthy which is safe, which provide child wisdom of emotionally protection and community assimilation. The increase in the smoking rate, alcohol rate, abuse rate, use of drugs and sexual behavior of risk in teenage years and parenthood been termed as risk behavior. For instances, certain researches propose the risk factors associated with the abuse childhood experience is due to these behaviors (Malinosky-Rummell & Hansen, 1993; Small & Luster, 1994). The research shows that abuse alcohol rates increased among women that adult and rose

in conflict or violent homes. Parents neglect to the health behavior, give a chance for the children to adopt the use of alcohol, and drugs or use exercise to reduce weight or use certain other approaches, which give rise to the associated risk that influenced by the family member or used by the peers. For this purpose, a behavior change theory applied in which family behaviors regarding health and risk of behavior in the family been demonstrated within this theory. Certain primary prevention like screening of diseases which cause by the smoking, consumption of alcohol and exercises that are reducing weighs etc. The health behavior of the children influenced by the family in many ways. Many international programs initiate the program for health that reduces the engagement of smoking and in dental cleanliness only when involvements of parents are effective. United State ethnic group more concern with the smoking avoidance than the other group in United States. This role of the parent a major impact on the reduction of the children involves in the smoking, drugs and other practices. During the phase of childhood, family members, friends of the children and school persuade the health of a child attitude and their behavior. The availability of things can affect the children behaviors.

Conclusion

All in all, we can say that Medicare pays only for the eligible beneficiaries of their skills and rehabilitation care; it does not cover long-term care. Medicare beneficiaries need to be hospitalized for three of its qualified skilled nursing facility or rehabilitation coverage night stay minimum. Developing health campaigns and the messages, particular attention warranted to reach at-risk

populations that historically has tended to benefit at a lower rate due to the correlation between literacy, including health literacy, and the positive benefits of health communication campaigns. A power differential between health campaign designers and message recipients in lower socioeconomic groups has often been found and leads to the failure of campaigns, in part because they have been perceived by the intended recipients as efforts to dominate and control. Efficient and effective communications in the healthcare settings is pertinent to both professional and personal healthcare outputs. These means helps the members of the healthcare institutions to achieve their objectives. This can be achieve only by establishing methods such as an effective leadership, effective goal clarification, appropriate behaviors and group norms, which facilitate the healthcare communications (Shin, 2009).