

Psychosocial
influences on the
individual's
perception and
response to health
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This essay will focus on the psychosocial influences of a seventeen year old female; who for the purpose of the essay will use the pseudonym Katy in compliance with the NMC Code of Conduct (2008) regarding confidentiality, who is non compliant with her type 1 diabetes regime and will look at the psychological and sociological issues that have influenced Katy's health behaviour and her perception of it.

Psychosocial involves psychological development of an individual and how certain people will react in a social environment (Collins, 2011) and is used to help us understand human behaviour and how experiences relate and contribute to people beliefs and principles (Marks et al, 2002).

Katy left school at sixteen and had recently started college, but was reluctant to carry on with her course, as she felt it was ' a waste of time' and was looking for full time employment, as it would provide her with an income and help within the household. Whilst in college she would spend a lot of time with a close network of friends during and after. Katy lives at home with her mother; who works full time and is a single parent and her two younger siblings. After the diagnosis Katy had appearing to be managing well, but on routine follow up check up Katy had stated things that could lead to concern.

Katy's management of her diabetes involved self-administration of long acting insulin in the morning and a fast acting insulin prior to meals and regular check of blood glucose levels. On a routine visit to the home, Katy had stated that she had been omitting her insulin at times, was finding it hard to keep to a healthy diet and was not doing as many blood glucose checks as she should be. She felt under a lot of pressure with upcoming

exams and the demands of home life were causing to put her health at the bottom of her priorities.

Katy was diagnosed with diabetes mellitus type one after an admission to hospital three months ago. Diabetes

‘ is a chronic metabolic disorder, when cells that produce insulin are unable to secrete insulin, and therefore leads to hyperglycaemia and is treated with insulin replacement therapy’

(World Health Organisation, 2001).

First I will look at the psychological issues that could have an influence on Katy’s health. Psychology is a term used when concerning understanding of groups and individuals and how biological and all external factors can influence behaviour and also looks at the way in which humans behave and why people reason their actions (Adams & Bromley, 1998). This definition shows us that life experiences will have a remarkable influence on the actions we take in life and will use these influential factors to defend these.

When diagnosed with diabetes mellitus there are different ways people will cope and react, there are a lot of emotions involved in the diagnosis process and these will all relate to health beliefs that are held. NHS Diabetes Online stated that in contrast to the people who would be regarded as ‘ normal’ and have not been diagnosed with the metabolic disorder; ‘ research has found that individuals with diabetes are more likely to experience poor psychological well being.’

One of the reasons which could influence Katy's behaviour are her health beliefs; health attitudes are said to start at childhood (Tercyak et al 2005), parents, guardians and peers will be influential at this time. Katy has grown up with her mother as a single parent with a full time job and three children; she herself has been diagnosed with the same chronic illness as Katy. Katy's mother is also negligent with her regime due to 'more important' commitments and is overweight. In support of the development of health attitudes it could be that Katy does not physically see her mother or herself suffering through the negative health behaviours so does not see a good reason to continue with a healthy regime; which could suggest that Katy does not understand or realise the possible fatal consequences of her actions in the future.

Becker and Rosenstock (1988) developed a 'health belief model', first developed in 1966 it has been updated, to include developments in research, if a highly popular model used for health promotion and education (Glanz et al, 2002) and is used to highlight who are more likely to take up on positive health actions. The key to the model is that decisions are made on people's beliefs and that there are many things that will influence choices made it explains to us that for an individual to carry out healthy behaviour they must first know how serious their actions could be when partaking in unhealthy behaviour, they must then go on to perceive the benefits of changing their behaviours and then put this into action.

The theory on rational non-adherence could be a factor on why Katy is engaging in risk taking behaviour as people who believe this, do not believe that complying with health needs will be of any benefit and may even cause

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more problems (Pai, 2011). Katy has been told that she will always have her chronic illness, but it can be managed well, as Katy knows this she may feel there is no point in following her regime as it is something that will never be cured, and if she is going to get ill or health problems in the future it will not be because whether or not she has complied with her insulin regime.

Patients who view their illness as less severe are less likely to comply (Becker & Rosenstock, 1984).

This behaviour could also be linked to Katy being in denial, as she has previously been educated by the diabetic nurse on diabetic control and possible consequences of non adherence to treatment. Denial is a form of repression, when people will block out thought and memories which are stressful. (Fairburn, 2006). It can be used short term as an effective coping tool but Vile (2004) states that is used for a prolonged period it could be a barrier towards effective learning, self-care and management of diabetes. Kubler-Ross (1969) found that denial is also know to be a stage in grief; and is a recurrent feeling in patients presented with a new diagnosis (Buckman, 1992) and is often associated with the same stage in the 'grieving process' (Damianakis & Marziali, 2012) Katy is emoting a sense of loss for her former self, where things may have seemed easier and she did not feel 'different'. Shneidman (1980) would argue that denial is a form of defence; the omission that you have a chronic illness. Katy often spoke of how she felt 'ok' and if something happened to her it would be then that she would deal with the repercussions.

Another factor that could affect Katy is her age. Lewin et al (2005) carried out research to further examine adherence of diabetes directed at children, <https://assignbuster.com/psychosocial-influences-on-the-individuals-perception-and-response-to-health-and-illness-essay-sample/>

adolescents and their parents. It found that adolescents are less adherent to their diabetes regime than younger children, and patients in adolescence will desire to be more autonomous and make their own decisions not only in their personal life but health care decisions as well. It is regarded that adolescence is a time where individuals who are regarded as 'healthy' are going to act in a way that could compromise their health and take part in experimentation (Tercyak, 2005), for the adolescent who has diabetes they are more likely to do this as a way of coping (Millstein & Igra, 1995).

Decisions made by adolescence will differ from those of an adult; their values will differ on the possible consequences. Esmond (2000) specified that adolescence is a 'time of discoveries and exploration of potentially negative health behaviour.' Research has established that the period of adolescence is related to the disregard of insulin regime, dietary advice and self monitoring of blood glucose levels (Guo et al 2011). This will be advocated by Skinner et al (2000) who had previously found over a year of monitoring adolescents, found a determination of self-management over time.

Sociology involves studying people and how they relate with each other, and how society can affect certain behaviour and attitudes held by an individual.

This definition lets us think how humans are sociable beings and certain groups will come together, whether it is through same interests, age or family (Crawford & Brown, 1999). Groups that form will tend to have similar interest and status and will develop their own 'norms' within the group; what is acceptable (Haborn, 2002).

The close network of friends Katy has made over the years has influenced her on important decisions she has made regarding her diabetes one of the reasons for this is the stigma attached to people who have diabetes.

Goffman (1963) states that 'stigma can be seen as an attribute that discredits the individual, denying full social acceptance, and where notions of social inclusion and exclusion are firmly brought to the fore.' Being referred to as a 'disease' may have caused Katy to not want to disclose with her friends that she has diabetes as a result of not having enough education on the diabetes they may distance themselves with Katy.

Katy also stated that she would often omit her insulin when she was with her friends as she 'felt uncomfortable' doing it around them. Research carried out by Shui looking at the perceptions of stigma from people with diabetes would agree with Katy's feelings as it found a 'negative' reaction from the public, and would often receive 'strange' looks whilst administering insulin, thus leading to feeling ashamed or even omitting or delaying their blood glucose checks and insulin. She will also not want to appear to deviate from her peers (Esmond, 2000). Although (Mulvaney, 2011) would argue that there is a misconception regarding diabetes and stigma and that socially in western civilisation we have now developed and become more aware and have developed a more willingness to accept and provide support for people who have diabetes.

Because Katy is reluctant to disclose that she has diabetes with her friends, she may be missing out on invaluable social support. Lack of social support has often been linked to poor management of their health, conflicts

occurring or then make the changes to improve health and not even asking
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for help (Paterson & Brewer, 2009). One study by Periera et al (2008) where one hundred and fifty six patients filled out questionnaires related to 'adherence, quality of life and family functioning', it found that social support had a strong effect on adherence in females and that the dynamics of the family should always be taken into consideration.

Although Ref would argue that not all social support can have the positive influence expected as, if family or friends were to be 'over encouraging' putting pressure on the patient with regards to their health and behaviour it will have a negative effective and could lead to an unwillingness to manage their diabetes well or totally disregard it. Although the study asked Canadian patients it could be closely related to patients in the United Kingdom. It has also been suggested that parents themselves find it hard to pass on the control of their children's lives through adolescence and will often put pressure on their children if they do not make the decisions that they themselves would make (Dashiff, 2011).

Machado (2008) found that nuclear families and availability of parents to provide the social support is the key to psychologically promote positive adherence with diabetes relating to this

Katy's mum although would put her children first did not have time to consider her own condition, and although tried to help Katy as much as possible, was working fulltime hours and stated she found it hard to find the time to encourage and educate Katy and would often rely on practitioners to provide the support for Katy if she needed it.

The Health belief model allows for the practitioner to understand and possibly predict what sort of choices Katy is going to make regarding her health care. Because Katy is showing signs of denial of having diabetes, she is also showing she is lacking the knowledge to make the best choices to promote her health. We must first ensure that Katy knows the possible consequences of her actions allowing for her to make the most effective decisions.

Although Katy had been given the relevant device and support from the diabetic nurse, it may be a possibility that the initial diagnosis may have stopped her from understanding the information that had been given; more education may be appropriate or a different form of communication.

Numerous studies (Heinrich et al, 2009; Arora et al, 2012; Hanauer, 2009; Fischer et al 2012) have found that using developing technology like web based support and education groups, mobile health intervention; text reminders, you can improve the compliance of treatment and management of diabetes - possibly due to its anonymousness; patient may feel more at ease talking about their problems like this.

Research found showed that there seems to be a belief of patients that there will be stigma with the disease, which could be linked to the lack of support Katy may have had as she wished not to disclose this personal information about herself. More education for both Katy and her friends could vastly improve as research showed that more now than people are more informed about diabetes and would be willing to support and aid the people who have it.