

Three types of at risk behavior psychology essay



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Psychologists agree that “ a working mind is the key to a working body” and this factual statement has lead on to many a research conducted in behavioral psychology and attitude studies. In the field of medicine, the state of mind of the practitioner is a key factor in how a medical procedure will turn out to be – successful, or unsuccessful. In order for an on-field physician, or in this case, a dentist’s mind to be focused, the particular attitude of ‘ complacency’ cannot be adopted. The attitude of complacency is potentially harmful to the outcome of the procedure, the health of both the patient and the dentist and the dentist’s validity as a professional practitioner. In order to justify the need to take counter-complacency steps in dentistry, it is vital that we know whether or not complacency is a widespread phenomenon. For us to make such any claims in this regard with authenticity, a research to be done in this matter would be crucial. This research would provide the necessary information through a questionnaire data collection method as to how many practicing on-field dentists have the attributes of a complacent person and furthermore not only be a part of an overall behavioral study in the field of dentistry, but also help to improve the guidelines on how to mentally train future dentists, and so focus on what has been long considered to be one of the major causes of errors.

Research Question: Is complacent behavior a frequent attitude adopted by dentists?

Hypothesis (Null): Complacency is not a widespread phenomenon among dentists.

Introduction (Background and literature review)

Wiener (1981) defined complacency as “ a psychological state characterized by a low index of suspicion.”

Billings, Lauber, Funkhouser, Lyman, and Huff (1976), in the Aviation Safety Reporting System (ASRS) coding manual, defined it as “ self-satisfaction, which may result in non vigilance based on an unjustified assumption of satisfactory system state,” in simpler words, some people have their “ head in the sand” and ignore what is happening around them, what’s changed, what new hazards are there.

Complacency is seen in a variety of professional individuals and it has been known to be induce by certain “ at risk behaviors”, which are enlisted as:

Three types of at risk behavior:

1. Intentional - This is where the employee knows full well that the activities they are doing are not safe and that there is a significant amount of risk associated with the activity. The activity is usually against a policy or procedure. Often this type of activity is supported by a concept called “ Positive Reinforcement of a Negative Act”. The employee knows both the risks and benefits of doing a task at risk but the benefits, in his or her mind, outweigh the risks. Now each time they successfully perform the task “ at risk” there is a little more “ Positive Reinforcement of a Negative Act”. The more reinforcement the more they will perform the task at risk. For example: an employee may have an assignment that requires the use of a step ladder. The task requires at least a twelve foot step ladder. The twelve foot step ladder the employee is to use is very heavy and stored far from the point of

use. The employee has found a light fiberglass step ladder stored near the point of use but that ladder is only seven foot tall, however by standing on the top of the ladder, where there is a sign stating “ not a step or no step” he can perform the task required. Using the wrong ladder has increased the risk of the task but the increased risk does not mean injury is emanate. When he first starts to use the improper ladder he is very alert to the added risk and exercises extra caution. If the positive reinforcement to this negative act is strong enough he will even share his “ success” with others (use this ladder it is quicker and easier) and if not checked this activity soon becomes the new standard and everyone will be doing the activity at risk. Note that even if people are deliberately willing to increase the risk of a situation, hardly any of them are deliberately trying to get hurt. The interesting thing about intentional at risk behavior is that if the intentional risk continues to be accompanied with high awareness and alertness the injuries are infrequent.

2. Unintentional - This is where the employee is unaware of the risks. There is a flaw in the training and their personal experience has not yet caught up with the risk. They are simply not aware of the risks or the methods they need to use to protect themselves. This can be a case of no training, under training or employee inattention to the training.

3. Habitual - Like the intentional at risk behavior we covered above, the employee knows the risks but has been doing the activity so long that they are no longer as alert to the risks. When the employee in our example above first started to use the improper ladder he was very alert to the added risk and exercised extra caution but over time the activity has migrated from

intentional with a high degree of caution to habitual with limited caution.

Once a high risk task moves to habitual complacency has set in.

As a general attitude towards any profession, complacency has been studied to be non-beneficial, and to some extent, destructive, as complacency sets us up for eyes and mind not on task, which can lead to line of fire and balance/traction/grip issues.

1. Eyes not on task - Not looking at what we are doing or not looking before we move our hands, feet or body. Without looking we lose the ability to react to events as they occur and have lost our best defense against injury.
2. Mind not on task - Not thinking about the task we are doing. We are driving on the interstate not thinking about where we are and miss our exit.
3. Being in or moving into the " Line-of-Fire" - Placing ourselves in the line of fire like reaching into the car while someone else shuts the door or the wind blows it shut.
4. Losing our balance traction or grip - Slipping or tripping that causes us to lose our balance and fall, or something as simple as losing our grip leading to a fall or dropping something.

In the vast field of medicine, a complacent behavior has shown to lead to a variety of critical errors, according to a certain number of studies done by many organizations and universities across the globe. Such examples include the " Medication errors, routine and differences between peri-operative and non peri-operative nurses" study done by Kennesaw State University, G. A, U. S. A in September 2012, which proved that a major cause of incidences of
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peri-operative medication errors is complacency. Similarly, the research by the University of Aviero, Portugal - "Attitudes of Portuguese health professionals toward adverse drug reaction reporting" - indicates that complacency was a major attitude flaw of health professionals while reporting dangerous side effects or allergic reactions of drugs, and so data collected by the self incident reports went underreported.

It is safely assumable that this widespread attitude has also affected dentists, and may very well be a cause of errors committed in dental practice, as it was a cause of the already above mentioned error cases. These errors in clinical practice may include errors like sinus perforations, broken dental roots, misdiagnosis, mistreatment planning and so forth. However, little has been done to determine whether or not this attitude is adopted in a substantial amount by dentists, and to what extent it is present. Without knowing whether or not this flawed attitude is adopted by dentists on a considerable scale, it would be practically useless to recommend counter-complacency steps. Complacency can be detected and if it is proved to be a widespread phenomenon, essential steps can be taken to improve the behavioral outlook of dentists such as those that have been taken by professionals in other fields, like surgery, pharmacy, nursing, law enforcement and aviation. Therefore, for any further research to be conducted on this matter, the degree to which dentists demonstrate complacency needs to be determined and so the purpose of this research would be to conduct a survey among dentists, (House Officers as well as Postgraduates) to bring to light just how frequent complacent behavior is espoused by dentists.

Aims and Objectives

As explained in the previous section, complacency hinders a professional's ability to operate and so it's vital that if professionals in a certain field are susceptible to this behavior it be detected immediately so that further steps can be taken against such an attitude.

On a short term, this research would determine the presence of complacency in dentistry as an overall process of a long study to eliminate complacent behavior in dentistry.

Short term goals:

Presence of complacent behavior among dentists (if proven) highlights a need for active steps to be taken against complacency.

A major cause of errors being committed may be identified.

A non-complacent portion of dentists in practice will be confirmed for further statistical and research value.

It will emphasize the need of adopting a positive attitude by becoming more professionally involved at work by reading up-to-date materials to level up one's own knowledge.

If complacency is proven to be present, this research will raise alertness especially among those who are not aware of their own complacent behavior.

It will encourage constructive criticism of past practices by striving for the perfect way to do things.

Complacent behavior that causes small details to be neglected will be brought to light and so these issues will not go ignored.

Long term goals:

This research will provide an overall insight to behavioral studies among dentists and aid future researchers on this topic.

It may open a new need for behavioral training of dentists and also possibly present a need for mentally preparing dentists in the areas of foresight regarding unforeseen incidents.

Keeping abreast of the situations and surroundings and all the related incidents and reports can give you an idea on how to prevent future mistakes.

If complacency is detected, an overall need for the mental and physical preparation of dentists is required so that they build up the necessary endurance to protect themselves against stress/fatigue induced complacency.

Methods

For studying the presence of complacency, a complex attitude, in a certain individual, conservative methods of measurement by observation, administrative records and interviews will be inconclusive.

Observational studies are designed to observe a group of people from a particular point in time and report on what happens to them, and this method is incapable of reading an individual's attitudes accurately and may

miss it all together, unless a person is a trained psychiatrist, which adds an additional component to the study.

Dentists unaware of their own complacent behavior may be unable to report it to administration, even though their errors can be put to record. However, their overall problem of complacency will go undetected.

Study Design:

Based on a null hypothesis, the method chosen for this study is based on the Complacency Potential Rating Scale (CPRS) developed to detect automation-induced complacency provided by the National Aeronautic Space Agency of the U. S. This survey method uses a rating scale which is a Likert-type scale consisting of 20 items, including 4 filler items. Each item has a scale ranging from strongly disagree (1) to strongly agree (5). The range of scores on the CPRS can vary from 16 (low complacency potential) to 80 (high complacency potential). Out of these statements and their forms, sixteen (16) are complacent related items and four (4) of them are “bogus fillers” used as a check on the readers’ consistency in taking items conscientiously. The response score is calculated by adding up the score of all items except for the bogus fillers. Therefore, the minimum score would be the perfect non-complacent response of a total of sixteen (16) points, whereas a perfect complacent response would be of a total of eighty (80) points. Whereas they would progress from 1-5 through options of Strongly disagree, Disagree, Neither disagree nor agree, Agree and Strongly agree.

Sample Size:

For the CPRS to give a validated response, an amount of 139 subjects and/or several small groups may be taken into study. The subjects must be active clinical practitioners of dentistry including House Officers and other Postgraduates, so that the frequency of on-field complacency by dentists who deal with hundreds of patients can be detected.

Data Collection:

To collect the data from the subjects, a questionnaire is handed out to individuals and they are assured that their responses will be kept anonymous and are only for the sake of a scientific research with no intention of public display or commercial advertising. The questionnaire based on the CPRS system is given below.

Questionnaire (Likert-type scale based on the Complacency Potential Rating Scale)

Please pick out among the options the one which resembles closest to your thoughts/feelings in each item.

Q1. I wake up in the morning thinking that I will not be able to bring any significant change in my life pattern today.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q2. I feel paralyzed in the face of fear, unable to react.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q3. I am satisfied to live my life as a minute deviation of yesterday's routine.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q4. I am okay with being averagely successful in life.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q5. I am afraid of taking the risk of bringing changes into my life.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q6. I do not question my beliefs, principles or ideas.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q7. Many times, I feel out of energy and passive about completing tasks.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q8. I am moderately satisfied but not completely happy or fulfilled with life.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q9. I am still confused about the meaning and/or purpose of my life.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q. 10 I feel numb and passive when I think about my job.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q. 11. I think dentists can never be as successful as other doctors. (Bogus filler, no addition)

Strongly Disagree

Disagree

Neither disagree nor agree

Agree

Strongly agree

Q12. Meeting with colleagues are incapable of solving anything or bringing significant changes to improve the workplace.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q13. My colleagues are incompetent people. (Bogus filler, no addition)

Strongly Disagree

Disagree

Neither disagree nor agree

Agree Strongly agree

Q14. Team conversations are totally inwardly focused, only discussing their own abilities and successes.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q15. My participation in team conversations is minimal. (Bogus filler, no addition)

Strongly Disagree

Disagree

Neither disagree nor agree

Agree Strongly agree

Q16. I feel like my past mistakes have proven my capabilities and limitations.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q17. I need to work on my bedside manner while communicating with patients. (Bogus filler, no addition)

Strongly Disagree

Disagree

Neither disagree nor agree

Agree Strongly agree

Q18. Dentists are the least prone to error amongst a hospital staff.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q19. Patient history is not as important in many general cases which can be solved purely my experience.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Q20. Neglecting small details on my part has lead to errors in my field.

Strongly Disagree (If selected, add 1)

Disagree (If selected, add 2)

Neither disagree nor agree (If selected, add 3)

Agree (If selected, add 4)

Strongly agree (If selected, add 5)

Research Budget and its justification

This research will be funded by the Community Dentistry Department or the Department of Dental Public Health of Islamic International Dental College and supervised by the head of this department, Dr. Muhammad Hamza Bin Saeed (Assistant Professor at Riphah University). This research is being conducted so to gain a better insight into the overall behavioral studies of dentists.