Survivors predict worse long term survivals essay examples

Experience, Belief



Psychology: Reaction Paper- Negative Attitudes among Short term Stoke

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Introduction

Lewis (2001) and his colleagues offer perspectives from research findings pertaining to how attitudes affect survival of stoke patients in both short and long term experiences. They based their assumption from the observation that patients react differently towards illnesses, generally. This reaction influenced their survival positively and not so positively. The specific illness being investigated is stroke. Conclusions drawn from this study revealed that patients' attitudes towards their illness predicted the overall survival rates.

Evaluations

The methodology adapted by these researchers' indicated that attempts at approaching this study from a scientific basis were evident. It consisted of a randomized trial often found to be appropriate when attitudes are being assessed. A sample of 372 stoke patients from the population was taken to test an hypothesis, applying mental adjustment to stroke scale instruments. It was conducted over a period of three - five years making interval evaluations over 6 month's periods.

It is quite an acceptable hypothesis to state that 'patients' attitudes towards illness vary and questionnaires have been developed to identify them' (Lewis et. al, 2001). The questionnaires researchers used for s stoke analysis was the Mental Adjustment Scale to Cancer. A pertinent question which can be

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asked is how accurately could a Mental Adjustment to cancer scale measure attitudes in stoke patients in determining survival rates.

Sure, researchers argued that this scale was adapted towards making similar predictions in stoke patients since 'helplessness/hopelessness and fatalism are also associated with reduced survival after stroke.' (Lewis et. al, 2001). This is also true of other diseases inclusive of diabetes, hypertension, and sickle cell anemia among many serious illnesses.

Further, in substantiating the use of this instrument researchers advanced that it was expected to assess if the results had any exclusive demographic, physical and mood factors related to the outcome (Lewis et. al, 2001). Even though indications are that these instruments were tested and retested prior to administration, no exclusivity regarding stoke could be authentically established without internal/ external validity and subjectivity scrutiny related to the conclusion drawn. The instrument was not originally designed to measure attitude of stoke patients, speciallically.

Recommendations

Hence, psychology researchers need to acknowledge specificity of the human mind and consciousness. Therefore, recommendations are that in trying to investigate psychological effects of illnesses upon individuals in relation to a population of patients with a particular disease, instruments should always be designed, tested and retested on specific populations for accuracy of outcomes. Also, they ought to be constructed for that particular purpose and not adjusted to it.

Conclusions

One can safely assume, then, that the conclusion drawn from this study pertains to all major disease conditions and not exclusively to stroke patients even though they were used as the population. These are some subtly errors often overlooked in many modern scientific research. Researchers tend to take short cuts by utilizing instruments from studies designed to interpret alternative phenomena for informing others in the name of generality. Herein lies the limitation of this study and many conducted in the twenty-first century.

References

Lewis L. C, Dennis M. S, O'Rourke, M. Sharp (2001). Negative Attitudes Among Short-

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