

# Social and behavioural science for nursing



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This assignment will demonstrate the inequalities and vulnerability that exist in health and social care. Through discussion, the author will demonstrate how people's social environment and choice of life style can impact on their health and have a major impact on their physical and mental well-being. Inequalities that people face in health and social care are increased through practice that does not take into consideration anti-discriminatory practice and empowerment. The author will attempt to demonstrate that tackling discrimination and empowering the disadvantaged is widely recognised as a fundamental part of good practice in health and social care. Values, beliefs and culture will also be examined to see the impact it may have on patients and families.

The biomedical model and the social model are described as the two key perspectives that inform work with patients who have illnesses.

The biomedical model of health is a model that has been used since late 19th century. This model was adopted by most of the National Health Services in the Western Society. It is used by the healthcare professionals as it focuses on the diagnosis and treatment of the diseases. It focuses only on the biological factors while ignoring the social and psychological factors that contribute to ill health. This model separates the human body from the mind, in other words, it does not provide the holistic approach. The human body in this case is compared to a car, which, whenever it needs service, may be taken to a mechanic by the owner and once the problem is diagnosed, it may be fixed. Wade and Halligan (2004) suggest that the biomedical model is an inadequate model and out-dated in today's society.

Brannon et al (2010) states that the biomedical model became questionable when chronic diseases were reported to be the leading cause of death over infectious diseases. Engel,(1977) believed that biological, psychological and social are all factors that should always be considered in order to meet an individual's needs.

The biomedical model is dominant when treating the disease because it uses the prescribed drugs that are proven worldwide. Taylor (2006) states that " the biomedical model is a reductionist model as it reduces illness to low level processes rather than recognise the role of social and psychological processes". Due to the biomedical model approach's limitations, Engel (1997) integrated psychological and social factors to the biological aspect of the biomedical model; this new theory was called bio psychosocial approach. Rana and Upton (2009) suggest that this approach gives a lot of understanding of the illness and the patient as a whole. The meaning of bio psychological approach can be broken into three categories that is, biological, psychological and sociological. Ogden (2007; pg 4 ) described this approach as that " the bio contributing factors includes genetics, viruses, bacteria, and structural defects. The psychological aspects were described in terms of cognition, emotions and behaviours while the social aspects were described in social norms of behaviour, pressures to change behaviour, social values of health, social class and ethnicity".

On the other hand there is the Health Belief Model sometimes referred to as the social model. This is a framework that focuses on the attitudes and beliefs of individuals. It was originally developed in 1950 by a group of cognitive and social psychologists that included Bandura, Leventhal ,  
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Rosenstock, Becker and Hochbam. Rankin (2005). This model attempts to identify compliers and non-compliers by examining six factors that are considered essential to health care decision.

Narratives from patients are vital to nurses as they help them to recognise social and psychological concerns that patients may have. Narrative helps doctors to collaborate with the patient while they help nurses to built a nurse patient relationship and to develop feelings of empathy towards the patient. Nurse patient relationship is a contributing factor in assisting the patient to adhere to treatment regimen.

To comply with the Nursing and Midwifery Council (NMC) (2008) that confidentiality must be maintained the patient's name has been changed to David. David was nursed during the author's twelve week placement at an NHS organisation. With supervision from the author's mentor, David agreed and consented to giving a narrative of the events that led to his current predicament.

During the interview with David, it was established that he was not going to seek medical advice even though there is a familial and hereditary link with lung cancer. Both his elder brother and his great grandfather died of lung cancer in their late fifties. David's knowledge and experience of the disease made him scared of seeking medical advice.

People view health differently. The World Health Organisation (WHO) (1946) defines health as a "state of complete physical, mental and social-being and not merely the absence of disease". According to Townsend and Davidson, the term health is derived from the word 'whole' which means to make  
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whole in medical terms. Seedhouse (1986) criticise the WHO's definition saying that ' a person's optimum state of health is equivalent of the state of the set of conditions which fulfil or enable a person to work, to fulfil his or her realistic and chosen biological potential. Some of these conditions are of the highest importance for all people while others are of variable importance depending on individual's abilities and circumstances.

The demographic characteristics of David are that he was an African, born in 1956. He was born in a middle class family and grew up to become a heavy smoker. David, who taught at a local school, started smoking at the age of sixteen. He was married and had one daughter who was about to start a new course at the college when he was diagnosed with lung cancer. His wife was a full time housewife making David the sole breadwinner in the household.

David started coughing and experiencing headaches one weekend. This was the initial concept of ill health. It mainly focuses on patients as they quickly notice and identify the symptoms and seek medical advice. David believed that he was getting a cold since a cold spell had been experienced the previous week. He, therefore, dismissed his present symptoms as being a temporary phenomenon and carried on with his daily activities as usual. As the symptoms persisted, David visited a local pharmacy for advice where he purchased some remedies.

He knew that something was wrong with his health wise as reflected by his symptoms but chose to self-monitor the illness and employ ' a wait and see' attitude before seeking professional medical advice. This process whereby individuals delays seeking medical help whilst waiting to see how the

symptoms will progress before consulting other people or taking remedies is known as an illness behaviour. Illness behaviour is often shaped or influenced by culture and the society we live in. David delayed seeking medical advice as he was worried of possible hospitalisation. He was also acutely aware of the traumas that his relatives went through and this made him delay seeking medical advice. David feared that he might not be able to provide for his daughter. Having a good educational background, David was highly committed to his daughter's educational achievements and would not have wanted her to be distracted from achieving her full potential. Faced with a dilemma of her father being a lung cancer victim she could prefer staying home with her father possibly during his last days. .

An anti-discriminatory perspective requires sensitivity to the individual perspectives of others and their rights to choice, dignity, respect, and independence, regardless of their personal background and presentation. (Thomson et al 1994 and Williams et al 2001) David continued to go to work as he wanted to maintain his social identity as well as his personal identity. He did not want to be labelled as a social deviant, the term that generally refers to law breakers and other social misfits in today's society. This means he would be discriminated against and therefore chose to pretend everything was not ill. People are expected to follow certain rules. According to Goffman(1961), stigma is anything that discredits a person or threatens his or her presentation of self. Although stigma is usually thought to be a physical blemish, Goffman's approach gives a much wider analysis. As David's illness progressed, he started to cover up his sickness from friends. He lost interest in going out to his local pub and pretended to be fit.

David started to cough up blood, suffered breathlessness and began to isolate himself as result of the perceived stigma. David became upset because he was not able to do physical activities anymore; he became frustrated and suffered from low self-esteem and emotional dysfunction. Research shows that people with lung cancer feel sad and have low self-esteem hence this can cause depression and anger Cappiello (2012)

As the disease progressed, David decided to make an appointment with his General Practitioner. He took some time off work. On the day of his appointment David was asked of his symptoms and was referred to the hospital. This is an example of a biomedical model which this doctor used. The author still thinks this model should be credited because it wastes no time and save lives. However, as pointed out earlier the potential of David developing low self-esteem, depression and anger were not explored by his GP.

It came as a huge shock when David was given his diagnosis while in hospital. David's educational background meant that he was well aware that he needed treatment. Studies show that the concordance with treatment in cancer patient is higher than other chronic conditions Di Matteo (2004). The side effects of treatment can also lower the level of adherence in patients.

After the diagnosis, David needed psychosocial support in order for him to cope with the illness. Patients are not likely to get this form of support from the medical professionals. It was likely that it would take time for David to come to terms and accept his illness. David, however, continued to smoke after the diagnosis, against the healthcare professionals' advice. He felt that

health care professionals did not understand him and that their behaviour and attitude towards him were or could be viewed as discriminatory. David came from a culture where they placed greater value on prayer and meditation. His family would be involved in the prayers and therefore restricting David ' s wife from seeing him would have a negative impact psychologically.

Nurses need to demonstrate an understanding of the importance of dignity and respect for patients and their families as they will have different cultures. This helps in providing patient-centred care. To achieve this, nurses need to examine their own values, beliefs, and culture which can have a significant negative impact on their patients.

They need to ensure that they provide nonjudgmental, personalized care to their patients. (www. oup. com).

Lung cancer is associated with smoking and society's view on people who have this disease is that it is about life choices. The question raised about these groups of people is around deserving help and the impression given by care givers that they are wasting resources. David's experience in hospital was that he felt his lung cancer was viewed as self-inflicted through life style/ choice as a result of smoking, compared to other cancers that were viewed in a more sympathetic and sensitive manner. David's continuation of smoking against medical advice further exacerbated these attitudes. However David should not be discriminated against for having self inflicted the illness through smoking. George Best' case cited in guardian (25. 08. 04)



comes to mind where it was debated if he deserved the liver transplant as he was alcoholic.

On two separate occasions David's wife was not allowed to see him whilst he was recovering as doctors felt that her presence was not going to help him as he was recovering from chemotherapy. The biomedical model was used by healthcare professionals in this setting and David's wife and her contribution towards the healing process was not explored nor acknowledged. David and his family should be empowered to make choices and decisions as far as his health was concerned regardless of his state of health. David was vulnerable being unwell and therefore the nurses were taking advantage of his situation by making decisions for him.

Life style and people's choices are influenced by education and socio economic situation of individuals. David lived amongst friends who saw smoking as a method of relaxing. David had the money to buy tobacco as his parents could assist him financially. Upon reflecting, it is clear that David's indulgence in smoking was influenced by exposure to this lifestyle in his adolescence years at a boarding school.

Legislation on smoking policy has shifted significantly in the last decade or so and the government now appears to be taking a tougher stance on smoking in public places and advertising, together both smokers and manufactures . During David's upbringing advertisement of smoking was not uncommon and most of the tobacco companies sponsored major sporting events. It is likely that the government policy may have had some influence indirectly in him choosing to smoke.

Addiction and dependency on nicotine- look at how this sustained David's smoking behaviour.

Research has shown that people from lower socio economic backgrounds suffer disproportionately with disease compared with people from high social background. People from poor background live in crowded communities, share communal areas; lack healthy eating, cannot afford gym fees and are therefore prone to suffer from ill health.

Because David was employed and popular in the local community, he could afford to feed his smoking habit. He also benefited from buying cheap cigarettes smuggled from the East European countries and readily sold in the local community.

Admissions to hospital can be stressful to a patient's life. Individuals are prone to lose their independence mostly their privacy and will not have control over some of the activities of daily living. David was expected to move from his normal behaviour pattern and adapt to the role of a patient. Barker (2005) suggested that when an individual becomes a patient, one lose identity and may become vulnerable.

The concept of learning helplessness was suggested by Martin Seligman (1975) Healthcare professionals can lead their patients into learned helplessness as they encourage patients to undergo surgery or treatment without taking their thoughts and feelings into account.

The author narrated a patient's illness/journey from a psychological, cultural and sociological perspective by looking into David journey with lung cancer.

This approach was beneficial as it explores the issues from the patient perspective. The advantage of a narrative from patient was demonstrated in this assignment by psychological and social aspects that the biological model would have ignored. Biological model plays a vital role and has its place in health care systems. The biological model was essential as it helped to diagnosis David quickly, once David decided to seek help.

Illness behaviour was demonstrated to be the concept behind how individuals decide when to seek advice after first noticing symptoms. Illness behaviour is shaped by the culture and society we live in and in David's case had a bearing when he eventually contacted services.

Life approach was shown to have had an influence in David's decisions about his illness. Life style and choices that we make may have long term consequence on our health. The author demonstrated that these life style and choices are also influenced by our socio and economic background. Whilst it is very important to take note of life style/ choices in terms of preventive measures and health education, health care professional have to be wary that this does not lead to certain attitudes and behaviour that leads to discrimination. In the narrative David expressed that he felt that health care professionals had a different attitude to other cancer patients whose origin was not associated with life style such as smoking. He felt discriminated against.

Diseases like lung cancer have an impact on individuals that may debilitate and may result in institutionalisation and individuals playing the sick role.

Person centered approach which was identified in this assignment becomes vital

Studies have shown that people with lung cancer who receive palliative care earlier actually survived longer, had a better quality of life, and suffered less from depression. The people need to be informed so that they can make these kinds of decisions. Instead, patients often come out feeling that they weren't heard by their physicians, and this is very unfortunate."

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