

Health psychology paper



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Health Psychology Paper The financial officer of a healthcare system has asked to design a program to help children with asthma reduce the use of emergency departments. This report considers the means of this task with respect to behavior and sociocultural factors associated with emergency department use for pediatric asthma. Asthma represents one of the most common childhood chronic illnesses, as such its position as a illness that is oftentimes treated through children's admittance to the emergency is equally prevalent (Powell, Raftos, Kerr, Rosengarten, Kelly 2004). While this has proved to be a somewhat effective treatment option, for a number of reasons it poses a logistical challenge to hospitals, as well as the children admitted into the emergency ward. It follows that it's necessary to consider ways to curb the desire for children admittance to emergency wards as primary treatment options. In considering sociocultural factors that influence emergency use for pediatric asthma one of the primary efforts must be made in establishing the understanding that emergency wards are not the only treatment option. In these regards, it's the responsibility of the hospital to make it clear that there also exist clinical pathways in which children can receive medical aid (Varni, Burwinkle, Rapoff, Kamps, Olson 2004). . This report argues that while it's necessary for the hospital and medical establishment to have these clinical pathways in place, in terms of sociocultural and behavioral patterns, it's critical for medical professionals to inform caregivers of children with asthma at the time of their diagnosis the variety of options they have regarding these treatment mechanisms. While asthma is a serious illness that requires medical attention, it's also clear that inpatient pathways that avoid admittance to the medical ward have been demonstrated to be equally as effective treatment options. With this

equitable treatment care, the question then becomes a logistical issue. In these regards, it's necessary for medical care professionals to inform caregivers of the treatment options in comparison to emergency ward admittance. Banasiak & Meadows-Oliver, M. (2004) state, " inpatient pediatric asthma clinical pathways are effective in reducing length of stay of asthma hospitalizations... clinical pathways appear to affect at least a portion of the hospital costs for those patients treated using the pathway." This report indicates that logistically clinical pathways make the most sense for both hospitals and asthma patients. In shifting behavioral and sociocultural attitudes, it then becomes both the responsibility of the hospital and the patient's general practitioner to inform the patients of these treatment options. Indeed, this report argues that in shifting sociocultural and behavioral patterns, the primary responsibility falls on the general practitioner or the hospital doctor that originally diagnoses the patient's asthma. If significant progress is to be made in response to shifting cultural approaches to treatment these individuals must inform the patients and their caregivers of the proper clinical pathways necessary to follow as a means of avoiding emergency room procedures. In conclusion, this report has considered the issue of asthma patient admittance into emergency ward as logistically ineffective for both the patient and the hospital. It has demonstrated that emergency wards are not the only treatment option for asthma patients. It has then followed these elements in arguing that a shift must be made in patient sociocultural and behavioral patterns that will lead them to embrace these clinical pathways over emergency care treatment. The primary responsibility for enacting these behavioral changes falls on the original treatment professional be it hospital or primary care physician.

References Banasiak, N., & Meadows-Oliver, M. (2004). Inpatient Asthma Clinical Pathways for the Pediatric Patient: An Integrative Review of the Literature. *Pediatric Nursing*, 30(6), 447-25

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