University of Tikrit

College of Nursing

Medical Sociology

For Nursing

General Nursing Program

Second Year/Semester Two

STUDENT GUIDELINES

To all students, welcome to the Second Year in the General Nursing Program.

Medical Sociology: is one of the Nursing courses for the general nursing curriculum. The syllabus attached is designed to provide each student with an explanation to the course content.

Instructions for use of Student's Course Books

- Each Class Session identifies the content that will be covered in that class and the activities expected by the students.
- During the Class Session, ask for explanations of term that are not clear.
- You are advised to participate in class room discussion.
- You are advised to complete she study Questions given at the end of each unit that will help you to fully understand the course material.

Course Guideline:

1. Course Title: Medical Sociology

2. Course Number: (204)

3. Credit Hours: (2) credits

4. Course Calendar: (2) hours weekly of (15) weeks.

5. Placement: Second years / first semester.

6. Instructors:

- Dr. Yasir Nedham AL-Deen, Assist. Professor
- Mrs. Eman Salem AL-Khafaf, Assist. lecturer
- Mr. Zeyad Tariq AL-Nouami, Assist. Lecturer
- Mr. Nawaf Mohamed Dhaher, Assist. Lecturer

7. Course Description:

This course provides students with a conceptual framework of sociology and its applications to different aspects of social life. Emphasis is applied on concepts related to rights/ rules issues and interpersonal relationships among health team and between the nurse and clients to enhance the development of positive attitudes towards nurses, health team and clients. It identifies the health and disease in a social context, explores their reflection on different individuals, groups and communities, and determines the role of community in the health services as well. This course enables students to identify, predict, criticize and respond to the health problems of the society.

8. Course Goals:

At the end of the course the student will be able to:

- Understand certain concepts of sociology.
- Identify the components of a society.
- Determine the importance of sociology on the nursing profession.

- Recognize the interpersonal relationships among the health team and between the nurse and clients.
- Determine the rights and roles of clients, nurses, and other health team.
- Develop positive attitude towards clients, nurses and other members of the health team.
- Explore the reflection of health and diseases issues on the social behaviors of individuals, groups and societies.
- Determine the role of the community in the preventive and curative aspects of health services.
- Analyze critically common health problems of the Iraqi society.
- Suggest solutions to the health problems of the society depending on scientific base.

9. Course Outline:

Unit 1: Introduction: (4) hrs.

- Concept, nature, and the goals of sociology.
- The relationship between sociology and nursing/ medicine professions.
- Research in sociology.

Unit 2: Theories of sociology. (2) hrs.

Unit 3: Analysis of sociology: (4) hrs.

- Establishment of societies.
- Societal communities.
- The social roles.
- Rights and rules.
- Personality in the social context.

Unit 4: Social problems: **(6) hrs.**

- The concept of problems and its nature.
- The cause and the effect of social problems on the society.
- Approaches to solve social problems.
- Common social problems affecting individuals physically and psychologically (murder or crime, adduction, family dissociation and divorce).
- The role of community in facing the social problems.

Unit 5: The Family: **(4) hrs.**

- Family as one of the community organizations.
- The concept of a family.
- Types of families and their problems.
- Health problems facing the family.

Unit 6: Analysis of impulsive behavior and its effect on: **(4) hrs.**

- Individuals.
- Groups.
- Community.

Unit 7: Interpersonal relationships: **(2) hrs.**

- Social relationships
- Nurse – client‘s relationship.
- Nurse – health team relationships.

Unit 8: Social alteration: **(4) hrs.**

- Concept of Social alteration.
- Effect of Social alteration on the individual, group and community.

10. Learning Resources:

Blackboard, Handouts.

11. Teaching/ Learning Strategies:

Lecture, Group discussion, Writing Reports, Brain Storming

12. Students Evaluation:

1st term Exam	2nd Term Exam	Report	Daily Activity	Final Exam	Total
20%	20%	5%	5%	50%	100%

13. References:

- Cooke, H., Philpin, S. (2008). Sociology in Nursing and Health Care. Elsevier Limited.
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Curriculum Committee Members

- Ass .Prof: Dr. RadhwanHussein Ibrahim .Dean, Chairperson
- Mr. Mohammed Yahya Ahmed, MSC. Nursing Education.
- Mr. Rami Ramadhan. MSC. Fundamentals of nursing

Date prepared: September, 2013

Unit One: Introduction

Sociology: is the scientific study of society, including patterns of social relationships, social interaction, and culture.

Culture: referred to elite goods and activities such as haute cuisine, high fashion or haute couture, museum-caliber art and classical music. The word *cultured* referred to people who knew about and took part in these activities. For example, someone who used *culture* in this sense might argue that classical music is more refined than music by working-class people, such as jazz or the indigenous music traditions of aboriginal peoples.

In sociology, a distinction is made between society and culture. Culture refers to the norms, values, beliefs, behaviors, and meanings given to symbols in a society. Culture is distinct from society in that it adds meanings to relationships.

Socialization: is a life process, but is generally divided into two parts:

Primary socialization: takes place early in life, as a child and adolescent. ***Secondary socialization*:** refers to the socialization that takes place throughout one's life, both as a child and as one encounters new groups that require additional socialization.

Nature of sociology:

Sociology is the branch of knowledge and it has its own characteristics. Sociology has different nature in society. It is

different from other sciences in certain respects. **The following are the main characteristics of sociology as follows:-**

1. Sociology is an independent science:- It is not treated and studies as a branch of any other science like philosophy or political philosophy or history.
2. Sociology is the social science and not a physical science:- As a social science it concentrates its attention on man, his social behavior, social activities and social life.
3. Sociology is the categorical and not a normative discipline:- Sociology "Confines itself to statement about what is, not what should be or ought to be". As a social science sociology is necessarily silent about questions of value and it is ethically neutral.
4. Sociology is the pure science and not an applied science:- The main aim of pure science is the acquisition of knowledge and it is not bothered weather the acquired knowledge is useful or can be put to use.
5. Sociology is the relatively an abstract science and not a concrete science:- Sociology does not confine itself to the study of this society of that particular society or social organization, or marriage, or religion, or group and so on. It is in this simple sense that sociology is an abstract nor a concrete science.
6. Sociology is the generalizing and not a particularizing or individualizing science:- Sociology tries to find out the general laws or principles about human interaction and association, about the nature, from, content and the structure of human groups and societies. It tries to make generalisations on the basis of the study of some selected events.

7. Sociology is the general science not a special science :- The area of inquiry of sociology is general not specialised. It is concerned with human interaction and human life in general. It only studies human activities in a general way. Anthropology and social psychology often claim themselves to be general social science.
8. Sociology is both rational and an empirical science:- There are two broad ways of approach to scientific knowledge. Empiricism is the approach that emphasis experience and the facts that result from observation and experimentation. Rationalism is stresses reason and the theories that result from logical inference.

The Main Sociological Perspectives

Theories in sociology provide us with different perspectives with which to view our social world. A perspective is simply a way of looking at the world. A theory is a set of interrelated propositions or principles designed to answer a question or explain a particular phenomenon; it provides us with a perspective. Sociological theories help us to explain and predict the social world in which we live. Sociology includes three major theoretical perspectives: the functionalist perspective, the conflict perspective, and the symbolic interactionist perspective (sometimes called the interaction is perspective, or simply the micro view). Each perspective offers a variety of explanations about the social world and human behavior.

1- Functionalist Perspective

According to functionalism, society is a system of interconnected parts that work together in harmony to maintain a state of balance and social equilibrium for the whole. For example, each of the social institutions contributes important functions for society: Family

provides a context for reproducing, nurturing, and socializing children; education offers a way to transmit a society‘s skills, knowledge, and culture to its youth; politics provides a means of governing members of society; economics provides for the production, distribution, and consumption of goods and services; and religion provides moral guidance and an outlet for worship of a higher power.

The functionalist perspective emphasizes the interconnectedness of society by focusing on how each part influences and is influenced by other parts. For example, the increase in single parent and dual-earner families has contributed to the number of children who are failing in school because parents have become less available to supervise their children‘s homework. As a result of changes in technology, colleges are offering more technical programs, and many adults are returning to school to learn new skills that are required in the workplace.

Sociologists have identified two types:

1. **Manifest functions:** are consequences that are intended and commonly recognized.
2. **Latent functions** are consequences that are unintended and often hidden. For example, the manifest function of education is to transmit knowledge and skills to society‘s youth. But public elementary schools also serve as babysitters for employed parents, and colleges offer a place for young adults to meet potential mates. The baby-sitting and mate-selection functions are not the intended or commonly recognized functions of education; hence they are latent functions.

2-Conflict Perspective

The functionalist perspective views society as composed of different parts working together. In contrast, the conflict perspective views society as composed of different groups and interest competing for power and resources. The conflict perspective explains various aspects of our social world by looking at which groups have power and benefit from a particular social arrangement. For example, feminist theory argues that we live in a patriarchal society—a hierarchical system of organization controlled by men. Although there are many varieties of feminist theory, most would hold that feminism ‒demands that existing economic, political, and social structures be changed‖.

3-Symbolic Interactions Perspective

Both the functionalist and the conflict perspectives are concerned with how broad aspects of society, such as institutions and large social groups, influence the social world. This level of sociological analysis is called:

Macro sociology: It looks at the big picture of society and suggests how social problems are affected at the institutional level.

Micro sociology: another level of sociological analysis, is concerned with the social psychological dynamics of individuals interacting in small groups.

The connection between sociology and nursing

The connection between sociology and nursing covers a few key factors that help nurses integrate key sociological theories into their practice. One of the most important subject matters to directly impact the topic is an understanding of the difference between

sociology in nursing and the sociology of nursing. After gaining an understanding of the difference in the two topics, the symbolic relationship between the disciplines is geared toward the application of sociology to nursing theory and practice. This relationship centers on developing skills that better enable nurses to deliver nursing care to patients, taking into account sociological forces that inherently affect patient care and recovery as well as for nurses delivering such care. Other key factors that connect sociology and nursing include providing a more robust framework for conducting nursing research and gaining a better understanding of the nursing field itself, particularly its role in healthcare.

Sociology of nursing focuses on the sociological factors that evolve from the practice of nursing. Such topics may include a nurse‘s occupational concerns or turnover problems, which are commonly characteristic in the field or nursing. Rather, the focus is on the sociological attributes of nursing itself, while sociology in nursing focuses on the application of sociology tools and theories to nursing practice and research. While the two topics have a different focus, both form a crucial relationship with nursing, aimed at better enabling nurses to provide better patient care. Application is required to solidify this relationship, since sociology is of little or no use to nursing if the key findings are not further researched and then applied.

Research framework for sociology and nursing provides the first key link between the two disciplines. Defining sociology usually begins with an attempt to understand the social factors that affect a

particular topic, or human social interactions at large. Thus, nursing itself takes place with a range of social interactions between nurses and patients and between nurses and other healthcare participants as well as between nurses and those outside the healthcare system who may have a stake in health-related outcomes, such as the relatives of a patient. Applying sociological research methods to nursing research and integrating sound sociological principles with nursing theory, can help researchers better understand relevant factors that impact nursing care. For example, better understanding how culture impacts a patient‘s healthcare experience may help nurses better understand how to speed recovery, leading to the application of sociology and nursing.

Application of sociological principles and findings within the field of nursing - and in the practice of nursing - is the most obvious connection between the two disciplines. Nurses who have a solid understanding of sociology in nursing theory are often in a better position to understand the needs of their patients and how to best accommodate those needs from a social perspective. On the other hand, nursing administrators who have a good grasp in the sociology of nursing are better equipped to attend to factors that impact staff moral and the efficient allocation of nursing staff.

Sociological research: Sociological research methods may be divided into two broad categories:

- **Quantitative designs**: approach social phenomena through quantifiable evidence, and often rely on statistical analysis of many

cases (or across intentionally designed treatments in an experiment) to create valid and reliable general claims

- **Qualitative designs**: emphasize understanding of social phenomena through direct observation, communication with participants, or analysis of texts, and may stress contextual and subjective accuracy over generality

Sociologists are divided into camps of support for particular research techniques. These disputes relate to the epistemological debates at the historical core of social theory. While very different in many aspects, both qualitative and quantitative approaches involve a systematic interaction between theory and data. Quantitative methodologies hold the dominant position in sociology, especially in the United States. In the discipline's two most cited journals, quantitative articles have historically outnumbered qualitative ones by a factor of two. (Most articles published in the largest British journal, on the other hand, are qualitative.) Most textbooks on the methodology of social research are written from the quantitative perspective, and the very term "methodology" is often used synonymously with "statistics." Practically all sociology PhD program in the United States require training in statistical methods. The work produced by quantitative researchers is also deemed more 'trustworthy' and 'unbiased' by the greater public, though this judgment continues to be challenged by anti positivists.

The choice of method often depends largely on what the researcher intends to investigate. For example, a researcher concerned with drawing a statistical generalization across an entire population may

administer a survey questionnaire to a representative sample population. By contrast, a researcher who seeks full contextual understanding of an individual's social actions may choose ethnographic participant observation or open-ended interviews. Studies will commonly combine, or 'triangulate', quantitative *and* qualitative methods as part of a 'multi-strategy' design. For instance, a quantitative study may be performed to gain statistical patterns or a target sample, and then combined with a qualitative interview to determine the play of agency.

Unit Two: Theories of sociology

Major Theoretical Perspectives in Sociology:

Sociology as science employs perspectives or theories to understand, explain, analyze and interpret social phenomena. To interpret social facts, they must be subjected to a theoretical framework.

There are three major theoretical perspectives in sociology that have provided an overall framework for sociological studies. These are **structural-functionalism**, **social conflict theory** and **symbolic interactionism**. There are also theories that have emerged challenging these major ones.

1. The Structural-Functionalist Theory

This is one of the dominant theories both in anthropology and sociology. It is sometimes called functionalism. The theory tries to explain how the relationships among the parts of society are created and how these parts are functional (meaning having beneficial consequences to the individual and the

society) and dysfunctional (meaning having negative consequences). It focuses on consensus, social order, structure and function in society.

It sees society as a complex system whose parts work together to promote solidarity and stability; it states that our social lives are guided by social structure, which are relatively stable patterns of social behavior. Social structure is understood in terms of social function, which are consequences for the operations of society.

All social structure contributes to the operation of society. The major terms and concepts developed by anthropologists and sociologists in this theory include (or the theory focuses on): order, structure, function (manifest or direct functions and latent or hidden, indirect functions), and equilibrium.

The Structural-functionalist theory pays considerable attention to the persistence of shared ideas in society. The functional aspect in the structural-functionalist theory stresses the role played by each component part in the social system, whereas the structural perspective suggests an image of society wherein individuals are constrained by the social forces, social backgrounds and by group memberships.

After dominating sociology and anthropology for a long time, this theory was challenged by its main critics, notably those who proposed the social conflict theory. The theory was attacked for its emphasis on stability and order while neglecting conflict and changes which so vital in any society.

Structural functionalism

The version of this theory as applied to medicine ad society may be termed as the –medical ecological approach. The structural functionalist theory views medicine and the systems of health care as important social institutions; and it

focuses on the functions and roles played by the institution in maintaining odder and stability in society. The medical institutions whether scientific or traditional and the various practitioners exist to meet the needs of individuals and society.

2. The Social Conflict Theory

This theory is also called Marxism; to indicate that the main impetus to the theory derives from the writings of Karl Marx. This theory sees society in a framework of class conflicts and focuses on the struggle for scarce resources by different groups in a given society. It asks such questions as what pulls society apart. The theory holds that the most important aspect of social order is the domination of some group by others, that actual or potential conflicts are always present in society. The writings of Karl Marx are generally in the spirit of conflict theory, and Marxism influences most of conflict theorists in modern sociology.

The theory is useful in explaining how the dominant groups use their power to exploit the less powerful groups in society. Key concepts developed in this perspective include: conflict, complementation, struggle, power, inequality, and exploitation.

Although this theory gained fame in recent decades, it came under sharp criticism, for its overemphasis on inequality and division, for neglecting the fact of how shared values and interdependence generate unity among members of society; it is also criticized for its explicit political goals. Another critique, which equally applies also to structural functionalism, is that it sees society in very broad terms, neglecting micro-level social realities.

The equivalent of this theory in **medical sociology** and anthropology may be termed as ‒the critical‖ or ‒radical political economy‖ approach. It is an

approach which stresses on the socio-economic inequality in power and wealth which in turn significantly affects the health status and access to health care facilities. Individuals, groups, communities and even nations thus tend to have unbalanced share of health resources; and these often leads to the unequal distribution of morbidity and mortality patterns among a given society; those in power and dominance enjoy better health and the marginalized groups suffer from the burden of diseases.

3. Symbolic Interactionism Theory:

This theory was advanced by such American sociologists as Charles Horton Cooley (1864-1929) William I Thomas (1863-1947) and George Herbert Mead (1863-1931) in early 20th century. This perspective views symbols as the basis of social life. Symbols are things to which we attach meanings. The theory stresses the analysis of how our behaviors depend on how we define others and ourselves. It concentrates on process, rather than structure, and keeps the individual actor at the center. According to symbolic interactionism, the essence of social life and social reality is the active human being trying to make sense of social situations. In short, this theory calls attention to the detailed, person-oriented processes that take place within the larger units of social life.

This theory as applied to medicine and society may be termed as the cultural interpretationist approach. This approach focuses on the social and cultural constructions of health, illness and disease. According to this theory, illnesses and health are not just things that exist ―out there‖; they are productions of the complex social interactions; and health and illness are highly shaped by the manner in which people as actors give meanings to them and how the actors respond to them in socio-culturally sanctioned ways.

There are contemporary sociological theories that have emerged in recent decades that have heavily influenced sociological and anthropological thinking. These include the following:

1. Feminism

This theory takes as its central theme the place and facts of women‘s underprivileged status and their exploitation in a patriarch ally dominated society.

Feminist sociology focuses on the particular disadvantages, including oppression and exploitation faced by women in society. This theory ranges from liberal feminism, which recognizes inequalities but believes that reform can take place without a fundamental restructuring of the social system, to radical feminism, which advocates the fundamental need for societal change.

2. Social Exchange Theory

This theory focuses on –the costs and benefits which people obtain in social interaction, including money, goods, and status. It is based on the principle that people always act to maximize benefit. However, to receive benefits, there must always be an exchange process with others‖ Public Choice Theory: This theory states that collective organizations such as political parties act rationally to maximize their own benefits. It argues that individual differences are best resolved by collective involvement within organizations. The role of the state is important in arbitrating between large-scale interests.

3. Rational Choice Theory

This theory assumes that individuals will operate in rational way and will seek to benefit themselves in the life choices they make.

4. Structuralism

This theory denies any basis for humans being active, since human consciousness is no longer seen as the basis of meaning in language. Structuralism differs from the mainstream traditional theories in that it rejects objective social facts and a concept of society as an objective, external entity. It defines social reality in terms of the relations between events, not in terms of things and social facts. Its basic principle is that the observable is meaningful only in so far as it can be related to an underlying structure or order.

5. Post-Structuralism and Post-modernism

Post-structuralism focuses on the power of language in constructing knowledge and identity. The writers in this field have emphasized the role of language in human life, how language dictates the thoughts we have, and how it constructs meanings for us. Post-structuralists argue that humans cannot arrive anything they can confidently call the (universal) truth. There is no link between the words (language) ideas, and the real world. It denies the sociological idea that our concepts have some relationship to the real world. It is not possible to arrive at a sociological truth, and such attempts are dangerous.

Post-modernism: The basis of post-modernism was post-structuralism. Post-modernism is defined as a cultural and aesthetic phenomenon which mainly rejects order and progress, objective and universal truth; and supports the need for recognizing and tolerating different forms of reality. It tends to celebrate chaos and disorder, diversity and fragmentation in the modern global society rather than wanting to achieve order. This theory maintains that there is no ultimate reason in human life and existence.

Unit Three: Analysis of sociology

Society: defined as a group of people who live within some type of bounded territory and who share a common way of life. The term *society* as mentioned earlier is derived from a Latin word *socius.* The term directly means *association*, *togetherness*, *gregariousness*, or simply *group life*. The concept of society refers to a relatively large grouping or collectivity of people who share more or less common and distinct culture, occupying a certain geographical locality, with the feeling of identity or belongingness, having all the necessary social arrangements or insinuations to sustain itself.

Culture: is common way of life shared by a society or a group.

Levels of analysis in sociology:

1. **Micro-sociology:** is analyzing small scale social phenomena. Micro-sociology is interested in small scale level of the structure and functioning of human social groups; whereas macro-sociology studies the large-scale aspects of society. It focuses on social interaction. It analyzes interpersonal relationships, and on what people do and how they behave when they interact. This level of analysis is usually employed by symbolic interactions perspective.

2. **Macro-sociology:** is analyzing large-scale social phenomena. It focuses on the broad features of society. The goal of macro-sociology is to examine the large-scale social phenomena that determine how social groups are organized and positioned within the social structure.

3. **Meso-sociology:** is an analysis of social phenomena in between the micro- and macro- levels. It analyzes human social phenomena in between the micro- and macro-levels.

Elements of society:

1. Earth specific.
2. Population.
3. Time continues like any historical relationship.
4. Minimum of self-sufficiency

Societies Classification:

1. Minor classification: e.g. rural, urban, agricultural and industrial society.

2. Advanced classification: primary society, slavery society, feudal society.

3. Comparative classification: it indicators on the basis of the numbers of people in different communities.

Social processes:

is a set of changes and interactions that lead to the emergence of a recurring pattern of behavior that creates a dynamic movement which put the community in a state of constant change which refers to move the community from case to case.

Some of concepts that help to understand the sociology:

1. The concept of social action: is any practice of behavioral to move towards achieving a particular goal within behavioral base approved by the community and by using legitimate means.

2. Actor and the other: is the actor of a person who conduct and the other is the one who receives this behavior that means the social interaction.

3. Social attitude: it is the social context which shows the interaction and includes a series of interactions related to a particular subject.

4. Civil society organizations: are the common area which shared between family, market, and the state, which including:

1. Non-governmental Organizations: is a non -profit organizations that have the structure of an organization or activity , and be registered entities and groups within these institutions .

2. Activist groups: across the Internet, including social media , which can be described as " the organization" and it does not necessarily have to be a physical or legal structure

3. Social teamwork and matched in principle at work.

4. Religious leaders and religious groups.

5. Unions and labor organizations that represent the workers.

6. Social project owners, who work for society and the environment.

7. Popular assemblies which it is being active at the regional level.

Civil society organizations' roles:

1. Monitoring: civil society organizations have a vital role in monitoring the conduct of the elections and this requires the presence of a broad coalition of organizations which do not have relationship with parties or political candidates.

2. Advocate: civil society plays the role of the lawyer in raising awareness of the issues and challenges of community and to advocate for change.

3. Service provider: the provision of services to meet community needs such as education, health, food, safety and security, and implementation for disaster management and responding in emergencies.

4. Expert: bring the knowledge and unique experiences to format the policies and strategies, and find solutions.

5. Capacity Building: civil society organizations assist to develop of other values of democratic life: e.g. tolerance, moderation, compromise, and respect for opposing points of view.

6. Incubator: developing solutions to conflicts or disputes that may require long time, therefore the civil society organizations play an important role in mediating and helping to resolve the conflict.

7. Representative: give power to the voice of underrepresented by educating people about their rights and obligations as citizens of a democracy, and encourage them to listen to election campaigns and voting in elections.

Basic Features of a Society:

First: a society is usually a relatively large grouping of people in terms of size. In a very important sense, thus, society may be regarded as the largest and the most complex social group that sociologists study.

Second: as the above definition shows, the most important thing about a society is that its members share common and distinct culture. This sets it apart from the other population groups.

Third: a society also has a definite, limited space or territory. The populations that make up a given society are thus locatable in a definite geographical area. The people consider that area as their own.

Fourth: the people who make up a society have the feeling of identity and belongingness. There is also the feeling of oneness. Such identity felling emanates from the routinized pattern of social interaction that exists among the people and the various groups that make up the society.

Social roles:

It is defined as the expectations, duties, responsibilities, obligations, etc, which are associated with a given social status. Every person/ group of persons is/ are expected to behave, act and demonstrate skills, knowledge and attitude that are fitting to the given status or statuses. Every person is expected to play two or more roles. Multiple statuses are associated with multiple roles. The different roles associated with a single status are called **role set**. Sometimes, there are role conflicts, meaning the clashing of one role with the other. The concept of social role provides a way to name people‘s interdependencies. Roles identify the ways that people belong to each other, participate in exchanges with each other, and expect reciprocal responsibility from each other. They identify the contexts in which people learn skills and perform skilfully and the areas of life where people can experience satisfaction and earn status.

These role conflicts divide into:

1. Inter-role: i.e. conflict between two or more roles.

2. intra-role conflicts: i.e. conflicts that occur when a person feels strains and inadequacies in accomplishing a certain role, or when there is a gap between what a person does and what a group expects of him or her. Intra-role conflict may also be called role strain.

3. Ideal role: it is the role which a person is expected to perform theoretically.

4. Actual role: it is the role that a person accomplishes according to his or her level of understanding, capacity and personality.

Human Rights:

1. **Civil rights**: rights under the law such as freedom from arbitrary arrest, right to a fair, trial, freedom of speech, freedom to join groups such as trade unions.
2. **Political rights**: right to vote and to join political parties, right to political representation.
3. **Social rights**: rights to welfare and health such as a right to receive health care, a right to have access to clean water.

Working with Communities:

This method of social work is called community organization. It involves the process of creating and maintaining the progressive and more effective adjustment between community resources and community welfare needs. The aim is to make adjustment between the two, which is possible through the effort of professional workers on the one hand, and individuals and groups in the community on the other.

Unit Four: Social Problems

A social problem: is a social condition that has negative consequences for individuals, our social world, or physical world.

A social problem has objective and subjective realities.

- **Objective reality** of a social problem comes from acknowledging that a particular social condition does negatively impact human lives.
- **Subjective reality** of a social problem addresses how a problem becomes defined as a problem. Social problems are not objectively predetermined. They become real only when they are subjectively defined or perceived as problematic. This perspective is known as social constructionism.

  The term ―social problem‖ is usually taken to refer to social conditions that disrupt or damage society—crime, racism, and the like.

The Concept of Social Problems:

Social scientists usually talk about *social pathologies* or social problems. Social pathologies have existed as long as humans began living in groups. In other words, they are as antique as humans themselves. The kinds of social pathologies that baffle social scientists and moral philosophers today were also topics of philosophical inquiry for ancient and medieval philosophers and religious thinkers. However, it may be appropriate to argue that the profundity and scope of today‘s social problems are unmatchable with those of the past.

The term social pathology generally refers to the *pathos of society*, i.e., the "social diseases" that affect society. However, a more explanatory term is *social problems*. Social problems are those diseased conditions of society that affect its normal functioning. A problem that is limited only to the level of an individual person or to only few groups may not be regarded as a social problem. A social pathology affects society, or its institutions and organizations at large. However, the very term *social problem* may mean any problem that has social origins, affecting at least two persons, that goes beyond mere psychological and physiological levels.

Sociologists argue that social problems are best understood in the social institutional context. Although the causes for social problems are multiple, sociologists contend that they are usually the manifestations of the failure in the social institutions themselves. When an institution fails to address the basic needs of people, social problems occur. It is usually easy for an ordinary person to blame the cause of a certain social problem on the failure of individuals themselves. For example, if we take the problem of begging or drug addiction, the individual victims are blamed for the actions. However, we need to look into the broader sociological and cultural contexts.

The Elements of Social Problems:

If we surveyed a group of people to see what the most important social problem is that faces us today, we would probably get

many different responses. Whichever topic we pick as a social problem should have the following four components:

1- They cause physical or mental damage to individuals or society.
2- They offend the values or standards of a large segment of society.
3- They persist for an extended period of time.
4- They generate competing proposed solutions from different groups which delays reaching consensus on how to solve the problem.

Social problems

1. Crimes: broadly as behavior in which individuals obtain resources from others via force, fraud, or stealth. **Crimes** usually are defined as acts or omissions forbidden by law that can be punished by imprisonment and/or fine. Murder, robbery, burglary, rape, drunken driving, child neglect, and failure to pay your taxes all are common examples.

The key to understanding crime is to focus on fundamental attributes of all criminal behaviors rather than on specific criminal acts. Instead of trying to separately understand crimes such as homicide, robbery, rape, burglary, embezzlement, and heroin use, we need to identify what it is they all have in common. Much past research on crime has been confounded by its focus on these politico-legal rather than behavioral definitions.

The behavioral definition of crime focuses on, **criminality** is a style of strategic behavior characterized by self-centeredness, indifference to the suffering and needs of others, and low self-control. More impulsive

individuals are more likely to find criminality an attractive style of behavior because it can provide immediate gratification through relatively easy or simple strategies. These strategies frequently are risky and thrilling, usually requiring little skill or planning. They often result in pain or discomfort for victims and offer few or meager long-term benefits because they interfere with careers, family, and friendships.

Causes: poverty, inequality, disrupted families, inadequate socialization, and the presence of criminal opportunities all seem to be important correlates of crime.

A-Ecological Factors

Ecological factors involve interactions between people and their activities in a physical environment. This category includes things associated with the physical environment such as geography and topography, crowding, pollution, and recreational opportunities.

These ecological factors can affect how people develop physically and emotionally over their lives as well as the level of hostility, fear, or well being they feel from moment to moment as they experience, for example, a crowded subway, dark lonely parking lot, or serene park.

B. Societal or Macro level Factors

Societal or macro level factors deal with systematic interactions between social groups. Societal factors describe the ways society is structured. They include such things as the relative distribution of the population among groups and the flows of information, resources, and people between groups. Societal factors encompass the variety and heterogeneity of racial/ethnic/cultural/productive groups, their behaviors and beliefs, and economic relations.

C. Motivation and Opportunity

Individuals actually commit the crimes. Although ecological and societal factors must be included in any full explanation of crime, individual factors always intervene between them and a criminal act. For this reason individual factors need to be the center of any description of the causes of crime. Individual or **micro level** factors describe how a person becomes motivated to commit a crime.

2. Unemployment:

Governments in developed and undeveloped countries alike these days face the mounting social problem of unemployment. unemployment has become one of the major social problems. The unemployed are those who currently in search of a gainful job and are dependent on somebody else for their living. There are other categories like the underemployed; these are those who are engaged in a job that does not match their level of expertise or training.

The youth seem to suffer the most from this social problem. Of those who complete the 10th or 12th grades, limited number join colleges and universities. Even of those who graduate with diplomas and degrees, many stay long in search of job. The problem of unemployment has many adverse ramifications on the unemployed and the society at large. Desperation and disappointments may lead many to self-destructive and anti-social behaviors and actions, such as drug addictions, alcoholism, organized crimes (like robbery), suicide, and violence against women, theft and begging.

3. Youth and Drug Addiction

The problem of drug addiction is now a number one social problem, particularly in developed societies. The problem is becoming rampant in the world as well. It is now common to hear from the electronic media and to read from the print media that the tradition of drug usage is a growing one in many large urban centers in the country. Many have become dependent on the stimulant drug and it seems that without it some fail to efficiently carry out their tasks.

4. Growth of Urbanization, Urban Poverty, Housing Problem, Homelessness and Begging

The problem of urban slums, increasing poor quality of life and poverty, shortage of basic social services such as clean water, electricity, communications facilities, housing, etc, and the growing rate of crimes and deviance. Urban slums are centers for undesirable social behaviors such as commercial sex work, theft, robbery, drug trafficking and use, sanitation problems, among others. With the growing number of urban population, access to good housing is becoming increasingly problematic.

Studies indicate that many urban people live in substandard houses and many more even lack accesses to housing. Thus, homelessness has now become a growing social problem in many urban centers. Many people are thus forced to spend their entire lives in the streets. Available data show that number of people taking to the streets is increasing rapidly, particularly in major urban centers. The health and living conditions of these categories of people is very appalling. The street children and adolescents are often among the risk groups to contracting STIs including HIV/AIDS. They lack access to basic social and health

services. The main means of making a living for these categories of people is usually begging and sometimes engage in commercial sex. Begging itself has become a major social pathology in some large urban centers.

Unit Five: The Family

Family definition:

Family is a social system composed of —two or more persons who are joined by bonds of sharing and emotional closeness and who identify themselves as being part of the family. Family is as one of the community organizations.

Family means different things to different people – families may span several generations, several households, and may change in response to life events such as divorce, remarriage, and children leaving the parental home. It is sometimes easier to define a family not by what it looks like but by what it does – caring, supporting, protecting and loving are what families have in common.

Basic Concepts of Families:

- Families come in many different shapes and sizes and accomplish many different things for different people. Therefore, the concept of familiness can be more broadening and inclusive. Familiness includes the traditional functions and responsibilities assigned by society to families, such as: childbearing/rearing, intimacy, security. Familiness also includes consideration for diversity in the structure, value and context of families. Recognizes culture, gender, sexual orientation, age, disabling, conditions, income, and spirituality

Traditional ideas about family:

- Definitions generally focus on either structure of function.
- Structure: the relationships among members that are based on marriage, blood, or adoption
- Function: tasks performed by families, such as child rearing, meeting affectional needs of adults, and transmitting the values of the larger society-traditional family tasks:
- Providing physical care
- allocating resources
- determining who does what
- assuring members‘ socialization
- establishing interaction patterns
- incorporating and releasing members
- relating to society through its institutions
- maintaining morale and motivation
- Divorce, remarriage, and stepfamilies
- Rapidly growing rates of divorce and remarriage mean that the events will eventually occur in the majority of families and will thus be thought of more and more as normative events.
- considered a traditional family configurations
- recent research is emphasizing the possible positive outcomes of divorce, as opposed to only the negative results
- Stepfamily: a household containing a child who is biologically related to only one the adults.

Characteristics of successful stepfamilies:

- expectations are realistic
- losses can be mourned
- strong couple relationship
- satisfactory step relationships have been formed
- satisfying rituals have been formed
- the separate households cooperate

Alternative ideas about families:

- more flexible and pluralistic than traditional approaches
- accept the ideas that changes in the environment often require changes in the family structure and functions, that all families do not look or behave the same, and that the same family will look or behave differently at different times

Types of families:

§ Nuclear conjugal family

§ Nuclear dyad family

§ Dual earner family

§ Extended family

§ Single-parent family

§ Step-family (blended family)

§ Binuclear family

- Cohabiting family
- Communal family
- Foster family
- Skip generation family

Problems of Families:

1. Vulnerable families and Jobless families

Families where no adult is employed are more vulnerable to some forms of disadvantage. Jobless families are more likely to be economically disadvantaged than families with employment; tend to experience poorer health outcomes; and may find it difficult to get support in times of crisis. Importantly, children growing up in jobless families are more likely to grow up jobless themselves.

2. One-parent families

One-parent families refer to families where a child or children are raised in a household with only one parent present. Parents may raise children on their own for a number of reasons, such as the death of a partner; divorce or separation from a partner; or having no established relationship with the other parent of the child.

3. Indigenous families

The profile of Indigenous families is different to other Australian families. Primarily, Indigenous people tend to have children at younger ages and reside in larger households than non-indigenous people. Indigenous children are more likely to grow up in one-parent families, although there are often other adults present.

4. Families with caring responsibilities

Most families have caring responsibilities at some point in the life-cycle. In addition to caring for babies and young children, families may also provide care for a member with a chronic illness or disability, or a frail aged relative. Care may be provided in the form of assistance with daily living activities; ad-hoc assistance or assistance with specific tasks; and financial assistance.

5. Families from diverse cultural and linguistic backgrounds

Families from diverse cultural and linguistic backgrounds may encounter a range of challenges that are unique to their situation, such as language barriers in the community or workplace; a lack of information provided in culturally and linguistic appropriate forms; poor knowledge or understanding of Australian social practices; racist attitudes; and bullying at school or in the workplace. Depending on the reason for migration to Australia, there may also be a number of factors impinging on their health and wellbeing, such as depression, post-traumatic stress disorder, anger, stress, alienation, poverty or economic hardship, and loneliness.

6. Rural and remote families

Living in a rural or remote area may have an impact on families in a number of ways. For example, it may increase the amount of time families have to travel to access education, health, and community services; or to attend work or pursue leisure activities. The range of services available may be less than that available in the city; and telecommunications and transport may be more important and less available than in urban communities.

7. Other vulnerable families

There are a number of other family types that may experience additional pressures or forms of disadvantage. In 2006-07 there were:

Family Theories

According to Gilliss (1991), theories used to attend to health and illness in family nursing are largely borrowed from other disciplines with the term individual often replaced with family, but the complex family unit and scope of nursing practice often not addressed. A theory is a set of propositions about defined and related constructs that describe the relationships among the variables in order to systematically describe the phenomena of interest. Theory involves concepts closely tied to individuals, groups, situations or events and tries to explain relationships between them. When ideas are less concrete, the ways phenomena are viewed and organized is sometimes referred to as a conceptual model. Conceptual models have some of the same components as theories, but are more loosely constructed and generally lack the propositions that identify the existence of relationships between concepts. For several decades, nurses have attempted to identify the knowledge that underpins family nursing and provides a foundation for practice. What theories do nurses use with families? How much of the knowledge taught in family nursing courses is derived from nursing research and how much is based upon borrowed theories? What about family health, do theories to guide practice exist? Which frameworks and theories provide the underpinnings needed to enable nurses to provide family-focused care? Many questions still need to be answered.

Family systems emphasize the whole of family, but focuses on member relationships and interactions and the functional status of the system to address needs, goals, and sustain its members. Family systems theory has evolved over

the last few decades out of sociology, psychology and family sciences. While sociologists were initially concerned with describing what they discovered from structural, functional or developmental perspectives, the ideas have now melded and family systems theory has become a more general approach. A key feature of the family systems approach, especially when it is used in family therapy, is that of a unitary conceptualization of family, a whole that is different from the sum of its parts.

Reuben Hill (1949), a sociologist, described a family as a group of interrelated persons forming a living system and changing over time as they acted, reacted, and met the challenges of separation, loss, and reunion that resulted from wartime challenges. This early research identified a family stress experience of adjustment that often resulted in a decrease in family functioning, disorganization, and crisis. Hill (1965) later developed the ABCX model of family stress and noted the key factors were stressor, definition or interpretation of the stressful event, and effectiveness of resources that determined whether or not life circumstances were viewed as crisis. Mc Cubbin and Patterson (1983) later expanded Hill‘s model with what has been called the Double ABCX Model to address coping aspects as predictors in the post-crisis period. Mc Cubbin and Mc Cubbin (1991, 1993) building on these former models suggested what is called the Resiliency Model of Family Stress, Adjustment, and Adaptation. This model is built upon several assumptions about families (McCubbin &McCubbin, 1991):

- Families face hardships and change as natural predictable aspects of family life.

- Families develop strengths and capacities to foster member and family growth and development.

• Families develop unique strengths and capacities to cope with unexpected and normative stressors and foster adaptation following crisis or change.

• Families benefit from and contribute networks of community relationships and resources.

Unit Six: Analysis of Impulsive Behavior

Impulsive behaviour: the trait of impulsivity refers to a chronic and general tendency to act on impulses. Impulsivity, the tendency to act without thinking, is linked to risky behaviors during adolescence that can become difficult to modify over time.

Impulsivity (or **impulsiveness**): is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of the consequences. Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often result in undesirable consequences," which imperil long term goals and strategies for success.

The construct of impulsivity includes at least two independent components:

(1) Acting without an appropriate amount of deliberation, which may or may not be functional.

(2) Choosing short-term over long-term gains.

There are a number of reasons that why impulsive influences should gain more attention:

First: although most of the models make very clear assumptions about the determinants of health-related decisions and behavior, the appraisal and

feasibility checks involved in such models are part of processes of higher-order mental reasoning and intending. It is plausible, however, to assume and a more detailed analysis and empirical demonstration will follow shortly that the processes by which tempting stimuli trigger impulsive behavioral tendencies are fundamentally different from the processes involved in reasoned action and goal pursuit.

Second: even though the capacity for self-control and its associated boundary conditions have been thoroughly. For instance, a stronger influence of impulses on health-related behavior under certain conditions (e.g., alcohol consumption; ego depletion; load) has been typically inferred either from the observation of group differences in behavioral outcomes (e.g., drunk people behaved more aggressively than sober ones, so they must have acted more strongly on impulse), or from the breakdown of the behavior-regulating effect of restraint standards. A more direct approach may demonstrate that impulsive precursors in fact unfold a stronger influence on behaviour under such conditions (while at the same time the behavioral impact of reflective precursors is reduced).

Third: even though personality correlates of trait self-control and impulsivity point to important differences in the general capacity to instigate or maintain healthy behaviors, such findings (a) are often mute about the underlying processes that determine regulatory success or failure and (b) are usually not sensitive for the situational fluctuations that health-related behavior appears to be subject to.

Signs of Impulsivity:

1. Difficulty waiting for activities or a turn in an activity or conversation.

2. Acting on an impulse without taking time to think – doing first and thinking later.

3. Seeming to ―rush‖ into things without thinking and making mistakes.

4. Saying things that seem to be ―rude‖ or ―tactless‖.

5. Doing something without thinking about the risks or the consequences.

6. Doing the first thing that comes to mind, rather than thinking about all the options and choosing the best one.

7. Interrupting other people with demands or requests or interrupting conversations.

8. Spending all of your money in a short space of time, or buying items that are expensive or not essential.

9. Signing a contract (e.g. mobile phone) you don‘t really understand.

10. Forgetting appointments and activities because you have gone off to do something else on the ―spur of the moment‖.

11. Not looking for traffic before crossing the road.

12. Impulsive responses such as aggression or anger.

13. Getting into relationships quickly without knowing the person well, including sexual relationships.

14. Feeling or thinking ―e.g. I shouldn‘t have done‖ and having regrets about decisions or choices later.

Strategies to Cope with Impulsive Behaviour:

1. Self Regulation: self-talk is very important so that the person is encouraged to think about choices and options before rushing in. The followings are good examples of questions to use:

―Is this what you really want to do?‖

–Are you ready to do this?‘

―What do you need to get ready?‖

–Have you thought about all the options and the consequences?‖ – write down a list of pro‘s and con‘s

–Do you need more information?‖

―If you do this, what will happen next?‖

2. Social Situations: if the person is dominating the conversation or talking over other people you may need to let them know. Sometimes other people can give a sign or cue if the person is interrupting, talking too much, or not saying/doing the right thing. Prepare in advance before going into a situation and talk about ―What are you going to talk about?‖ and –How will you know if you are talking too much?‖

Ego (cognitive) depletion as a Theories of impulsivity

According to the ego (or cognitive) depletion theory of impulsivity, self-control refers to the capacity for altering one's own responses, especially to bring them into line with standards such as ideals, values, morals, and social expectations, and to support the pursuit of long-term goals. Self-control enables a person to restrain or override one response, thereby making a different response possible.

A major tenet of the theory is that engaging in acts of self-control draws from a limited "reservoir" of self-control that, when depleted, results in reduced capacity for further self-regulation. Self-control is viewed as analogous to a muscle: Just as a muscle requires strength and energy to exert force over a period of time, acts that have high self-control demands also require strength and energy to perform. Similarly, as muscles become fatigued after a period of sustained exertion and have reduced capacity to exert further force, self-control can also become depleted when demands are made of self-control resources over a period of time.

Intervention

1. Interventions to impact impulsivity generally

While impulsivity can take on pathological forms (e.g. substance use disorder, ADHD), there are less severe, non-clinical forms of problematic impulsivity in many people's daily lives. Research on the different facets of impulsivity can inform small interventions to change decision making and reduce impulsive behavior. For example, changing cognitive representations of rewards (e.g. making long term rewards seem more concrete) and/or creating situations of "pre-commitment" (eliminating the option of changing one's mind later) can reduce the preference for immediate reward seen in delay discounting.

2. Brain training

Brain training interventions include laboratory-based interventions (e.g. training using tasks like go/no go) as well as community, family, and school based interventions that are ecologically valid (e.g. teaching techniques for regulating emotions or behaviors) and can be used with individuals with non-clinical levels of impulsivity. Both sorts of interventions are aimed at improving executive

functioning and self-control capacities, with different interventions specifically targeting different aspects of executive functioning like inhibitory control, working memory, or attention.

3. Psychopharmacological intervention

Psychopharmacological intervention in disorders of impulsivity has shown evidence of positive effects; common pharmacological interventions include the use of stimulant medication, selective serotonin reuptake inhibitors (SSRIs) and other antidepressants. Pathological gambling has also been studied in drug trials, and there is evidence that gambling is responsive to SSRIs and other antidepressants. Cognitive Behavioral Therapy (CBT) has shown positive effects. Intermittent Explosive Disorder is most often treated with mood stabilizers, SSRIs, beta blockers, alpha agonists, and anti-psychotics (all of which have shown positive effects). There is evidence that some pharmacological interventions are efficacious in treating substance use disorders, though their use can depend on the type substance that is abused.

4. Behavioral interventions

Behavioral interventions also have a fairly strong evidence base in impulse control disorders. In ADHD, the behavioral interventions of behavioral parent training, behavioral classroom management, and intensive peer-focused behavioral interventions in recreational settings meet stringent guidelines qualifying them for evidence based treatment status. Empirically validated behavioral treatments for substance use disorder are fairly similar across substance use disorders, and include behavioral couples therapy, CBT, contingency management, motivational enhancement therapy, and relapse

prevention. Additionally, therapies including CBT, family therapy, and social skill training have shown positive effects on explosive aggressive behaviors.

Unit Seven: Interpersonal relationship

Types of relationship:

1. Social Relationship

It is a primarily initiated for the purpose of friendship, socialization, companionship, or accomplishment of a task. Communication, which may be superficial, usually focuses on sharing ideas, feelings, and experiences and meets the basic need for people to interact. Advice is often given. Roles may shift during social interactions. When a nurse greets a client and chats about the weather or a sports event or engages in small talk or socializing, this is a social interaction. This is acceptable in nursing, but for the nurse–client relationship to accomplish the goals that have been decided on, social interaction must be limited.

2. Intimate Relationship

A healthy **intimate relationship** involves two people who are emotionally committed to each other. Both parties are concerned about having their individual needs met and helping each other to meet needs as well. The relationship may include sexual or emotional intimacy as well as sharing of mutual goals. The intimate relationship has no place in the nurse– client interaction.

3. Therapeutic Relationship

The **therapeutic relationship** differs from the social or intimate relationship in many ways because it focuses on the needs, experiences,

feelings, and ideas of the client only. The nurse and client agree about the areas to work on and evaluate the outcomes.

The nurse uses communication skills, personal strengths, and understanding of human behavior to interact with the client. In the therapeutic relationship, the parameters are clear: the focus is the client‘s needs, not the nurse‘s. The nurse must constantly focus on the client‘s needs, not his or her own.

Therapeutic Relationship: An interaction between two people (usually a caregiver and a care receiver) in which input from both participants contributes to a climate of healing, growth promotion, and/or illness prevention.

Phases of a Therapeutic Nurse-Client Relationship

Psychiatric nurses use interpersonal relationship development as the primary intervention with clients in various psychiatric/mental health settings. This is congruent with Peplau‘s (1962) identification of counseling as the major sub role of nursing in psychiatry.

Sullivan (1953), from whom Peplau patterned her own interpersonal theory of nursing, strongly believed that all emotional problems were closely related to difficulties with interpersonal relationships. With this concept in mind, this role of the nurse in psychiatry becomes especially meaningful and purposeful. It becomes an integral part of the total therapeutic regimen.

The therapeutic interpersonal relationship is the means by which the nursing process is implemented. Through the relationship, problems are identified and resolution is sought.

Phases of Relationship Development and Major Nursing Goals:

Phase	Goals
1. Pre interaction	Explore self-perceptions.
2. Orientation (introductory)	Establish trust and formulate contract for intervention.
3. Working	Promote client change.
4. Termination	Evaluate goal attainment and ensure therapeutic closure.

A-The Pre interaction Phase

The pre interaction phase involves preparation for the first encounter with the client. Tasks include:

1- Obtaining available information about the client from his or her chart, significant others, or other health team members. From this information, the initial assessment is begun. This initial information may also allow the nurse to become aware of personal responses to knowledge about the client.

2- Examining one‘s feelings, fears, and anxieties about working with a particular client.

B- The Orientation (Introductory) Phase:

During the orientation phase, the nurse and client become acquainted. Tasks include:

1-Creating an environment for the establishment of trust and rapport

2-Establishing a contract for intervention that details the expectations and responsibilities of both the nurse and client

3-Gathering assessment information to build a strong client database

4-Identifying the client‘s strengths and limitations

5-Formulating nursing diagnoses

6-Setting goals that are mutually agreeable to the nurse and client

7-Developing a plan of action that is realistic for meeting the established goals

8-Exploring feelings of both the client and nurse

C- The Working Phase

The therapeutic work of the relationship is accomplished during this phase. Tasks include:

1. Maintaining the trust and rapport that was established during the orientation phase
2. Promoting the client‘s insight and perception of reality
3. Using problem-solving strategies.
4. Overcoming resistance behaviors on the part of the client as the level of anxiety rises in response to discussion of painful issues
5. Continuously evaluating progress toward goal attainment**.**

D-The Termination Phase

Termination of the relationship may occur for ***a variety of reasons***:

1- The mutually agreed-on goals may have been reached.

2- The client may be discharged from the hospital; or, in the case of a student nurse, it may be the end of a clinical rotation.

3-Termination can be a difficult phase for both the client and nurse.

4-The main task involves bringing a therapeutic conclusion to the relationship.

5-Both the nurse and client may experience feelings of sadness and loss.

6-The nurse should share his or her feelings with the client.

7-Through these interactions, the client learns that it is acceptable to have these feelings at a time of separation.

Boundaries in The Nurse-Client Relationship

1- **Social boundaries:** These are established within a culture and define how individuals are expected to behave in social situations.
2- **Personal boundaries:** These are boundaries that individuals define for themselves. These include physical boundaries, emotional boundaries.
3- **Professional boundaries:** These boundaries limit and outline expectations for appropriate professional relationships with clients. For example: Favoring a client‘s care over that of another. Keeping secrets with a client. Giving special attention or treatment to one client over others.

Roles of The Nurse In A Therapeutic Relationship

1-Teacher

The teacher role is inherent in most aspects of client care. During the working phase of the nurse–client relationship, the nurse may teach the client new methods of coping and solving problems. He or she may instruct about the medication regimen and available community resources. To be a good teacher, the nurse must feel confident about the knowledge he or she has and must know the limitations of that knowledge base. The nurse must be honest about what information he or she can provide and when and where to refer clients for further information. This behavior and honesty build trust in clients.

2-Caregiver

The primary care giving role in mental health settings is the implementation of the therapeutic relationship to build trust, explore feelings, assist the client in problem solving, and help the client meet psychosocial needs. Some clients may confuse physical care with intimacy, which can erode the therapeutic relationship.

3-Advocate

Advocacy is the process of acting in the client‘s behalf when he or she cannot do so. This includes ensuring privacy and dignity, preventing unnecessary examinations and procedures, accessing needed services and benefits, and ensuring safety from abuse and exploitation by a health professional or authority figure.

4-Parent Surrogate

When a client exhibits childlike behavior or when a nurse is required to provide personal care such as feeding or bathing, the nurse may be tempted to assume the parental role as evidenced in choice of words and nonverbal communication. The nurse must ensure that the relationship remains therapeutic and does not become social or intimate

Nurse – health team relationships

The team, doctors and nurses:

Doctors and nurses need to constantly collaborate and communicate despite the frustrations of a hospital. They need to work together as a team. They can focus on the possibilities rather than the problems by engaging each other‘s strengths and they can learn from one another.

The team can flourish by embracing each other and letting each other know that they simply matter.

Doctors and nurses have different professions; however they share knowledge and they can learn from one another. Doctors and nurses who collaborate, engage, inspire and appreciate each other in a heartfelt way will not struggle with communication. Dialogue will flow and a strong doctor-nurse relationship will flourish. Doctors and nurses can be the energizers, the ones who can influence and elevate performance. The doctor and nurse team who learn to engage and respect each other will create a positive working environment and perform at an elevated level which can produce quality patient care with exceptional patient outcomes.

A predictor of team's success by:

1. Appreciate each other's skill and personality. Introduce each other, but don't wait until a patient codes. There's no room for formal introductions and exchanging pleasantries at that time. You'll be focused only on the patient and task at hand; saving a life. So, next time doctors and nurses have a few minutes for a face-to-face conversation without life threatening drama; introduce yourselves. Shake hands, maintain eye contact and be pleasant. Discuss your patients, round together and engage in dialogue that will help foster a positive working relationship.
2. Manage emotional issues that can hinder a team's progress. A hospital environment can breed frustration and tension, but it's important to maintain focus and to positively redirect the energy.

3. Celebrate success, be grateful and express positive emotions. Be mindful of a job well done. Recognize doctors and nurses individually and together. Create a place to showcase doctors and nurses working together. Delivering quality patient care is a team effort, spotlight both groups together.

Unit Eight: Social Alteration

Concept of social alteration and social change:

Social alteration: is an issue that negatively affects a person‘s state of being in a society.

Social change: means that large numbers of persons are engaging in activities that differ from those in which they or their parents were engaged sometimes before. Social change also refers to an alteration in the social order of society. Social change may be driven by cultural, religious, economic, scientific or technological forces. Social change is a fundamental alteration in patterns of culture, structure, and social behaviour over time.

Social order: it refers to a set of linked social structures, social institutions and social practices which conserve, maintain and enforce __normal‘‘ ways of relating and behaving.

Social progress: it the idea that societies can or do improve in terms of their social, political, and economic structures.

Sociocultural evolution: is an umbrella term for theories of cultural evolution and social evolution, describing how culture and society changed over time.

Social change in sociology the alteration within social structure, characterized by:

1. Change in cultural symbols.
2. Change in rules of behavior.
3. Change in social organizations or systems.

Sources of social change:

1. physical environment
   - change in temperature, floods, droughts, and epidemic
2. population:
   - change in size, composition, and distribution of a population ,
   - baby boomers
3. clashes over resources and values:
   - conflict, war
   - involves negotiation, compromise, accommodation
4. supporting value and norms:
   - innovation- permitted or inhibited
   - diffusion- culture traits spread from one social unit to another

Resistance to social change:

1. change is unclear/ ambiguous
2. change is threading
3. change does not seem beneficial

4. change will disturbed the status quo
5. change is costly
6. change risks freedom

Causes of social change:

1. **Technological and economic changes**: (Agriculture, industrialization).

2. **Modernization**: standardizing as towards modern tools (life style, technology).

3. **Urbanization**: moving population from rules areas to urban (cities) areas.

4. **Bureaucratization**: extreme emphasize on rules and regulation, impersonality.

5. **Conflict and competition**: war due to religion, ethnic, competition for resources.

6. **Political and legal power**: elected official (government) and unelected officials (corporative force).

7. **Ideology**: religious belief, political or regional conviction.

8. **Diffusion**: spreading the ones cultural to another culture.

9. **Acculturation**: the process in which a minority is absorbed into the majority and entirely loses its distinctiveness.

Goals of social change:

1. **Resistance** – action to defend or protect established everyday life from new, outside oppression and return things to normal.

2. **Liberation (empowerment)** – action to overcome on-going, traditional oppression and achieve the full measure of everyday rights and opportunities promised in the social charter (social / justice).

3. **Democratization (enfranchisement)** – action to spread decision-making power broadly to everyone affected by those decisions.

4. **Humanization** – action to ensure that society will defend or protect the rights of everyone in society, especially those who cannot do so on their or behalf (such as those who are ignorant, powerless, sick, frail, mentally incompetent, young or unborn).

Ideational culture can cause change by:

1. Legitimizing a desired direction of change, e.g. promoting further equality and democracy.

2. Providing a basis for social solidarity necessary to promote change.

3. Highlighting contradictions and problems.

Factors of social changes:

1. New ideas.

2. Economic power.

3. New technologies.

4. Times of extreme crisis.

5. Empowering visions.

6. Persuasive skill.

7. New forms of organization.

8. Conditions of systemic collapse.

Obstacle in the ways of social changes:

1. Conservative society.

2. Lack of education.

3. Lack of means of communications.

4. Economic reasons: e.g. poor people can not afford new inventions and discoveries.

5. Personal interest: sometime the people oppose the new social change because their personal benefits and interest.

6. Cohesion with past: the people feel emotional attachment with ongoing social norms and patterns. Therefore, they do not accept the changes easily.

7. Problem in adapting new inventions: sometime the people do not adapt the new inventions because of the cultural and religious factors.