

Lecturer Papers

**SOCIAL AND PSICOLOGICAL PROCESS
OF HUMAN BEING:
EDUCATIONAL AND RELATIONSHIP PROCESS IN NURSING.**

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HUMAN RELATIONS AND HUMAN RELATION IN CONTEST OF NURSING.

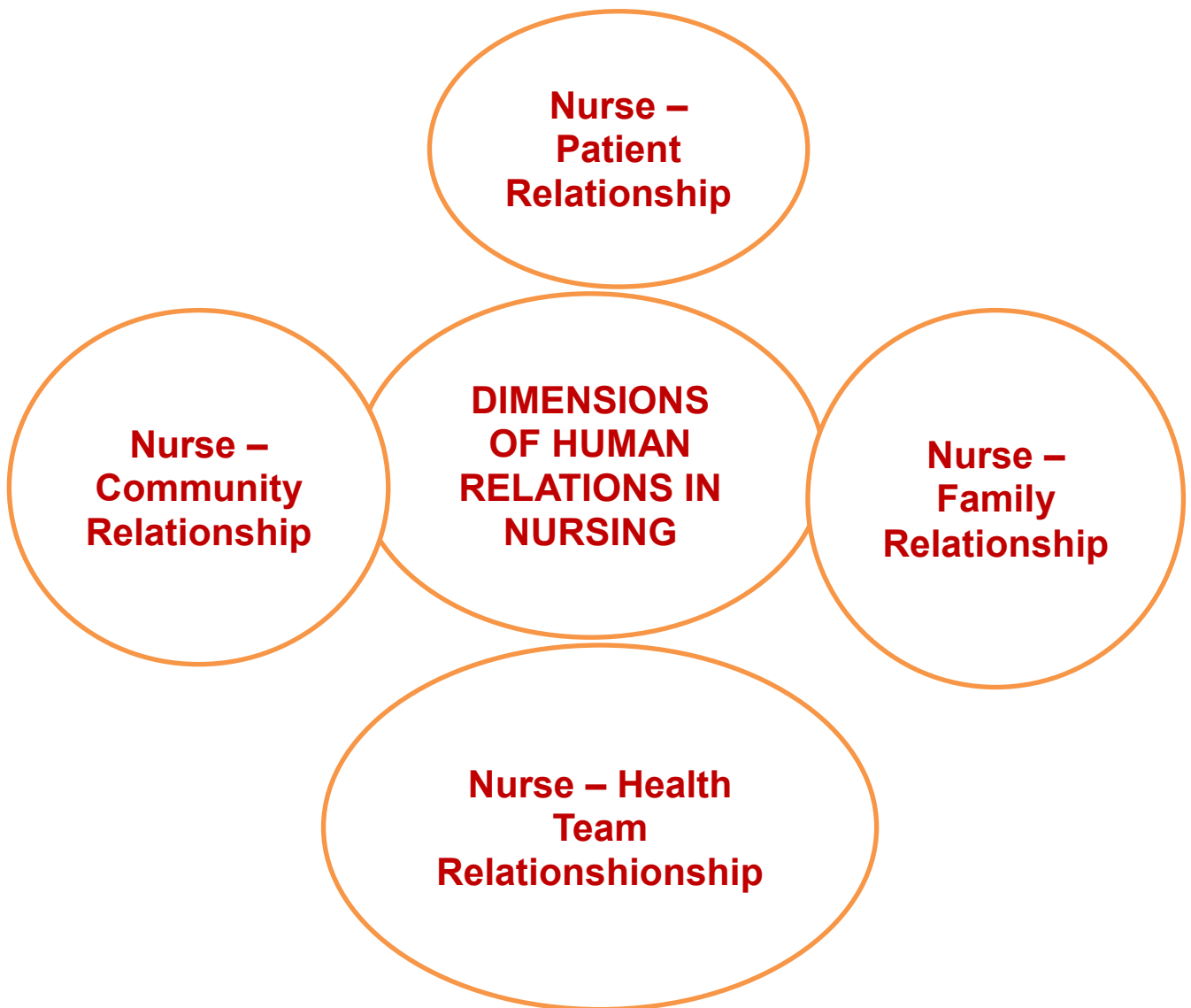
Human relationship is a relation between people or groups who agree to share responsibility for achieving some specific goals. We can say also that human relations are the relations among human beings that are affected by many other factors and help in the accomplishment of goals of an organization.

Some scholars have defined human relations, for example Keith Davis maintains that “human relations is an area of management practice which is concerned with integration of people into a work situation in a way that motivates them to work productively, cooperatively and with economic, psychological and social satisfaction”.

Human relation in nursing refers to relationship of nurses with colleagues, patients and other department personnel. The relationship with other departments is very important to provide the quality care to their patients.

Human relation in nursing also develops when two health care personnel interact with one another to achieve the primary goals of maximum patient satisfaction and health promotion as regard their field of work.

Graph. 1.



In Graph. 1. We can observe that dimension of human relation in nursing affects the relationship between nurse and patient, between nurse and family of patient, between nurse and community, between nurse and health team.

It's obvious that dimensions of human relations in nursing and in the other contexts is very important. The human relations in nursing affect to relationship between nurses and patients, nurses and the family of patient, nurses and community.

Crucial is to establish a good relationship with colleagues therefore create a good team work to provide efficient patients care.

MAIN POINTS

1. The nurses – patients relationship enables nurses to spend more time, to connect, to interact with their patients as well as to understand their patient's needs.
2. Relationship with families is an essential part of high quality care and is important for the benefit of patient, providing more information to the nurse.
3. Important is the role of nurse in the community. In the community nurses play a crucial role in the primary health.
4. Cooperation among nurses must embrace a shared purpose and working together implies a relation that must be true and reliable.

Main importance has the relationship between all disciplines and departments, in fact nurses collaborate with all disciplines of the health care team to achieve best patient outcomes. This requires consistent and coordinated care of a patient through a unified plan care and information sharing among health care team members.

Finally we can highlight some strategies to promote human relationship:

- ↪ Common organizational goals
- ↪ Group cohesiveness
- ↪ Effective communication practices
- ↪ Defines organizational structure
- ↪ Training and skills building in human relation
- ↪ Policies to promote coordination and cooperation among employees.

UNDERSTANDING SELF



Understanding self is the ability or the capability to know himself and their own personal skills.

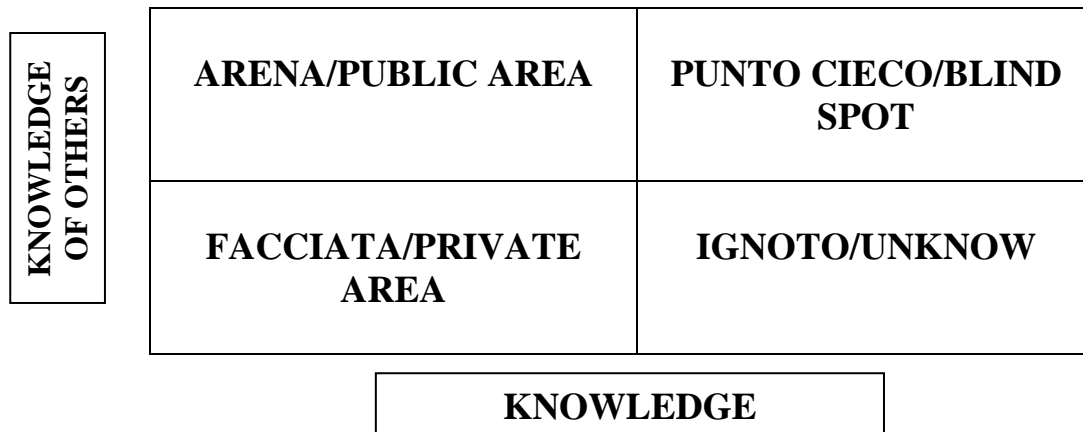
Some scholars gave definitions of this expression, for example George Herbert Head and Richard Stevens.

According George Herbert Head “understanding self represents the total sum of people’s, is a conscious perception of their identity as distinct from the others. It is not a statistic phenomenon but continues to develop and change throughout our lives”.

Richard Stevens asking questions and invites to give a definition of understanding self. He asks questions as “the understanding self is thinking about what is involved in being?” or “ What distinguishes you from being an object, an animals or a different person?”.

Understanding self is an important topic because has been recognized as a key competence for individuals to make organization efficiently function and it influences an individual’s ability to make key decisions about self, the other around and organization. Furthermore it allows to understanding the self - equip individuals with more effective career and life choice, their ability to lead, to guide and inspire with authenticity resulting significantly improved organizational productivity.

To better understand the “understanding – self” two scholars: Joseph Luft and Harry Ingham have created a tool for providing self – understanding explanation. The tool is called Johary Window, it’s composed by four squares:



The *horizontal axis* indicates the degree of knowledge.

The *vertical axis* refers to the degree of knowledge that the others have of the subject or group.

The *combination* generated by two axes leads to the knowledge of some main elements: **PERSONALITY, KNOWLEDGE, EMOTIONS, ABILITY.**

Well the four squares of the Johary Windows represents the “*four parts of ourselves*”: **THE PUBLIC SELF, THE HIDDEN SELF, THE BLIND SPOT and THE INCONSCIOUS SELF.**

In particular the **FIRST SQUARE** called **ARENA** represents information that is known to the subject and the others. This area is also defined as a **PUBLIC AREA.**

The **SECOND AREA** called **FACCIATA** includes the information that the person know about himself but the others don’t know. It’s called also **PRIVATE AREA.**

In the **THIRD SQUARE** called **PUNTO CIECO** or **BLIND SPOT**, the information about person is known to the others but not to the person himself. The only way that the person has to acquire information is through *direct feedback from others.*

The **FOURTH SQUARE** called **IGNOTO** or **UNKNOW** is defined as the area of the **UNCONSCIOUS**, represents information unknow to the subject and the others.

The information about this area rarely take place directly, but the authors supposed the existence of flows other area. This is because the information in the **UNCONSCIOUS AREA** isn't formalized and don't arise with an active communication by any person or group involved. It is supposed to be built thanks to the flow other external inputs.

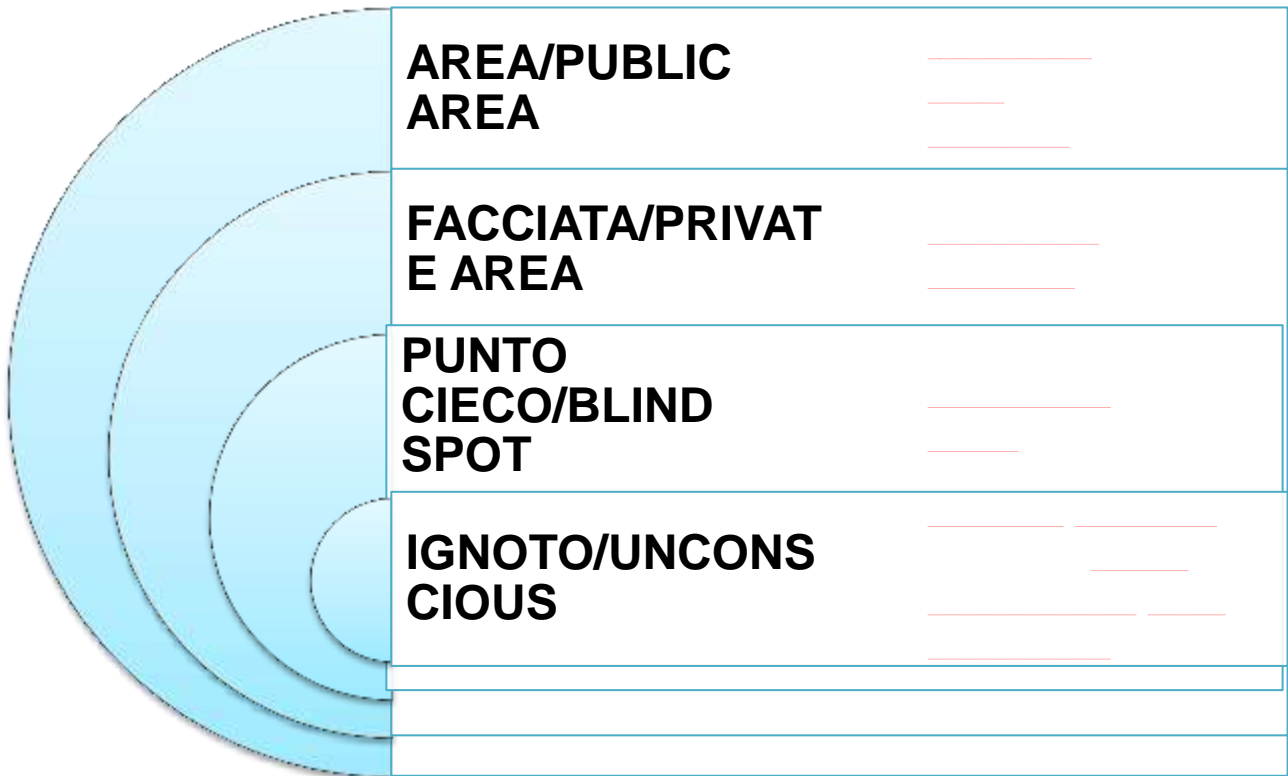
It is evident that this tool allows to observe in many contexts the interpersonal communication, the dynamics group or between groups.

SUMMARY

Understanding self is the ability to know himself, own competencies, own personal skills.



STRATEGIES TO IMPROVE SELF UNDERSTANDING



AREA/PUBLIC AREA: Increase the size of the open window.

FACCIATA/PRIVATE AREA: Reduced the unknow area.

PUNTO CIECO/BLIND SPOT: Decrease the blind self.

IGNOTO/UNCONSCIOUS: Hidden window must be other individual's own discretion.

CONCLUSIONS

The Johary Window is a tool that allows to analyze:

- ✓ Interpersonal communication
- ✓ Dynamic groups
- ✓ Relationship between groups

SOCIAL BEHAVIOR



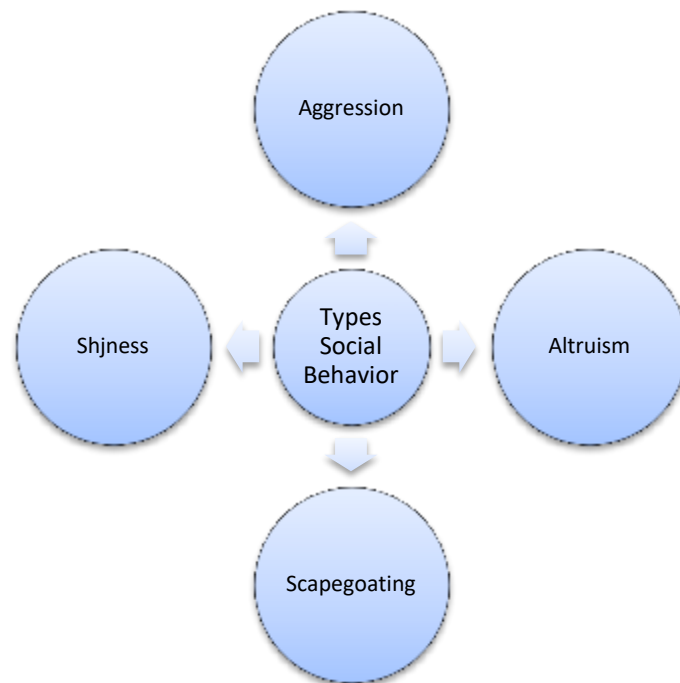
Social Behavior is the interaction that takes between members of the same species or the Behavior directed towards the society. Social Behavior is said to be determined by two different processes or models: the REFLECTIVE MODEL and the IMPULSIVE MODEL.

The *REFLECTIVE MODEL* generates behavioral decision that are based on knowledge about facts and values, instead in this case *social behavior* can arise by *consciousness*.

The *IMPULSIVE MODEL* determines behavior trough associative links and motivational orientations, consequently it prevails the *impulse*.

As a rule Social Behavior is the *COMMUNICATION* element that allows an interaction with individuals, groups or communities and promote positive behaviors which are appropriate to their setting. For example in the health setting it allows to solve the primary problems.

There are many types of social behavior:



AGGRESSION is an important Social Behavior that can have negative consequences. There are many differences in aggressive behavior, and a lot of these differences are sex – differences based.

ALTRUISM is the belief that the well – being of others is equally, nut if you are too much altruistic can happen that the welfare of the others come before one’s own and we take a down position. The topic of altruism is main in nursing and is related to the relationship with patients, colleagues, doctors, family of patients, community. All relationship go through up and down. There are periods where relationship is effortless and periods where resistance is felt, consequently in the first case we take an up position and in the other phase we take a down position.

SCAPEGOATING is the practice of singling out a person or group for unmerited blame and consequent negative treatment. Scapegoating may be conducted by individuals against individuals, groups against groups, individuals against groups, groups against individuals.

SHJNESS is the feeling of apprehensions, lack of comfort, especially when the individual is around the others.

The main factors that influencing Social Behavior are:

- + Social Norms
- + Cultural and Social Customs
 - + Values
 - + Tradition
- + Driver Behavior
 - + Motivation
 - + Ambition

SOCIAL NORMS are the unwritten rules of behavior that are considered acceptable in a group or in a society.

CULTURAL AND SOCIAL CUSTOMS are two topics joint. A custom is defined as a cultural idea that describes a regular behavior that is considered characteristic of life in a social system.

VALUES are the principles that help to decide what is right and what is wrong.

TRADITION is a belief, principle, or a way of actions that performs to ensure both the safety of people and compliance to the driving regulations.

MOTIVATION is the ability to influence the behavior of other people.

AMBITION is an ardent desire for rank, fame or power.

Particular attention deserves **ANTISOCIAL BEHAVIOR** as it can cause harm to the society. Antisocial behavior can take various forms. It can be shaky, manipulative or direct attack. It is characterized by an attitude of contempt, non – observance and violence of the right of the other people and is manifested by behavior of hostility or physical aggression.

Deception and manipulation are the privileged modalities of antisocial behavior.

SOCIAL ATTITUDE



A SOCIAL ATTITUDE is an acquired tendency to evaluate social things in a specific way. Some scholars have defined the attitude, for example according Thurston “the attitude is the sum total of a man’s inclination and feelings, prejudices or bias, preconceived notion, ideas, fear, threats and conviction about any specific topic”. According Thomas “the attitude is a state of mind of the individual towards a value that may be love money, desire for fame, appreciation for Good”.

Social attitude is characterized by positive or negative belief, feeling and behavior towards a particular entity. The attitudes represent at evaluations, preferences or rejections based on the information we receive.

Actually we can identify two different levels of attitudes: *Explicit and Implicit*.

EXPLICIT attitudes are attitudes that are at the CONSCIOUS LEVEL, are deliberately formed and are easy to self-report.

IMPLICIT attitudes are attitudes that are at the UNCONSCIOUS LEVEL, are involuntarily formed and are typically unknown to us.

Social Attitude has three main components: EMOTIONAL, COGNITIVE and BEHAVIORAL.

EMOTIONAL component is the feeling experienced on evaluation of particular entity.

COGNITIVE component refers to the beliefs, thoughts, and attributes that we would associate with an object. It refers to that part of attitude which is related in general knowledge of a person.

BEHAVIORAL component is the conduct from a social attitude.

IMPORTANCE OF SOCIAL ATTITUDE:

- Social attitude determines the social behavior of a person.
- It provides a mechanism of social control.
- Life organization demands membership in a group and attitudes are an expression of the desire for status.
- Approval or acceptance of an individual's behavior reinforces social behavior.
- Social rejection of an activity restrains te culprit from repeating the same activity in future thus maintaining conformity.

CHANGES IN SOCIAL ATTITUDES

Attitude change occurs anytime an attitude is modified. This change occurs when a person goes from being positive to negative or from having no attitude to having one. We can, therefore, say that change in social attitude:

- It is dynamic attribute that keeps on changing with new experiences. A change in social attitude could be positive or negative.
- An alteration in attitude don't arrive alone, they come hand in hand with changed social values.
- A sudden change involves a radical modification of many attitudes, it is commonly known as a CONVERSATION. It is a sudden withdrawal from one's usual attitude to adjust to new needs.

MOTIVATION



MOTIVATION is defined as the process that initiates, guides and maintains goal-oriented behavior. Motivation is what causes you to act, whether it is getting a glass of water to reduce thirst or reading a book to gain knowledge.

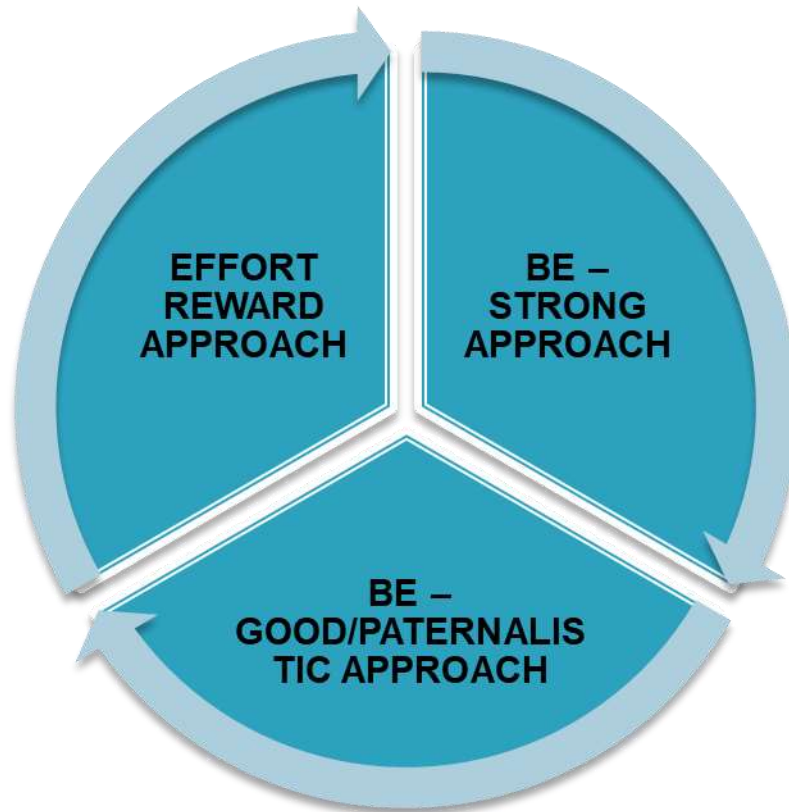
According to the scholar Young “Motivation is the process of arousing the action, sustaining the activity in process and regulating the pattern of activity”.

According to two other scholars Morgan and King “motivating refers to the states within a person or animal that drives behavior towards some goals”.

Often, one of the things that *motivate nurses* in their job is the **PASSION** in caring for their patients. The care that they provide to their patients makes a positive difference in the lives of patients and their families. Additionally, they enjoy daily routine in dealing with various aspects of patient care.

Important is the MOTIVATIONAL APPROACH that consists of effort reward approach, the be – strong approach and the be – good/paternalistic approach. Motivational approach is tasked with discovering what drives individuals to work towards a goal or outcome.

MOTIVATIONAL APPROACH



EFFORT REWARD APPROACH: this approach operates on the basis of the effort or endeavor on the part of personnel to achieve organizational objectives. The manager set up standard of practice and observes to these standards. Ultimately, the rewards is decides on the basis of performance. This gives a sense of motivation to work.

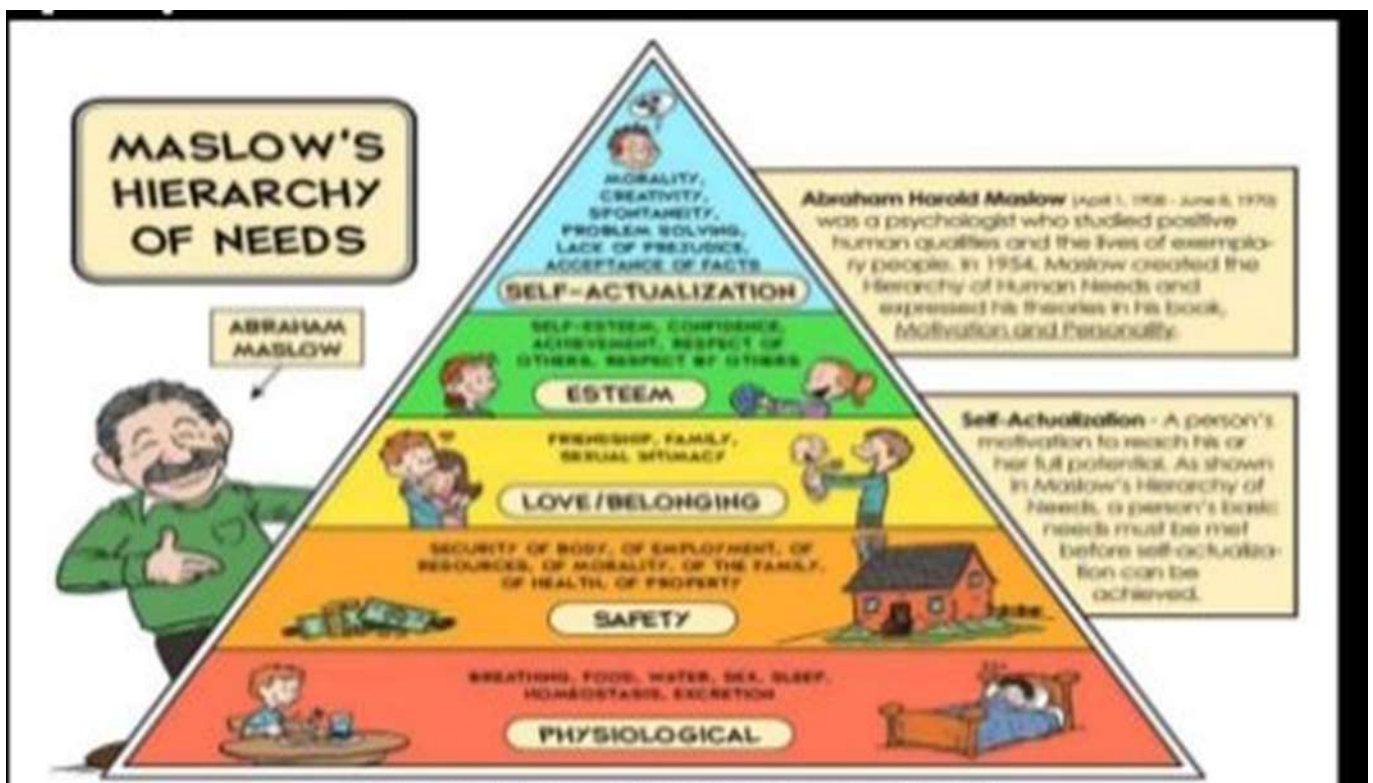
BE – STRONG APPROACH: conventionally the management resorted to be strong. According to this approach, the enterprise put a thrust on economic rewards. The assumption was that people work more efficiently if treatment with financial loss or penalty on failure to do their job.

BE – GOOD/PATERNALISTIC APPROACH: this approach refers to rewarding personnel to get productive work in return. Rewards may include job security, recreation, fair supervision and sound working condition.

MASLOW PRIORITY MODEL OF MOTIVATION

Commonly the expression MOTIVATION is used to indicate the needs, reasons and desire related to human behavior. MOTIVATION therefore can be considered as the set of needs that underlie the behavior that represents the outcome of acting. Motivation is the push that activates the individual to action and to restore the previous balance situation. The most important and significant contribution on the topic of motivation in psychological field is given by Maslow's pyramid.

Maslow identifies a hierarchy of needs divided in SELF – ACTUALIZATION, ESTEEM, LOVE/BELONGING, SAFETY and PHYSIOLOGICAL.



Abraham Harold Maslow was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954 Maslow created the **HIERARCHY OF HUMAN NEEDS** And expressed his theories in his book: *Motivation and Personality*.

SELF – ACTUALIZATION: a person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self – actualization can be achieved.

ESTEEM: the patient needs to have the respect and appreciation of others. People have a need to accomplish things and then have their efforts recognized.

LOVE/BELONGING: the third level of human needs are seen to be interpersonal and involves feeling of belongingness. This need is especially strong in childhood and it can override the needs for safety.

SAFETY: once a person's physiological needs are relatively satisfied, their safety needs take precedence and dominate behavior.

PHYSIOLOGICAL: physiological need is a concept that was derived to explain and cultivate the foundation for motivation. This concept is the main physical requirement for human survival. This means that physiological needs are universal human needs. Physiological needs are considered in internal motivation according to Maslow's hierarchy of needs.

INDIVIDUAL AND GROUPS



An INDIVIDUAL is a single unit in a GROUP and a GROUP is a collection of many individuals with a common purpose. Individuals and Groups are reciprocal to each other because without individual groups cannot be formed and individual have no existence or cannot meet their physical, psychological, social and spiritual needs without groups pf other individuals.

According the Sociologist Williams *“a social group is a give aggregate of people, playing inter – related roles and recognized by themselves or others as a unit of interaction”*.

Groups can be categorized into:

FORMAL GROUP: It is generally formed on the basis of specific norms, rules and values.

INFORMAL GROUP: The nature of the group is not formal. The rules are usually flexible. For example, play groups, social club.

ORGANISED GROUP: The groups which are formed for specific purpose and are carefully planned is called organized group. The family, the school...are called organized groups.

SPONTANEOUS GROUP: The groups are formed without any careful planning. An example is the audience in a theater. Audience may be considered as a spontaneous group when they come to listen to a speech or watch a play.

COMMAND GROUP: Command groups are specified by the organizational chart. It consists of a supervisor and the subordinates who report to the supervisor.

CHARACTERISTICS OF A GROUP

- ✓ Each group has its own identity and structure.
- ✓ A group includes at least two or more people.
- ✓ Group members have a shared purpose or goal.
- ✓ Group members have a conscious identification with each other.
- ✓ Group members need each other's help to accomplish the purpose for which they have organized.
- ✓ Group members influence, interact with each other.
- ✓ Every group has its own rules and norms members are supposed to follow.

Other scholars give other classification of groups: Dwight Sanderson divides the groups in:

- **INVOLUNTARY GROUP:** It's a collection of individuals who work together because they haven't chosen.
- **VOLUNTARY GROUP:** It's a group of individuals who enter into an agreement, usually as volunteers to accomplish a goal.
- **DELEGATE GROUP:** It's a group or delegation of people who act as representatives of a larger group.

Charles Cooley divides the groups in **PRIMARY GROUP** and **SECONDARY GROUP**.

- **PRIMARY GROUP** is typically a small social group whose members share the same close, personal, enduring relationship.
- **SECONDARY GROUP** is a group of people with whom one's contact, are detached and impersonal.

Finally, George Hasen classifies the groups in:

- **UNSOCIAL GROUP:** is a group not inclined to society or relationship.
- **PSEUDOSOCIAL GROUP:** people in that group go to other group but for their own interest.
- **ANTISOCIAL GROUP:** It is a group unwilling or unable to associate in a normal or friendly way with other people.

- PROSOCIAL GROUP: refers to voluntary action that are intended to help or benefit others.

TASK GROUP

This consist of a group of people who have come together to achieve a common task. In many situations there is a specific time period.

The role of an individual in a group can be:

- Initiator
- Information seeker
- Information giver
- Opinion seeker
- Elaborator
- Coordinator
- Orienteer
- Evaluator
- Energizer
- Procedural Technician
- Recorder
- Group – Building and maintenance roles.

GROUPS DYNAMICS



The idea of group can have many interpretations and represents a complex hearing to be defined. Regarding the group there are two authors from who we derive the main references: K. Lewin and Bion.

Kurt Lewin, a social psychologist at the University of Iowa, USA, was the creator of the term GROUP DYNAMICS.

GROUP DYNAMICS is the study of groups and also a general term for a group of process. In organizational development or group dynamics, the phase group process refers to an insight into the behavior of group members and to incline their behavior towards the achievement of group goals.

MEANING OF GROUP DYNAMICS

- Group dynamics is the study of activities of processes that are responsible for various group phenomenon.
- Group dynamics is the study of group inter – stimulation and invoking of response between individuals to perform various group phenomenon.

Group dynamics can be summarized in the following grid:

PARTICIPATION	Verbal participation is an indicator of the level of personal involvement.
INFLUENCE	Some members may speak very little and yet attract or vice – versa.
LEADERSHIP	It's the art of motivating a group of people to act toward achieving a common goal.
POSITION METHODS	Many groups make decisions without dwelling on the effects they will have on members.
PRODUCTION FUNCTIONS	Behavior of people who want that their work is done.
SUPPORT PRODUCTION	Important moral role within the group.

GROUP ATMOSPHERE	You can understand the atmosphere of a group by using the general impression of the members group.
MEMBERSHIP	Interactions are an indication of belonging to the group.
FEELINGS	They are the interactions between members and feelings.
NORMS	Beliefs or wishes of the majority group members regarding acceptable or unacceptable behavior in a group.

ASPECTS OF GROUP DISCIPLINE

- Formation of group
- Group task
- Composition of group
- Communication between group members
- Mode of working relationship between members of a group
- Growth, downfall and resolution of the group
- Group dissolution
- Method to achieve oneness and building consensus
- Acclimatization to meet the needs of the group
- Task performance

To develop a group there are 4 phases called strategies:

FORMING PHASE: in this phase the group assigns tasks, organizes team's work and other start up.

STORMING PHASE: in this phase is done a brainstorming to explain to members their activities matters.

NORMING PHASE: in this phase are established norms to facilitating collaboration and communication between members.

PERFORMING PHASE: the group is formed and it enters to the performing stage independently from task. By now team members work together easily and are able to communicate.

STRATEGIES TO IMPROVE GROUP FUNCTIONING

- Individuals participating in a group must have a clear understanding of individual goal as well as group objectives so that their interaction is goal oriented.
- People participating in a group must have a clear idea about expectations within a group.
- Group members must have a clear understanding of their responsibilities and should be committed toward their designated responsibilities.
- Members in a group must follow the principles of positive competence.
- Appropriate control over the functioning of group members must be maintained.
- The group members must carry out their function with a collaborative approach.
- Group members must communicate effectively and appropriately for a group to function smoothly.
- A group leader must coordinate individual tasks to obtain group objectives.

TEAM WORK



A team can be defined as a distinguishable set of two or more people who interact dynamically, interdependently and adaptively towards a common and valued goal/objective/mission, who have been assigned specific roles or functions to perform and who have a limited lifespan of membership.

Team work leads to personal recognition, raises self – esteem and increases motivation and commitment. It's requires effective communication skills and collaborative care coordination. Team members must encourage to ask questions, share ideas or doubts, and must discuss about potential solution. Teamwork divides the task and multiple the success, it's an action performed by a team towards a common goal.

Today's healthcare organizations are filled with skilled, multigenerational, and culturally diverse interdisciplinary team members.

ELEMENTS OF A TEAM

- Common purpose
- Interdependence
- Clarity of roles and contribution
- Satisfaction from working together
- Mutual and individual accountability
- Realization of synergies
- Empowerment

STRATEGIES TO BUILD A SUCCESSFUL TEAM

- Clear expectations
- Commitment
- Competence
- Control
- Communication
- Collaboration
- Coordination

Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers - to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care. The incorporation of sharing responsibilities with accountability between team members in health care systems offers great benefit. However, in practice, shared responsibility without high-quality teamwork can result in immediate risks for patients. For example, poor communication between health-care professionals, patients and their caregivers, has emerged as a common reason for patients taking legal action against health-care providers.

We can say that the team work can be defined as a dynamic process involving two or more health care professionals with complementary background and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning or evaluating patient care in health care.

An effective team is a one where the team members, including the patients, communicate with each other, as well as merging their observations, expertise and decision-making responsibilities to optimize patients' care. Understanding the culture of the workplace and its impact on team dynamics and functioning will make a team member a good team player.

VALUES, PRINCIPLES AND BENEFITS

The values needed in an effective team member harmonize with the core competency domain of “Values/Ethics” put forward in the meeting sponsored by Inter-professional Education Collaborative entitled “Team-Based Competencies”. The following are five personal values that characterize the most effective members of high-functioning teams in health care:

- ↪ **Honesty:** A high value is put on effective communication within the team, including transparency about aims, decisions, uncertainty, and mistakes.
- ↪ **Discipline:** Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient.
- ↪ **Creativity:** Team members are excited and motivated to tackle emerging problems creatively. They see even errors and some unanticipated bad outcomes as potential opportunities for improvement.
- ↪ **Humility:** Team members do not believe that one type of training or perspective is uniformly superior to the training of others, though they recognize differences in training. They also recognize that they are human and will make mistakes.
- ↪ **Curiosity:** Team members are dedicated to reflecting upon the lessons they learned in their daily activities and using this reflective experience in continuous professional development and the functioning of the team.

ADVANTAGES OF A TEAM WORK

- ✓ It gives a better and result with high – quality performance from each team members.
- ✓ It involves every person and his expertise and responsibility
- ✓ The execution of new ideas can be more effective and efficient trough teamwork.
- ✓ It increases ownership with wider communication.
- ✓ It leads to information sharing and increases learning in the team and develops personal relationships.
- ✓ A particular problem can easily solved in team.
- ✓ It helps provide a variety of solutions.

- ✓ It increases the willingness of every member to take more risk.
- ✓ A team can handle more difficult and complex problem in the workplace.
- ✓ A team increase the accuracy of problem solving.

DISADVANTAGE OF TEAM WORK

- ✓ It may lead to unequal participation of members in a team.
- ✓ Some individuals may be good workers, they may not be good team payers.
- ✓ It can limit creative thinking.
- ✓ A team can sometimes take longer to produce desire result in added expenses.
- ✓ It may face some conflict.
- ✓ Peer pressure.

Most significantly in the context for health care and support because people living longer, consequently we have a greater number of older patients and people to support, many with multiple and complex needs, and with higher expectations of what health, care and support can and should deliver. Delivering health and care support and services involves us working with people in a new partnership, offering and engaging with people in making choices about their health and care, and supporting ‘no decision about me without me’. These are statements made by the senior NHS nurses, Midwifery staff and other health related professionals in the UK who have engaged a wide range of professionals and patients in assessing satisfactions and suggestions of these team members in quality of delivered care. The ambition of delivering quality patient care is subject to high performance through patient focused teams. However, we need to close a gap between traditional practices and the new attitudes required from an effective team to achieve such a great ambition. Therefore, health care organizations should aim at providing exceptional patient care by adopting wide team based culture in which certain values and principles are shared and transparently communicated among team members including patients who should be placed in the heart of the care.

At the end it’s essential that all interdisciplinary team members are knowledgeable about each other’s job roles, responsibilities, and level of accountability must arrive to the unit and organizational level that manage the team. This knowledge provides the essential framework needed to take advantage of each team member’s clinical skills and promote cohesive teamwork.