Psychological approach to the problem

Patient is a medical term that refers to an individual who needs or seeks treatment through medical means.

Health psychology is the study of psychological and behavioral processes in health, illness, and healthcare.[1] It is concerned with understanding how psychological, behavioral, and cultural factors contribute to physical health and illness. Psychological factors can affect health directly. For example, chronically occurring environmental stressors affecting the hypothalamic–pituitary–adrenal axis, cumulatively, can harm health. Behavioral factors can also affect a person's health. For example, certain behaviors can, over time, harm (smoking, excessive alcohol consumption) or enhance health (exercise, diet low in saturated fat).[2] Health psychologists take a biopsychosocial approach. In other words, health psychologists understand health to be the product not only of biological processes (e.g., a virus, tumor, etc.) but also of psychological (e.g., thoughts and beliefs), behavioral (e.g., habits), and social processes (e.g., socioeconomic status and ethnicity).[2]

By understanding psychological factors that influence health, and constructively applying that knowledge, health psychologists can improve health by working directly with individual patients or indirectly in large-scale public health programs.

Psychological Approaches:

Clinical health psychology (CIHP)
CIHP is the application of scientific knowledge, derived from the field of health psychology, to clinical questions that may arise across the spectrum of health care. CIHP is one of many specialty practice areas for clinical psychologists. It is also a major contributor to the prevention-focused field of behavioral health and the treatment-oriented field of behavioral medicine. Clinical practice includes education, the techniques of behavior change, and psychotherapy. In some countries, a clinical health psychologist, with additional training, can become a medical psychologist and, thereby, obtain prescription privileges.

Public health psychology (PHP)
PHP is population oriented. A major aim of PHP is to investigate potential causal links between psychosocial factors and health at the population level. Public health psychologists present research results to educators, policy makers, and health care providers in order to promote better public health. PHP is allied to other public health disciplines including epidemiology, nutrition, genetics and biostatistics. Some PHP interventions are targeted toward at-risk population groups (e.g., undereducated, single pregnant women who smoke) and not the population as a whole (e.g., all pregnant women).

Community health psychology (CoHP)

CoHP investigates community factors that contribute to the health and well-being of individuals who live in communities. CoHP also develops community-level interventions that are designed to combat disease and promote physical and mental health. The community often serves as the level of analysis, and is frequently sought as a partner in health-related interventions.

Critical health psychology (CrHP)

CrHP is concerned with the distribution of power and the impact of power differentials on health experience and behavior, health care systems, and health policy. CrHP prioritizes social justice and the universal right to health for people of all races, genders, ages, and socioeconomic positions. A major concern is health inequalities. The critical health psychologist is an agent of change, not simply an analyst or cataloger. A leading organization in this area is the International Society of Critical Health Psychology.

Advices:

Breaking bad news

- Helping patients to face death begins at the point of diagnosis. In the not too distant past, it was the norm to keep patients in ignorance of a poor prognosis. Most clinicians would now agree that patients should be given as much information as possible, balancing truthfulness against psychological harm. In this age of patient autonomy, it is indeed unethical not to involve patients in decisions about their care. One American study concludes that it is the patient's right to decide how they want to exercise their autonomy and suggests practical ways in which this could be achieved (eg, establishing the patient's views on disclosure at the investigatory stage).[1] Some patients may have gone as far as advance care planning covering issues such as information sharing.[2]
- A good approach is to find out how much the patient already knows or has guessed (you may be surprised!). Ask what they would like to know; then answer honestly. Do not forget the significant minority who may want little or no information. Patient autonomy includes the right not to know, as much as the right to be given the facts.
- Before breaking bad news, imagine what it would be like to be told that news yourself. This will help you treat the patient empathetically and enable you metaphorically to sit beside them rather than confront them. Breaking bad news takes time. Be prepared to make space for patients who may be distressed, surprised or shocked by the information you give them.
- Arrange an early follow-up. Once the news has been conveyed, it is unlikely that the patient will be in much of a state to think logically about further questions he or she would like to ask.
- Recognise your own feelings. If you feel upset by the consultation, arrange a debriefing with a sympathetic colleague.

Social support

The following issues ==need to be considered==:
- The patient's social support network and the need for additional input where there is a lack of relatives or friends available to give support.
- Personal care (eg, toileting and bathing needs) for patients.
- Financial issues and access to local and national resources.
- Respite care.

Other & most specific examples of support

How a Psychologist Can Help after a ==Heart Attack==

If you need help after a heart attack, consult with a psychologist or other licensed mental health professional. He or she can help you identify problem areas and then develop an action plan for changing them.

More specifically, a psychologist ==can help in the following ways==:
- Educating patients on treatment compliance and healthy behaviors when they are most open to advice — immediately after they are hospitalized.
- Establishing effective communication between the patient and family members.
- Facilitating a collaborative relationship among the patient, family, and health care providers.
- Conducting follow-up assessments to determine how well the patient and family are coping with recovery.

Practicing psychologists use a variety of evidence-based treatments — most commonly therapy — to help people improve their lives. Psychologists, who have doctoral degrees, receive one of the highest levels of education of any health care professionals. On average, they spend seven years in education and training following their undergraduate degrees.

Motivation Theory

How to Motivate People: 4 Steps Backed by Science

1) Stop Bribing Them
2) Make Them Feel Something

3) Emphasize Progress
4) Form a Cult (Well, Almost) / **Start A Cult — (With A Story)**

To motivate your people:

Tell people exactly what you want them to do. Motivation is all about getting people to take action, so don't be vague. Avoid generalities like, "I want everyone to do their best." Say, instead, "I need you to come in over the weekend so we can get this project done on time."

Limit the amount of time or effort that you're asking for. It's easier to ask people to work late work one night or even every night for a week than to expect them to work late indefinitely. Set an end date.

Share in the sacrifice. Leaders don't ask people to do what they themselves aren't willing to do. Don't tell your people to work over the weekend if you've got plans for a spa day. Roll up your sleeves and share the load.

Appeal to their emotions. Fear focuses people's attention and can be an effective motivator. ("If we don't get this done right now, we'll all lose our jobs.") But if you keep resorting to fear, you'll end up de-motivating people. People are also motivated by-and prefer to be motivated by-positive emotions like excitement, pride, a sense of belonging, and the thrill of achievement.

Give people multiple reasons for doing what you want them to do. You can give your own reason or the organization's reason for requesting the action. "If we don't get this project completed on schedule, we'll lose the contract." But the best reason of all is always personal. It would be nice if you could give your people extra days off or even a bonus. Or, you may talk about something as intangible as the camaraderie that comes from having achieved something important together. But things being what they are these days, the best you may be able to offer is the hope that no one will lose a job.

Inspiration, on the other hand, involves changing the way people think and feel about themselves so that they want to take positive actions. It taps into people's values and desires.

Be the change you want to inspire. Your reputation, your character, your behavior will inspire people more than anything else. The only way to call the best out of others is to expect the best from yourself.

Tell a story. Stories don't tell people what to do. They engage people's imaginations and emotions. They show people what they're capable of becoming or of doing.

Appeal to people's value system. Ask them to act in a way that is consistent with the values they themselves profess.

Trust people. When you're inspiring people, you're not telling them exactly what to do or giving them precise directions. You're empowering them to be their best, trusting that they will then do the right thing. And the right thing they do may not be what you were expecting; it may be something beyond your wildest expectations.

Challenge them. People aren't inspired by doing the ordinary or by meeting expectations. They're inspired by the exertion, creativity, and sacrifice needed to exceed what they themselves thought possible.

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