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How does Psychology Support Nursing Practice?

Learning Objectives

This chapter introduces the five perspectives of psychology and offers their differing understanding of people and the way they think, feel and behave. It offers an exploration of how the perspectives may gain evidence for their theory and how psychological theory is put to use through different professions. These perspectives provide a basis for the further chapters, which explore different topics related to both nursing and psychology.

- Identify the similarities between nursing and psychology.
- Describe the five perspectives in psychology.
- Identify a variety of research methods.
- Recognise the different roles of psychologists related to health.

Introduction

This chapter briefly explores a range of psychological perspectives considering how each of them may explain elements of a nurse's behaviour. It will explore definitions of psychology and nursing with a view to demonstrating the similarities and differences between the fields but also how the discipline of psychology can enhance nursing practice. The research methods component concisely describes the major research approaches in psychology and offers an example of how each

perspective may use the method to explore an area of health that interests them. A brief explanation is given of each of the main psychological professions with which a nurse may come into contact.

As with any scientific approach one question leads to another; if we are to explore how psychology supports nursing practice the first step is to gain an understanding of what nursing practice is and what psychology is.

Activity

Spend a few minutes writing a list of things that you believe a nurse does and then spend a few minutes writing down what you believe psychology is.

Definitions

Nursing

In 1966 Virginia Henderson (cited Siviter 2004) stated:

'Nursing is primarily assisting the individual in their performance of those activities contributing to health, or its recovery that they would perform unaided if they had the necessary strength, will or knowledge.'

The Royal College of Nursing (2003, cited Siviter 2004) defined nursing as:

'the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems and to achieve the best possible quality of life whatever their disease or disability until death.'

Psychology

'Psychology is the scientific study of behaviour and mental processes. Behaviour includes all of our outward or overt actions and reactions, such as talking, facial expressions and movements. Mental processes refer to all the internal, covert activity of our minds, such as thinking, feeling and remembering.' (Ciccarelli & Meyer 2006)

Psychology seeks to understand why people behave, think and feel the way they do, individually and in groups, in all areas of life includ-

ing health. Psychologists not only seek to predict behaviour but also to change behaviours to enhance well-being and quality of life. This can be seen to link very closely with what nurses do.

Nurses and psychologists seek to understand the health needs of the people they work with but also to change their behaviours, thoughts and feelings to enhance the well-being of the person, not only at this moment but also for the future. At times nurses need to provide very basic care for the people they work with but they are always looking to develop the person's ability to be more independent in any area of their life.

Nurses and psychologists both have strict codes of practice, which guide their work and ensure an ethical approach to their professional practice. Nurses are governed by their professional body, called the Nursing and Midwifery Council (NMC), which has developed a code of conduct for their professional behaviour. Likewise psychologists in Britain are governed by the British Psychological Society, which lays down strict ethical codes for practice and research.

Nurses can use psychological research and theories to enhance their nursing practice, and most nursing practice has a foundation in psychology, sociology or biology. Nursing now has developed its own unique body of knowledge but other sciences can still enhance nurses' understanding and practice.

Psychology perspectives

Psychology has a number of different ways of trying to understand the person and these are called perspectives. These perspectives have changed over the years but the most commonly used now are:

- Biological
- Psychodynamic
- Behavioural
- Cognitive
- Humanistic

Each of these perspectives has a different explanation or theory for a person's behaviour that influences not only psychologists' understanding but also how they conduct research to further this understanding.

Biological psychology

Biopsychologists are often accused of reductionism, which means they reduce the person down to their biological components so explanations

of human or animal behaviour are said to be due to anatomy or physiological changes such as chemical reactions in the nervous and endocrine systems. They suggest that biological function and structure determine behaviour; for example people cannot fly because they do not possess wings. A biological understanding of how people behave is crucial for nurses. Without a recognition that a person's biological functioning will affect their behaviour, nurses would have reduced the opportunity for them to offer appropriate interventions.

Case study Mrs Lillian Child

As a student nurse you are asked to monitor the well-being of an elderly lady, Mrs Lillian Child, who has just been admitted to an assessment ward. Mrs Child appears confused and is agitated and says she wants to go home. Her husband is very worried because her concentration, attention and memory have deteriorated dramatically over the past week. Mrs Child also moans at times as if she is in pain. While monitoring Mrs Child you find her pulse rate is a little raised as is her temperature, breathing and blood pressure. Mrs Child is unable to explain what she thinks is wrong.

The nurse in charge of the unit asks what you think might be wrong with Mrs Child and your mind runs wildly through cancer, anxiety, infection and a number of other options. After a physical examination it is found Mrs Child is constipated, and she is offered an enema to allow some rapid relief. Mrs Child's agitation and mental functioning quickly return to normal for her. She is also prescribed a laxative for a couple of weeks and given information on diet, exercise and her other medications.

Biopsychologists recognise that biological functioning can significantly influence behaviours, which allows for a biological understanding of Mrs Child's confusion and agitation.

Biopsychologists identify biological causes for behaviour and individual differences such as:

- Genes
- Anatomical differences
- Development through the lifespan
- Biological systems such as:
 - the nervous system
 - the endocrine system

Therefore behavioural change could be due to changes in the nervous system, endocrine system, or anatomical or genetic structure. There are

numerous factors that could influence this functioning, such as:

- Development and maturation
- Infection
- Mutation
- Nutrition
- Disease
- Trauma
- Environmental factors

Biopsychologists suggest that people develop through a sequence of maturation and growth of the body, including the endocrine and nervous system. Therefore behaviour could be determined in the absence of disorder or disease by the maturational stage of development, genetic makeup, hormonal state and neural readiness.

Genes

Each cell of the human body contains a nucleus. This nucleus usually has 23 pairs of chromosomes. These chromosomes contain the genetic code for the person; it is called DNA (deoxyribonucleic acid). This genetic code provides the genotype for the person, the colour of the hair, their potential height, etc. What is seen of the person is said to be their phenotype; that is, the genotype that has been influenced by the environment.

Box 1.1 Explanation of genotype and phenotype

The genotype for a person may dictate they should be two metres tall (genotype) but due to neglect and malnutrition (biological intervention) the person is not able to fulfil this potential and only achieves a height of one and a half metres (phenotype).

Nervous system

There are two parts to the nervous system: the central nervous system and peripheral nervous system. The central nervous system is made up of the brain and spinal cord, whereas the peripheral nervous system is made up of billions of nerve cells, bundles of which are called nerves.

The peripheral nervous system has three parts:

- Cranial nerves
- Spinal nerves
- Autonomic nervous system

All three communicate information from the senses to the central nervous system and take commands from the central nervous system. The cranial nerves link with the brain, the spinal nerves to the spinal cord and the autonomic nervous system primarily controls the internal organs.

The autonomic nervous system has three components:

- Sympathetic nervous system
- Parasympathetic nervous system
- Enteric nervous system

The sympathetic system prepares the body for action, whereas the parasympathetic system prepares the body for rest. The enteric system regulates the digestive system and is influenced by both the parasympathetic and sympathetic nervous systems.

Endocrine system

The endocrine system is made up of glands that secrete hormones into the body. The major endocrine glands are shown in Table 1.1.

Biopsychologists study how each of these areas influence the behaviour of the person, in their search to understand that behaviour. There

Table 1.1 Endocrine glands and their principal effects. Adapted from Rosenzweig et al. 2005.

Gland	Principal effect
Pineal gland	Regulates seasonal changes and puberty
Hypothalamus	Regulates hormones released from pituitary gland
Pituitary gland	Produces a number of hormones which stimulate growth and development
Thyroid	Involved in metabolism and blood homeostasis
Adrenal glands	Regulates metabolism and body hair. Helps maintain blood sugar level
Pancreas	Involved in the metabolism of sugars
Gonads	Stimulate the development and maintenance of sexual characteristics and behaviour
Stomach	Involved in digestive processes
Heart	Promotes salt loss in urine

is the recognition that the nervous system communicates with the endocrine system and vice versa (see Chapter 7). The chemicals produced by these systems influence each other to achieve this. Neurotransmitters influence the production of hormones as nerves infiltrate the glands and hormones circulate the body changing the chemical environment of the nerves.

Case study Biological response to stress

A patient observes a nurse coming towards them with a sphygmomanometer to check their blood pressure but do not know what this entails. The patient's eyes perceive this stressor; the information is relayed via the optic nerve (nervous system) to the visual cortex (brain – nervous system) through the thalamus (part of the brain), which in turn passes the information to the hypothalamus (part of the nervous and endocrine system). The hypothalamus triggers the pituitary gland (endocrine system), which releases a hormone (adrenocorticotrophic hormone); this activates the adrenal glands (endocrine system), which produce adrenaline. The production of adrenaline has a dramatic effect on the peripheral nervous system and is experienced by the person as stress or panic. The person will either stop the nurse from taking the blood pressure and/or the blood pressure will be raised.

Summary

Biopsychologists seek to understand behaviour from a biological basis, offering biological theories for human behaviour. They identify that people develop through a sequence of maturational changes as the nervous and endocrine systems develop. Nurses too seek to understand behaviour from a biological basis, regardless of the branch of nursing. This is widely viewed as the medical model but it is more useful for nurses to recognise this as one component of the whole person and label it biological.

Psychodynamic psychology

Introduction

This perspective was developed by Freud but a number of theorists have continued to develop his theory, such as Eriksson (see Chapter 4),

Jung and Klein. Sigmund Freud lived from 1896 to 1939 and much of his work has become a significant part of both psychological thinking and western society's thinking. A key component of his theory was around the inner or unconscious conflicts that motivate a person's behaviour. He does, though, suggest that some of these desires or thoughts can become conscious through therapeutic techniques such as 'free association', 'dream interpretation' and 'transference'. Whilst many nurses struggle with viewing people they work with from a psychodynamic perspective, it is already part of their everyday thoughts and understanding of the world.

Box 1.2 Examples of Freudian slips

A man lives with a nagging wife. She is admitted to hospital and quickly recovers from her illness. On seeing her he intends to say, 'I'm glad to see you are better' but what he actually says is, 'I'm sad to see you are better.'

The nurse sees the next patient and instead of saying, 'I can see you now Mr Stanley' says, 'I can see you now Mr Stud.'

These are examples of what are commonly known as Freudian slips (parapraxes). Freud said that all behaviour is meaningful and when people say things that are different from what they intended, their unconscious thoughts are breaking through to consciousness. Freudian slips are part of everyday language in western societies.

Freud developed a structure of the mind, which includes three components:

- Id
- Ego
- Superego

Id

This is the part of personality or mind that a person is born with. It is the largest part of the unconscious structure of the mind. The id holds the sexual and aggressive instincts of the person and demands instant gratification. It is sometimes referred to as the psychic energy.

Ego

This part of the personality or mind is the largest part of the conscious mind but at least half of it is preconscious. The ego develops in

childhood and fulfils a function of balancing the desires of the id with the social constraints of the world which are internalised by the superego.

Superego

The superego is often referred to as the conscience of the person, which is developed at about the age of five. The superego uses guilt and pride to facilitate compliance with social norms. The superego is partly conscious but also exists in the preconscious and unconscious.

Developmental process

Freud also offered a developmental process by which this structure of the personality was achieved. He suggested children are born with the id but develop the ego and superego through psychosexual developmental stages. These experiences in early childhood have a strong impact on the later personality (see Chapter 2).

Freud's stages of psychosexual development are:

- Oral 0–18 months
- Anal 18–36 months
- Phallic 3–6 years
- Latent 6 years to puberty
- Genital puberty onwards

Freud suggested that the child derives pleasure from different bodily areas at different times of their life. These areas of fascination become the label for the psychosexual stages. If the child successfully progresses through each stage they will develop a full self-concept, but if they are over or understimulated in any area they will be fixated in that area. If a child becomes fixated at a particular stage they will have a certain type of personality (see Chapter 2).

It has been suggested that the most important of these psychosexual stages is the phallic stage; this is where the child experiences either the Oedipus or Electra complex and where the superego or conscience starts developing. It is where the child becomes aware of their own gender and a rivalry develops towards the same sex parent to compete for the affection of the opposite sex parent. Boys and girls resolve this in different ways; the boys identify with the father due to fears the father will castrate them. If children do not identify with the same sex parent, they may go on to develop homosexual relationships. Girls recognise that they do not have a penis and believe themselves to be castrated already, and develop penis envy. Girls go on to change this desire for a penis into a desire to have a baby, preferably a boy baby.

Mental defence mechanisms

The mind as described by Freud is a dynamic structure with continuous conflict between the desires of the id and the social constraints of the superego. The ego attempts to resolve some of these conflicts by the use of mental defence mechanisms. Mental defence mechanisms do not resolve the anxieties or problems but allow the person to perceive them differently.

There is no agreed number of mental defence mechanisms, with some suggesting there are just nine and other proposing 35. However, there is agreement on their characteristics. They are (Stewart 2005):

- Unconscious
- Distinct
- Dynamic
- Can be adaptive or pathological
- Manage instincts, drives and feelings

Summary

Freud offers a psychodynamic theory of the mind, personality and its development. It is a psychosexual theory, which has a number of stages of development. Freud identified the impact that these stages have on the personality and offered mechanisms that the person would use to manage the continuous internal conflict of the different components within the mind. This perspective offers the nurse a completely different way from previous biopsychologists to understand the people with whom they work and themselves. It demonstrates how a person's childhood may have influenced their personality and that this personality rather than being totally fixed is always in a state of movement and tension. It also offers an approach for understanding reactions to health problems that they may experience.

Behavioural psychology

Introduction

The behaviourists are concerned with learning. They propose that all of a person's behaviour, including their personality, is learnt. There are a number of processes by which this happens and they have

Table 1.2 Most commonly identified mental defence mechanisms. Adapted from Gross (2001), p. 624, Table 42.5.

Name of defence mechanism	Description	Example
Repression	Forcing a threatening memory/feeling/wish out of consciousness and making it unconscious	You feel sexually attracted to one of the people you are caring for but force this desire out of your consciousness
Displacement	Transferring feelings from their true target onto a harmless substitute target	One of the other members of the multi-disciplinary team keeps interrupting when you are trying to inform a patient about a health issue, but instead of dealing with them you go home and shout at your partner
Denial	Failing/refusing to acknowledge/perceive some aspect of reality	This can be observed when a patient refuses to accept that they have a serious illness
Rationalisation	Finding an acceptable excuse for some unacceptable behaviour	A client you have been supporting at great emotional expense makes a complaint about the amount of support they are receiving. You feel angry but rationalise their behaviour as being due to their ill health
Reaction-formation	Consciously feeling/thinking the opposite of your true (unconscious) feelings/thoughts	You strongly dislike one of your nursing colleagues so become extremely considerate/polite to them – even going out of your way to be nice to them
Sublimation	A form of displacement in which a substitute activity is found as a way of expressing some unacceptable impulse	You have been trying for the whole shift to make a telephone referral but each time the telephone has been engaged; at the end of the shift you feel very frustrated and so take yourself to the gym
Identification	Incorporating/introjecting another person into one's own personality – making them part of oneself	You are working in the accident and emergency department and a woman comes in who has been raped. When you suggest she speaks to the police she refuses as she believes the man was frustrated and she had encouraged him by wearing revealing clothes
Projection	Displacing your own unacceptable feelings/characteristics onto someone else	You find you are not able to relate to one of your patients and instead of saying you do not get on with them you say that they do not get on with you
Regression	Reverting to the behaviour characteristic of an earlier stage of development	When asked to clean the clinic room for the second time that day you lose your temper
Isolation	Separating contradictory thoughts/feelings into 'logic tight' compartments	A patient has taken their own life but you talk about it without any display of emotion

become the building blocks of learning from the foundational level of habituation to the more complex learning of social learning theory. Habituation can be seen as the lowest form of learning, in that it is a process where the organism becomes 'used to' the presence of a stimulus.

Box 1.3 Example of habituation

A patient review is occurring in a room near a busy railway line where trains frequently go by. Initially you are distracted by the noise but after a little while you habituate to it and do not notice the trains and can concentrate on the review.

Classical conditioning

Learning can also involve association (classical conditioning). This occurs when a stimulus produces a response. This stimulus then gets presented with another stimulus that does not produce that response. After being presented together a number of times, both stimuli can produce the same response. This type of learning is usually considered reflexive learning, where the organism's reflexive responses are being trained.

Box 1.4 Example of classical conditioning

A person who needs pain-killing tablets is given a sugar tablet at the same time. After a number of times with the two types of tablet being presented together, a reflexive association is formed so that the sugar tablet provokes the same response as the pain killer – pain relief.

This type of learning was developed by Ivan Pavlov (1849–1936) when he was studying dogs' digestion. He recognised that dogs could be trained to salivate by pairing or associating another *stimulus* with food. Salivation is a reflex response to food. This reflexive *response* to food was *conditioned* to occur when a bell rang. This theory was then applied to people as well. It was found that pairing one stimulus with another stimulus could also provoke a reflexive response in people. This is also called a stimulus–response theory of learning.

Operant conditioning

Learning also occurs in a more obvious manner where a person will learn that to do one thing rather than another produces a reward (operant conditioning). This can be seen in many animals as well as people.

Box 1.5 Example of operant conditioning

A child is frightened of seeing the nurse because each time they see the nurse an injection is given. The nurse recognises this, and allows the child to play with a stethoscope while administering the injection and gives the child a sticker saying how brave they have been, to wear home. The child is rewarded for their behaviour (allowing the nurse to give them the injection) and they behave less fearfully in the future, in anticipation of a reward.

This type of learning was initially developed by Thorndike (1874–1949) but Skinner (1904–1990) went on to extend this work. He suggested that in the real world animals did not just respond to one stimulus, and he looked at how they operated within their environments (see Chapter 3).

Social learning theory

Another form of learning that builds on the previous levels of learning is social learning theory, which acknowledges a cognitive element to learning. It suggests that learning can occur not only by habituation, association and reward but also by observing others' behaviour and imitating it.

Box 1.6 Example of social learning theory

A relative needs to be informed that their loved one has died. The student nurse observes the experienced nurse giving the relative this information, offering time and support. The student notices how the caring behaviour of the experienced nurse helps the relative, and in the future the student attempts to imitate that behaviour.

Albert Bandura and colleagues developed this theory of social learning through a number of experiments; these demonstrated that

observational or vicarious learning could occur without the individual being rewarded. For this type of learning to occur there needs to be an appropriate environment, with another person from whom to learn. This person is usually referred to as the role model. There are five cognitive components that influence the likelihood of learning from a situation:

- Attention
- Memory
- Rehearsal and organisation of memory
- Imitation
- Motivation

Effective role models

There are features that effective role models possess:

- They are rewarded.
- They are similar enough to imitate.
- They are well thought of or respected socially.

Case study Role modelling with adolescents

Jenny is a children's nurse and is working with a group of adolescents who have recently been diagnosed with diabetes. The young people are anxious about a number of the activities that they need to undertake to manage their diabetes. Jenny is pretty and friendly and dresses in a casual manner; she has a good sense of humour and the young people warm to her. They listen attentively (*attention*), despite attempting to appear not to, because they want to please her (*motivation*) as she explains about the need to monitor their food intake and blood sugar level. They do not like the idea of testing their own blood so Jenny allows them to practise (*rehearsal*) on her and shows them how to read the monitor once a small drop of blood has been gathered. The young people eventually demonstrate their ability to test their own blood (*imitation*) and give themselves their insulin. They are rewarded by Jenny's praise and they reward her by their achievements.

Jenny is a good *role model* because she is similar enough to imitate, they liked her and she was seen to be rewarded by having the job she did and appearing to get on well with everyone.

Summary

There are four key types of learning identified by the behaviourists, although social learning theory does start to incorporate cognitive elements. Each of these theories is highly relevant to healthcare, particularly nursing, not only for the development of the nurses but also to develop the well-being of the people with whom they work. All the theories are built on the principle that all behaviour is learnt. The four types of learning are:

Habituation	the acknowledgement that people can 'get used to' or accept elements in their environment
Classical conditioning	the training of reflexes such as pain by association
Operant conditioning	if good things happen following a behaviour, the person will repeat the behaviour
Social learning theory	nurses can learn from observing and imitating other nurses.

Cognitive psychology

Introduction

The cognitive perspective can be seen as an extension of the behaviourist perspective in that there is an acceptance that behaviour is learnt and that in any situation there is a stimulus and a response. The cognitive psychologists seek to understand what happens between stimulus and response because they recognise that there is not always a predictable automatic response to any given stimulus. There are a number of theorists in the cognitive perspective with a number of developed theories, for example the cognitive developmental theory of Piaget (see Chapter 4).

As the function of the mind and its precise link with the brain are not as clearly defined as with other organs within the body, it is difficult for psychologists to determine how and where information and processing are stored and occur. However, with the growth of technology and research in the area of bio- and neuropsychology, understanding is developing. Therefore cognitive psychologists tend to use metaphors, such as that the brain is an information processing unit like a computer. A computer goes through a logical system every time a problem is initiated. Some cognitive psychologists believe that people do the same thing and liken the brain to the hard drive and the mind to the software.

Activity

Think of the last time you felt unwell and were unsure why you were ill. You probably went through a process of checking what symptoms you have had and what probability there was of you contracting certain illnesses.

You have had aching muscles, your breathing has become difficult, and you have no energy and are tearful. You are aware that there could be a number of reasons for these symptoms, such as if you have been out to night-clubs dancing for a few nights in a row in smoky atmospheres. It might be that you have had a friend with similar symptoms that the GP said was due to glandular fever. Or it might be that you do not understand your symptoms given your environment.

A computer would work methodically through the symptoms and possible causes in a logical manner, ruling out certain possibilities and putting others higher up the list. This is one theory put forward by cognitive psychologists, for human thought and decision-making leading to health behaviours. As you develop a better understanding of health and illness through learning, you become better at attributing causes, as with the GP whom you may choose to visit to gain both diagnosis and treatment.

To choose to visit the GP again may involve a problem-solving approach using a methodical information processing approach.

Key influential areas in the development of the cognitive perspective are (Anderson 2000):

- Information theory
- Artificial intelligence
- Linguistics
- Neuroscience

Information processing approach

The information processing approach is the main paradigm used with cognitive psychology, to understand how people think. It is proposed that thinking is conducted in a process, with some psychologists offering a simple process but others more complex. It is where people mentally manipulate what they know about the world. Components of this approach would include:

- Set processing rules (organised ways in which information is gathered, stored, worked on and used).

- A storage facility for information (memory).
- A central processing unit which manipulates the information (a place where the information is worked on or with).

This information processing approach could include a costs–benefits analysis as a means of problem solving.

Box 1.7 Costs–benefits analysis

A patient with cancer is prescribed chemotherapy to halt the progression of the disease. The chemotherapy’s side effects cause the person to feel very unwell. Patients have the right to refuse treatment. The person uses a costs–benefits analysis to decide whether to take the chemotherapy. They weigh up all the benefits of taking the treatment – possible prolonged life etc. – and all the costs of taking the medication, which include the side effects. The person then makes a decision. This is an information processing theory and is called costs–benefits analysis.

Schema theory

Schema theory is a cognitive theory of how people might store information – memory. It is suggested that new information is attached or becomes part of existing memory. A schema is a collection of information on a certain topic/area/thing. It has a fixed component but also has a flexible component.

Box 1.8 A schema

A schema for giving an injection would have fixed components:

- Needle
- Syringe
- Person to give injection to, etc.

But it could also have flexible components:

- What medication is being injected
- Which part of the person the injection is being given into
- Environment in which injection is being given, etc.

These schemas can also be interrelated, so that thinking about one schema can lead to a memory of information in another schema. For example, a giving an injection schema may lead to a health and safety schema.

Cognitive development theory

Jean Piaget (1896–1980) created a theory of cognitive development. Unlike the behaviourists, Piaget suggested that children of different ages thought in a qualitatively different way from adults. His theory was built on a schema theory. He suggested schemas were developed through a process of *assimilation* and *accommodation*.

Assimilation	process of incorporating new information into existing schemas
Accommodation	occurs when new information cannot be assimilated, at which point a new schema needs to be developed.

Using this process Piaget identified four stages of cognitive development; stage one also has six sub-stages:

- Sensory-motor stage 0–2 years
 - Exercising reflexes
 - Primary circular reactions
 - Secondary circular reactions
 - The co-ordination of secondary circular reactions
 - Tertiary circular reactions
 - Invention of new means through mental combinations
- Preoperational stage 2–7 years
- Concrete operations 7–12 years
- Formal operations 12 onwards

At each of these stages children think in quite different ways. They move from one stage to another through a maturational process. In the first stage the baby is concerned with developing physical schemas in its attempts to understand the world. This leads to the second stage where the child is developing internal, symbolic schemas such as language. In the third stage the child is working within the concrete world but has a greater understanding of this and can manipulate it. In the fourth stage the child is developing its ability to understand abstract terms (such as algebra) and use its imagination.

Box 1.9 Example of Piagetian concept of egocentrism

You are caring for a man who has a four-year-old child; the mother and child are observing you and your interactions with the child's father. You ask the father how he is feeling and the mother turns to the child and asks, 'How does daddy feel?' The child replies, 'Daddy is happy because I ate a biscuit.' The mother explains that the child was allowed a biscuit while they were waiting for you to

arrive. Piaget would explain that the child could not interpret what her father felt and so could only offer how she felt herself, which is typical of the preoperational stage of development. This Piaget labelled ego-centrism.

There have been a number of criticisms of Piaget's work but it continues to be influential (see Chapter 4).

Summary

The cognitive psychologists offer a number of differing theories on how people think. This includes people's ability to communicate, attend and remember things. The information processing approach is the most common cognitive approach, whereas the schema theory is the most widely accepted theory of how information is stored. Piaget offers an explanation of how a child develops adult thinking. Cognitive psychology has had a big impact on health psychology. This in turn has been influential in the development of health promotion, which is now a crucial part of a nurse's role. Cognitive psychology offers an explanation for how people make decisions about their behaviour, including health behaviour.

Humanistic psychology

Introduction

The humanistic movement started in the 1950s in response to the mechanistic approach taken by the behaviourists and the conflict and distress focused on by the psychodynamic psychologists. Whilst they accepted that learning was important, they also acknowledged the importance of innate potential and unconscious processes. Their focus was much more optimistic, identifying that the person was an individual, whole being with unique potential, and they offered a spiritual element to psychological theory. They suggested that all people are moving towards self-actualisation to achieve their potential. Unfavourable environments sometimes disrupt this.

Activity

Nurses are expected to provide individualised care recognising the holistic needs of the person.

With this in mind what do you think should be the priorities when conducting an assessment of the health needs of a person?

Maslow

Abraham Maslow developed the hierarchy of needs in 1954. He suggested that people are motivated to fulfil their needs: the motivation to fulfil lower level needs are deficiency drives, which maintain our health, and the motivation to fulfil higher level needs are growth or being drives. Both drives are leading the person to self-actualisation, which can be seen as a rapturous moment or peak experience. Maslow suggested that people have to work their way up from the bottom of this hierarchy to the top (see Figure 1.1) and they could not move to the next level until the needs of the previous one had been fulfilled (see Chapter 2).

Activity

Look at your priorities in your holistic assessment of the health needs of a person. Are they the same as Maslow's? If not, why not?

Rogers

Carl Rogers developed a person-centred approach. As with other humanists he believed that each person was unique; they were able to reach their own potential as long as they were given the right environ-

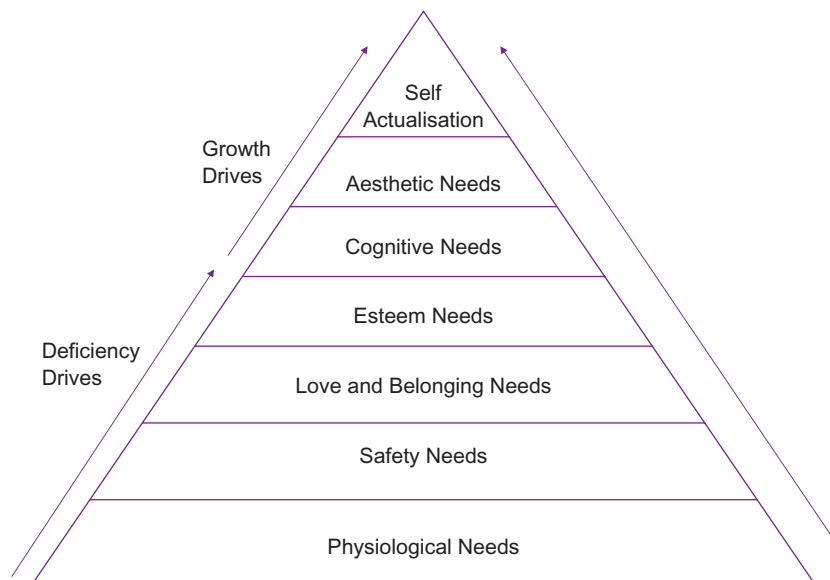


Figure 1.1 Maslow's hierarchy of needs.

ment in which they could grow towards self-actualisation. He developed a theory of self-concept which incorporated the actual self and the ideal self, and he suggested that if these two views of the self were distant from each other, a person would experience psychological distress. To gain a close ideal and actual self, a person needs unconditional positive regard. He went on to develop client-centred therapy to enable people who had not experienced this.

Carl Rogers (1957), who developed client-centred therapy, identified that there were necessary and sufficient conditions for a therapeutic relationship to facilitate change. These are:

- Two people need to be in psychological contact.
- The client is in a state of incongruence.
- The counsellor is congruent.
- The counsellor experiences unconditional positive regard for the client.
- The counsellor has an empathetic understanding of the client and endeavours to communicate this to the client.
- The counsellor is at least successful in communicating unconditional positive regard and empathetic understanding to the client.

Box 1.10 Explanation of client-centred therapy terms

A person you are working with is distressed and not coping with a recent health problem (*incongruent*). As a nurse you need to demonstrate that you are not distressed yourself (that you are *congruent*), that you have high regard for the person regardless of who they are (*unconditional positive regard*) and that you can make them aware that you understand how they are feeling (*empathy*) and care about them.

Summary

The humanistic perspective is a collection of diverse theories, but they have similar underlying principles. These are that:

- The person is motivated to self-actualise – they have the desire to achieve their potential.
- The person is unique – each person is different.
- The person has unique potential – each person has a different set of abilities and they have an individual sense of fulfilment.
- People need positive regard to remain healthy – to be acknowledged as having intrinsic value is important for well-being.

Section summary

This section has explored the main five psychological perspectives. An overview of the most significant areas of exploration from each perspective's theory has been offered: the biopsychologist's search for links between brain and behaviour, the behaviourist's view of the centrality of learning, the cognitive psychologist's exploration of thought, the psychodynamic view of the mind, and the humanist's attempts to understand a person's sense of meaning. Each perspective is different and offers nurses differing perceptual insights into the people that they care for and work with.

Research methods in psychology*Introduction*

There are a number of research methods used in psychology. Each perspective tends to use different approaches to research, depending on how they believe understanding can be gained. Research is a scientific way of gaining understanding. The perspective the psychologist adheres to will influence what they are trying to understand, which in turn influences how they try to gain that understanding.

Experiments or quasi-experimental methodology

This method is accepted by the physical sciences to be valid, with the ability to be rigorously tested. The biological psychologists may use this methodology along with the cognitive and behavioural psychologists. It is where all unnecessary variables are eliminated from the experiment, except the things pertaining to the question or hypothesis. This approach is frequently conducted in research laboratories where distracting noises etc. can be stopped. A criticism that may be offered by the humanistic or psychoanalytic perspectives is that it offers little insight into how people behave in the 'real world', i.e. it lacks ecological validity.

Box 1.11 Example of quasi-experimental research

A biological psychologist may be interested in whether nurses who are working night shifts make more drug errors than nurses working during the day owing to their blood sugar level. They would need to set up a question or hypothesis such as 'nurses who

work at night make more drug errors than those who work during the day owing to low blood sugar'. This hypothesis would be tested by setting up an experiment (test) where perhaps a number of nurses were recruited and were given drug calculations to do under laboratory conditions. They would all be tested at the beginning to ensure that they all had similar test scores originally, or poor and high scorers could be matched so that those doing the tests at nights had the same average ability as those doing the tests during the day. Each time the nurses took a drug calculation test, their blood sugar level would be monitored as well. The scores of those doing the drug calculations, and their blood sugar levels at night and during the day, would be compared using statistical analysis.

Individual case studies

This method of research can be, and has been, used by all the perspectives but is favoured by the psychoanalytic and humanistic perspectives. A single person's experience is explored in detail, usually by interviewing them or getting them to keep a diary, which could be verbal, written or video. A criticism of this that is put forward by the biological and cognitive psychologists would be the inability to generalise from the findings; if one person responded in this way it does not provide evidence that others will. The perspectives that use this method may suggest that each person is unique and therefore not open to generalisation. It is a methodology that is used frequently in health services when attempting to understand individual problems.

Box 1.12 Case study method

An individual case study could be conducted to explore a unique experience. A humanistic psychologist may use a description of a person's experience of mental illness to gain understanding of this phenomenon.

This approach has also been used by biological psychologists to understand a person's experience of brain damage, and by behaviourists, as in their experiment with 'Little Albert', where a small boy was conditioned into being fearful of anything white and fluffy by presenting a loud noise each time he was shown a white rabbit (Gross 2001, p. 148).

Surveys/questionnaire research methods

This methodology is used extensively to ascertain attitudes and other such social issues. The biological or cognitive psychologists, all of whom may be interested in generalisable behaviour, may use this method. It is a method for gaining a small amount of information from a lot of people. As with the experimental approach, the data obtained are usually converted into numbers and made sense of by using statistical analysis. A humanist would suggest large surveys add little to the understanding of any given phenomenon.

Box 1.13 Questionnaire method

A cognitive psychologist is interested in why people continue to smoke despite being given the information that it is harmful to their health. They formulate a hypothesis just as the experimenters did, such as 'people smoke despite it being harmful to their health because they do not understand the information about the health risks'. They would then devise a questionnaire to find out if this were the situation, given to a large number of people to ensure gaining a generalisable view.

Observational research methods

This method is used by behaviourists to assess the stimulus-response situations; they observe for antecedents, behaviour and consequences. Biological and cognitive psychologists who may be observing for changes in behaviour also use it. Piaget, who developed the cognitive development theory, used this approach to help develop his theory along with experiments. A large part of a nurse's role is to observe patients and so nurses could be considered to be undertaking research when they carry out this task.

Box 1.14 Observational method

A behavioural psychologist may want to understand why residents in a residential care home for people with learning disabilities become aggressive towards the staff. They would observe and record what is happening before, during and after any aggressive outbursts.

Interviews and focus group research methods

The humanistic, psychodynamic and cognitive researchers may use these methods but would probably use different types of approach to the data collection and analysis.

Box 1.15 Interview and focus group method

Interviews – a humanist may use this approach to gain an understanding of the lived experience of being diagnosed with cancer.

Focus groups – could be used by humanists to gather ideas on how to develop a service to enhance older people's attendance at a daycare centre.

Self-report/diary/self-reflection

This is a method used by many psychologists, including the psychoanalysts (Freud, Jung, etc.), cognitive theorists (Piaget) and humanists (Rogers), but this method tends to be regarded as lacking rigour for the biological and behavioural psychologists, although there are particular occasions where biological psychologists would use this approach, such as individual case studies.

Box 1.16 Diary method

A psychodynamic psychologist, as with a nurse, could use this approach to demonstrate their development from novice to expert therapist/nurse. It could show their learning needs and the impact experiences and teaching had had on them.

Qualitative verses quantitative approaches to research

There is another distinction that needs to be made when considering how psychologists might seek to understand human behaviour: whether to use a qualitative or quantitative approach.

Quantitative approach

This involves measuring behaviour in some way; data would be collected so that they could be counted or measured. Most methods

identified above could collect data in such a way as to measure them, but individual case studies and self-report diaries and reflection would not usually be used for this approach. This is the traditional scientific approach to research, with a highly structured method.

Qualitative approach

This approach is seeking a more narrative form of data; it does not seek to measure or count behaviour. Self-report diaries, reflections, interviews, focus groups and individual case studies are more usually used for this approach, but an observational study may also use this approach. It is considered richer and seeks to understand the human experience, and is one more suited to the humanistic and psychodynamic perspectives.

Section summary

There are a number of different ways in which a psychologist can gain an understanding of people and their behaviour. These are called research methods. The research method used by a psychologist is partly determined by their psychological perspective. Research methods fall into one of two approaches: qualitative and quantitative. Nursing research is carried out using the same methodologies as physical science and psychology. They too need to identify whether to use a qualitative or quantitative approach. Nurses do not need to choose their methodology on the basis of their fundamental understanding of the person; according to their perspective they tend to choose a methodology that is most appropriate to the area they wish to understand.

Professions in psychology

Introduction

There are a number of professional fields in psychology, most of which expect further training after a first degree in psychology. These professions are regulated by the British Psychological Society (BPS) in Britain, with their own disciplinary committee and code of conduct (the United States of America and the European Union have their own societies). The BPS also charters psychologists.

Nurses too have different fields or branches within which they work and, as with nursing, in each of these fields or branches there are many different roles. Psychologists in their practice areas and in education may come into contact with many types of psychologists and a few of these are defined here.

Clinical psychologists

Clinical psychologists use the research area of abnormal psychology in their work, and also the areas of health and neuropsychology. They work in many clinical areas such as mental health, child guidance, learning disability, stroke units and rehabilitation units.

Educational psychologists

Educational psychologists are interested in areas such as developmental issues, learning theories and individual differences (intelligence, memory, etc.). Educational psychologists work mainly within schools and assist in providing behavioural programmes for children with psychological needs, which could be developmental, intelligence, memory or disruptive behaviour.

Counselling psychologists

Counselling psychologists are interested in any psychological theories which offer insight into interpersonal helping, skills or understanding. Counselling psychologists work with people to help them understand themselves and psychologically develop.

Forensic psychologists

Forensic psychologists are interested in areas such as individual differences and abnormal psychology, and work with people who have a criminal history. Forensic psychologists provide reports for courts, help solve crimes and also provide treatment for mentally disordered offenders.

Health psychologists

Health psychologists are interested in areas of the interrelationship between theoretical perspectives of stress, personality and attitudes, and use any theoretical perspective that gives insight into people's health behaviours. The role of health psychologists is to develop understanding of health issues to facilitate those who provide healthcare and healthy environments.

Neuropsychologists

Neuropsychologists are interested in the anatomy and physiology of the brain and seek to understand the relationship between structure and process. They attempt to explore areas such as consciousness to aid treatment of people with brain disorder or dysfunction.

Sports psychologists

Sports psychologists are focused on motivational issues and the impact of psychological processes on physical abilities. Their role is to facilitate the person to fulfil their physical potential.

Occupational psychologists

Occupational psychologists are interested in not only motivation but also some of the areas researched by social psychologists, such as attitudes, group dynamics and interpersonal relationships. They assist employers in the recruitment and development of their staff.

Section summary

There are a number of recognised psychologists; this number is continuing to grow and nurses may find themselves working alongside a number of these professionals. Sometimes there is confusion over the difference between psychologists, particularly clinical psychologists, and psychiatrists, probably because they both work closely with people with mental health problems.

Psychiatrists are medically trained; they are qualified doctors who have gone on to specialise in mental illnesses, just as an obstetrician specialises in childbirth. Psychiatrists deal with medical diagnosis and physical treatment. Psychologists are not medically trained, although some may be called 'doctor' due to their research studies. Psychologists working with people with mental health problems work with people to establish what they consider their problems are, and use talking and behavioural therapies to help them.

Nurses work alongside both these professions and are involved in both physical treatments and talking therapies.

Chapter summary

This chapter has considered what nursing practice is and how psychology can enhance nursing. It has offered an overview of the perspectives that structure the science of psychology. Each of these offers nurses the opportunity to develop their understanding of themselves and the people with whom they work. Each perspective accesses different research methods to develop their understanding of people. These research methods are also used by nurses. The final part of this chapter considered the different types of psychologists that a nurse may come into contact with, and recognises that some nurses and psychologists fulfil similar functions in caring for people. As can be seen, there are a number of similarities between psychologists and nurses, and psychological research can enhance nurses' understanding and practice.

Web addresses

British Psychological Society: www.bps.org.uk
 Nursing and Midwifery Council: www.nmc-uk.org.uk

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