

University	Mosul
College	Nursing
Department	Clinical Nursing Sciences Department
Stage	Third stage
Lecturer name	Mohamed salih awaad
Academic status	lecturer
Qualification	Master
Place of work	College of nursing

Corse weekly outline

Course Information	
Course Title	Medical Sociology For Nursing
Course Number	
Credit Hours	2 hours
Course Calendar	15 weeks
Placement	Theory in the college of nursing / Hall No. (4)
Course Instructor	Mohamed salih
Course Coordinator	Mohamed salih
Office Hours	2 hours
Course Description	

Medical Sociology for Nursing

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

Course Objectives	Weights
1. Understand certain concepts of sociology.	10
2. Identify the components of a society.	10
3. Determine the importance of sociology on the nursing profession.	10
4. Recognize the interpersonal relationships among the health team and between the nurse and clients.	10
5. Determine the rights and roles of clients, nurses, and other health team.	10
6. Develop positive attitude towards clients, nurses and other members of the health team.	10
7. Explore the reflection of health and diseases issues on the social behaviors of individuals, groups and societies.	10
8. Determine the role of the community in the preventive and curative aspects of health services.	10
9. Analyze critically common health problems of the Iraqi society.	10
10. Analyze the social changes.	10

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Intended Student Learning Outcomes (ISLOs)		
Upon successful completion of this course, students should be able to:		
ISLOs	Related Objective(s)	Reference(s)
The students know the concept, nature, and the goals of sociology.	Unit	Related
The students identify the relationship between sociology and nursing/ medicine professions.	Unit	Related
The students know the social roles, rights and rules.	Unit	Related
The students know the common social problems affecting individuals physically and psychologically.	Unit	Related
The students identify the role of community in facing the social problems.	Unit	Related
The students learn The concept of a family, Types of families and their problems, health problems facing the family.	Unit	Related

Text Book	
Title	Sociology in Nursing and Health Care.
Author(s)	Cooke, H., Philpin, S.
Publisher	Elsevier Limited
Year	(2008)
Edition	4th ed.

References	
1	Schaefer, R . Sociology A Brief introduction, 6 th edition, 2006, American, New York.
2	Kindersly, D., Sociology for Nurses, 2010, printed in India by sheel print.
3	Browne,K.: Introduction To sociology, 2011 ,2nd edition, printed and bouad by MPG Books group.UK.
4	Open Stax College, 2013, Introduction to Sociology

Teaching & Learning Methods
Laptop, data show

Course Outline Schedule / Theory			
Week	Topics	Instructors/	Achieved ILOs

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		Concept /Reading Assignments	
1.	Introduction	Concept	Yes
2.	Theories of sociology	Concept	Yes
3.	Analysis of sociology	Concept	Yes
4.	Social alteration	Concept	Yes
5.	Social problems	Concept	Yes
6.	Interpersonal relationships	Concept	Yes
7.	The Family	Concept	Yes
8.	Analysis of impulsive behavior	Concept	Yes
First Exam			
1.	Introduction	Social problems	
2.	Theories of sociology	Interpersonal relationships	
3.	Analysis of sociology	The Family	
4.	Social alteration	Analysis of impulsive behavior	
Course Feedback and Revision			
Final Exam			

Theoretical Contents of the Course

Unit Number and Name	Unit outline	Page No.
Unit 1: Introduction	<ul style="list-style-type: none"> ➤ Concept, nature, and the goals of sociology. ➤ The relationship between sociology and nursing/ medicine professions. ➤ Research in sociology. 	6 – 13
Unit 2: Theories of sociology	<ul style="list-style-type: none"> ➤ Establishment of societies 	14 – 16
Unit 3: Analysis of sociology	<ul style="list-style-type: none"> ➤ The social roles. ➤ Rights and rules. ➤ Personality in the social context. 	17 – 20
Unit 4: Social alteration	<ul style="list-style-type: none"> ➤ Concept of Social alteration. ➤ Effect of Social alteration on the individual, group and community 	21 – 23
Unit 5: Social problems	<ul style="list-style-type: none"> ➤ The concept of problems and its nature. ➤ The cause and the effect of social problems on the society. ➤ Approaches to solve social problems. 	24 – 26
Unit 6: Interpersonal relationships	<ul style="list-style-type: none"> ➤ Social relationships ➤ Nurse – client's relationship. 	27 – 30

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	➤ Nurse – health team relationships	
Unit 7: The Family	➤ Family as one of the community organizations. ➤ The concept of a family. ➤ Types of families and their problems. ➤ Health problems facing the family.	31 – 33
Unit 8: Analysis of impulsive behavior	its effect on: ➤ Individuals. ➤ Groups. ➤ Community.	34 - 36

Course Evaluation Methods			
Evaluation Type	Description	Mark%	Course Goals Addressed
Second Theory Exam	Written Exam	20 %	Cover the half lectures with a good critical thinking
Second Theory Exam	Written Exam	20 %	Cover the rest lectures with a good critical thinking
Attendance and Participation (Quizzes)	--	10 %	Obligatory condition with active action and participation
Final Theory Exam	Written Exam	50 %	All aims should be achieved
Total		100 %	Successfully passing the course

Grading System	
Mark %	Grade
90 -100	Excellent
80 – 89	Very Good
70 -79	Good
60 – 69	Fair
50 -59	Pass
≤ 49	Fail

Course Information and Policies	
Attendance	The student oblige to attendance the lectures.
Professional Conduct	The student oblige to attendance the lectures.
Students Participation	Yes
Unannounced Quizzes	The students oblige to conduct all quizzes.
Testing Policy and Procedure	Written exams is wanted

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Academic Progress	Students should progress their level
Communication Policy	The students oblige to respect the tutor and colleagues
Complaints/ Appealing Process	The students can present an appealing to the clinical nursing department if there is any grievance.
Academic Honesty and Plagiarism	Any breach of the academic honesty, the students will discipline.
Diversity	Non Acceptance
Disabilities	Non
Visitors	Non
Equipment/Materials	Stated above

Unit One: Introduction

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

Culture: The word *cultured* referred to people who knew about and took part in these activities. Also, culture refers to the norms, values, beliefs, behaviors, and meanings given to symbols in a society. Culture is distinct from society in that it adds meanings to relationships.

Sociology as a Science:

It emerged as a special discipline among the social sciences, considered as sciences of society. The concept was first developed by Emile Durkheim as it uses scientific methods, investigation, and different bodies of knowledge. The word Sociology is derived from the Latin Word ‘Socius’ which means ‘society’ and the Greek word ‘logos’ means ‘science or study or advanced study. Sociology can be understood as the study of society as society itself has a huge influence on what we do, how we think and who we are. Sociology is essentially the study of people, by people how people form cultures, societies, organizations, laws, beliefs, families, religions, and all other aspects of human life.

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

➤ **Primary socialization:** takes place early in life, as a child and adolescent.

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

Subject matter of the sociology: sociology is....

1. Study of society.
2. The science of social life.
3. The study of social relationships.
4. The study of human behaviour in groups.
5. The study of forms of social relationships.
6. The study of social action.

Nature of sociology:

1. *It studies social phenomenon:* It is known as, 'Mother of all social sciences'. It uses scientific method. It is a systematic way of dealing with ideas, careful observation and recording of the factual data, and which is classified, analysed and organised in a systematic fashion by logical basis through which generalisations can be made.
2. *Sociology is factual:* It deals with facts only, uses scientific principles to solve the problems.
3. *Sociology frames laws and attempts to predict:* Science can make prediction on the basis of universal and valued laws relating to the problem solving approach.
4. *Principles of sociology are universal:* The laws of sociology proved to be true at all times and places, as long as the conditions do not vary. The laws are devoid of any exceptions.
5. *It discovers the cause and effect relationship:* It structures for the cause and effect relationship in its subject matter and in this connection, it provides universal and valid laws.

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6. *Sociological principles are veridical*: The laws of sociology prove true at every verification and re-verification. Anyone can examine their validity.

The importance of sociology:

1. It is a scientific study of society.
2. It studies the role of institutions, through the knowledge of sociology the individual can understand and establish relationship with the social environment like family, religion, school, governmental policies and working situations.
3. The study of sociology is indispensable for understanding and planning of society.
4. It helps in solution of social problems.
5. It draws our attention to the institutional worth and dignity of men.
6. It contributes to understand human culture, to make good citizens.
7. It keeps us update information on modern institutions.
8. It identifies good government with community.

The functions of sociology:

1. Technical function: To construct society by observing existing problems, customs, traditions, institutions, etc. it can make the people to understand the changing situations.
2. Introductory function: It supplies the information about the elements of social system to facilitate the introduction of any desirable changes. It explains different methods, which can introduce this change into various parts of it.
3. Informative function: It possesses some important information based on theoretical knowledge with practical experience. It makes the individual to

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organise society by solving certain social problems. It provides guidance in practical reforms.

4. Tolerate function: it have to understand all the social institutions to develop a feeling of universal brotherhood.
5. Democratic function: To develop a selfless tendency and understands the society in a well-planned manner.

Medical Sociology is one of the most important sub-disciplines in sociology due to the importance of its subjects and what it teaches. It is the science that deals with the active relation between the society and the social life with the diseases, their causes, and how transmitted. It also study the communication between the health organization and the society.

The Relationship of Sociology with Nursing:

1. Nursing plays a vital role in healthcare profession. Nurses are the key persons who have significant influence over the group members within the society.
2. To provide total patient care in a comprehensive manner and render tender loving care to meet the total needs of the clients either in the hospitals or in the community.
3. To understand and meet the needs of the individual, family and societal needs in a holistic manner thereby nation's development can be achieved.
4. To understand the cause and meaning of many kinds of patient behaviour to make them comfortable and treat them all alike for improvement of client care.
5. To broaden the view of nursing students to understand human behaviour in relation to the society. To understand the problems of clients.
6. To suggest the ways to work with families, community agencies and groups of persons to provide health counselling in planning for continuity of care.

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7. To provide right motivation, treatment and physical, medical, vocational, psychosocial rehabilitation.
8. To understand the emotional reaction pattern, (e.g: Level of perception, attitudes of people towards medical care, barriers of communication, individual differences, social distance.....
9. To understand herself and others and the nurse has to make more effective use of her professional skills.
10. The nurse is having close association and continuous contact with the clients than any other health team members, she has to understand the problems of clients in crucial way.
11. To gain greater insight into the human problems as related to the illness.
12. Good observation, communication, guidance skills are essential to understand clients' behavior.
13. Nurses need to assume the responsibility for the provision of first level care in the community and thus acting as a changing agent in bringing about good quality of life to the people at large.
14. The nurse has to be sensitive to the health needs of the people in the context of broader social change.

Relationship of Sociology with Nursing



The difference between sociology of nursing to sociology in nursing:

Sociology of Nursing	Sociology in Nursing
1. Would address the study of nurses themselves and how social factors or forces affect the roles of the nurse and the evolution of the profession of nursing.	1. Would address sociological knowledge which would help the nurse do her or his job.
2. Focuses on the application of sociology tools and theories to nursing practice and research.	2. The "big three" of sociology (gender, race and class) would be examples of how this might work- for example do women who are diabetic have a different way of dealing with their diabetes based on their social gender roles.

The goals of sociology in nursing:

1. Promotion of health.
2. Prevention of illness and injury.
3. Sociology plays, an important role in the area of health sciences.
4. Giving of caring.

Uses of Sociology for Nurses:

1. Knowledge of culture and social life patients.
2. Maintained of friendly relationships between different personnel's.
3. Knowledge of social system and social relationships.

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4. Knowledge of community, resources, and facilities, available.
5. Knowledge of different sections of society (tribal, health, military).
6. Knowledge of technology progress and complication.
7. The study of sociology helps nurses identify the psycho- social problems of patients, which helps improve the quality of treatment.

Application of Sociology in Nursing:

1. Sociology helps understand those forces and pressures, which affect patients adversely.
2. It helps the nurses understand the behavior, conflicts. Inter personal relationships, hierarchy, group, adaptation of different people working in hospital or health institutions.
3. Through sociology, the nurse gets information about socio-cultural life of the patient is important for the planning and implementation of the treatment.
4. By the study of sociology , the nurses learn the technique of adjustment that can be used in nursing
5. A nurse who has knowledge about rituals and customs of different peoples can handle patients who are superstitious have to take medicines and they believe more in which doctors and quacks.
6. As our country biggest drawbacks is illiteracy. A nurse can educate people about clean less, balance diet and also guide mother and child health and vaccination.
7. Sociology helps, in the understand and eradication of the social problems.
8. Without sociological knowledge a nurse cannot understand the community.

The connection between sociology and nursing:

1. The connection between sociology and nursing covers a few key factors that help nurses integrate key sociological theories into their practice.
2. This relationship centers on developing skills that better enable nurses to deliver nursing care to patients, taking into account sociological forces that

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inherently affect patient care and recovery as well as for nurses delivering such care.

3. Other key factors that connect sociology and nursing include providing a more robust framework for conducting nursing research and gaining a better understanding of the nursing field itself, particularly its role in healthcare.
4. Sociology of nursing focuses on the sociological factors that evolve from the practice of nursing. Such topics may include a nurse's occupational concerns or turnover problems, which are commonly characteristic in the field of nursing.
5. The focus is on the sociological attributes of nursing itself, while sociology in nursing focuses on the application of sociology tools and theories to nursing practice and research.
6. For better understanding how culture impacts a patient's healthcare experience may help nurses better understand how to speed recovery, leading to the application of sociology and nursing.
7. Nursing administrators who have a good grasp in the sociology of nursing are better equipped to attend to factors that impact staff morale and the efficient allocation of nursing staff.

Objectives of Medical Sociology:

There are practical goals and there are scientific and methodological goals. The practical objectives can be summarized as follows:

1. Studying and examining the social and humanitarian bases of medical activity such as screening, diagnosis and identifying the causes of diseases.
2. Identify social diseases and distinguish them from physical diseases.
3. Study the social environment or social environment and its role in the emergence of social and psychological diseases.
4. Identify the relationship between the natural and the environment in which man lives the natural and social environment and the impact of society and social life and the emergence of some diseases.

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5. Establish the idea of social clinics that are spreading in a number of communities
6. Understand the nature of the social relationship that takes its place in health institutions.
7. Identify the causes and how to strengthen their ties.
8. Learn how to activate health institutions.

Importance of sociology in Iraq:

In Iraq, rapid social changes have produced many social problems like: terrorism, prejudice and discrimination, crimes, public unrest, un-employment, housing problems, illiteracy, and poverty. As we known that the sociology is a source of knowledge along with its practical applications and also as a profession, therefore it will help by planning and solution of problems by sociological knowledge.

Unit Two: Drug addiction

. Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine. Substances such as alcohol, marijuana and nicotine also are considered drugs

Addiction is a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs

environmental factors increase the risk of addiction

Environmental factors are those related to the family, school, and neighborhood.

Factors that can increase a person's risk include the following:

1-Home and Family. The home environment, especially during childhood, is a very important factor. Parents or older family members who use drugs or misuse alcohol, or who break the law, can increase children's risk of future drug problems.

2-Peer and School. Friends and other peers can have an increasingly strong influence during the teen years. Teens who use drugs can sway even those without risk factors to try drugs for the first time..

other factors increase the risk of addiction

Early use. Although taking drugs at any age can lead to addiction, research shows that the earlier people begin to use drugs, the more likely they are to develop serious problems. This may be due to the harmful effect that drugs can have on the developing brain. It also may result from a mix of early social and biological risk factors, including lack of a stable home or family, exposure to physical or sexual abuse, genes, or mental illness. Still, the fact remains that early use is a strong indicator of problems ahead, including addiction.

How the drug is taken. Smoking a drug or injecting it into a vein increases its addictive potential. Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense high can fade within a few minutes. Scientists believe this powerful contrast drives some people to repeatedly use drugs to recapture the fleeting pleasurable state.

What are the signs that someone has a drug problem?

- 1-Finding drugs or drug paraphernalia such as pipes, drug bags and needles
- 2-Sudden changes in mood or behavior, such as becoming withdrawn, secretive or angry
- 3- Lying or making excuses
- 4- Stealing money or valuables
- 5- Problems at work or school
- 6- Financial problems
- 7- Sudden mood swings
- 8- Changes in attitude/personality
- 9- Spending more time around people who are known to use or deal in drugs
- 10 Dramatic changes in habits and/or priorities
- 11- Being very energetic, talking fast, or saying things that don't make sense

What are the treatments for drug addiction?

Treatments for drug addiction include counseling, medicines, or both. Research shows that combining medicines with counseling gives most people the best chance of success.

The counseling may be individual, family, and/or group therapy. It can help you:

- Understand why you got addicted
- See how drugs changed your behavior
- Learn how to deal with your problems so you won't go back to using drugs
- Learn to avoid places, people, and situations where you might be tempted to use drugs

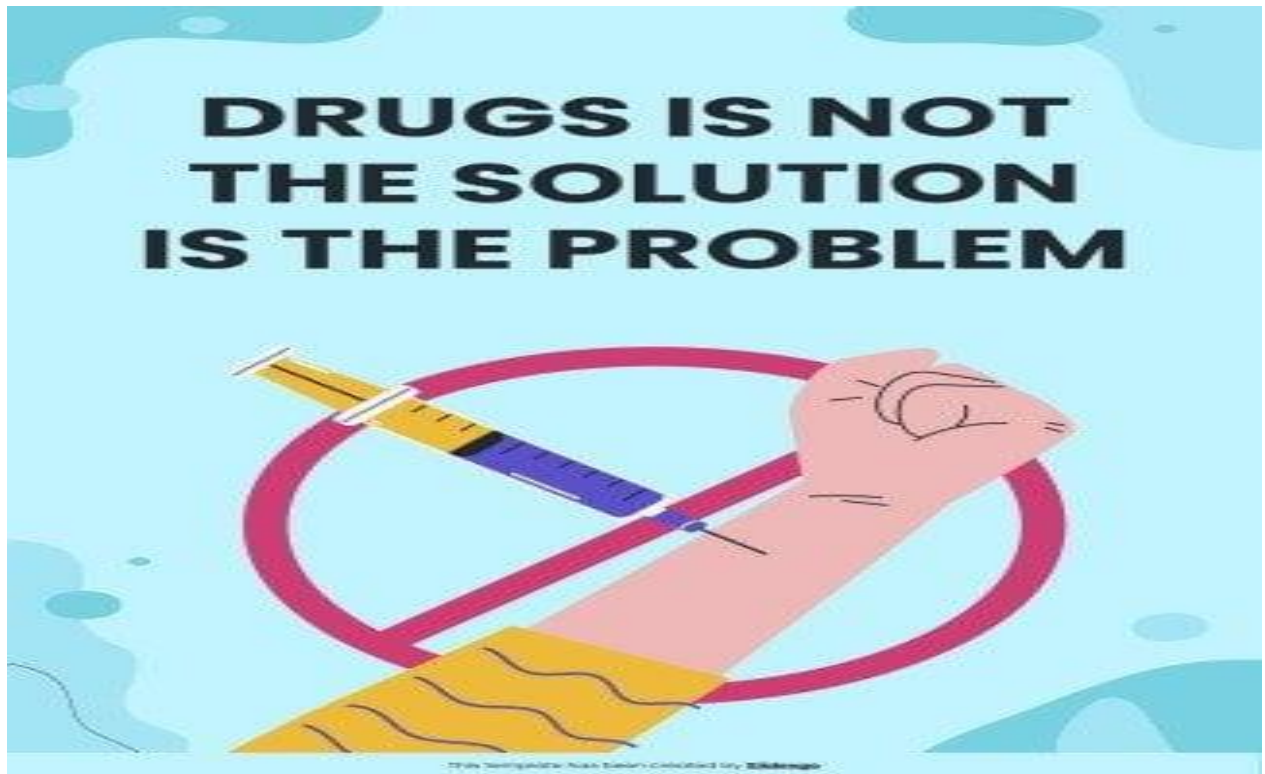
Medicines can help with the symptoms of withdrawal. For addiction to certain drugs, there are also medicines that can help you re-establish normal brain function and decrease your cravings.

If you have a mental disorder along with an addiction, it is known as a [dual diagnosis](#). It is important to treat both problems. This will increase your chance of success.

If you have a severe addiction, you may need hospital-based or residential treatment. Residential treatment programs combine housing and treatment services.

Can drug use and addiction be prevented?

Drug use and addiction are preventable. Prevention programs involving families, schools, communities, and the media may prevent or reduce drug use and addiction. These programs include education and outreach to help people understand the risks of drug use.



Unit Three: Analysis of sociology

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

Elements of society:

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

Levels of analysis in sociology:

1. **Micro-sociology:** is analyzing small scale social phenomena. Micro-sociology is interested in small scale level of the structure and functioning of human social groups; whereas macro-sociology studies the large-scale aspects of society. It focuses on social interaction. It analyzes interpersonal relationships, and on what people do and how they behave when they interact. This level of analysis is usually employed by symbolic interactions perspective.
2. **Macro-sociology:** is analyzing large-scale social phenomena. It focuses on the broad features of society. The goal of macro-sociology is to examine the large-scale social phenomena that determine how social groups are organized and positioned within the social structure.

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

Societies Classification:

- 1. Minor classification:** e.g. rural, urban, agricultural and industrial society.
- 2. Advanced classification:** primary society, slavery society, feudal society.
- 3. Comparative classification:** it indicators on the basis of the numbers of people in different communities.

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

Civil society organizations' roles:

- 1. Monitoring:** civil society organizations have a vital role in monitoring the conduct of the elections and this requires the presence of a broad coalition of organizations which do not have relationship with parties or political candidates.
- 2. Advocate:** civil society plays the role of the lawyer in raising awareness of the issues and challenges of community and to advocate for change.
- 3. Service provider:** the provision of services to meet community needs such as education, health, food, safety and security, and implementation for disaster management and responding in emergencies.

Some of concepts that help to understand the sociology:

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

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2. **Actor and the other:** is the actor of a person who conduct and the other is the one who receives this behavior that means the social interaction.
3. **Social attitude:** it is the social context which shows the interaction and includes a series of interactions related to a particular subject.
4. **Expert:** bring the knowledge and unique experiences to format the policies and strategies, and find solutions.
5. **Capacity Building:** civil society organizations assist to develop of other values of democratic life: e.g. tolerance, moderation, compromise, and respect for opposing points of view.
6. **Incubator:** developing solutions to conflicts or disputes that may require long time, therefore the civil society organizations play an important role in mediating and helping to resolve the conflict.
7. **Representative:** give power to the voice of underrepresented by educating people about their rights and obligations as citizens of a democracy, and encourage them to listen to election campaigns and voting in elections.

These role conflicts divide into:

1. **Inter-role:** i.e. conflict between two or more roles.
2. **Intra-role conflicts:** i.e. conflicts that occur when a person feels strains and inadequacies in accomplishing a certain role, or when there is a gap between what a person does and what a group expects of him or her. Intra-role conflict may also be called role strain.
3. **Ideal role:** it is the role which a person is expected to perform theoretically.
4. **Actual role:** it is the role that a person accomplishes according to his or her level of understanding, capacity and personality.

Working with Communities:

This method of social work is called community organization. It involves the process of creating and maintaining the progressive and more effective adjustment between community resources and community welfare needs. The aim is to make

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adjustment between the two, which is possible through the effort of professional workers on the one hand, and individuals and groups in the community on the other.

Human Rights:

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

Unit Four: Social Alteration

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

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

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

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

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

Causes of social change:

1. **Technological and economic changes:** (Agriculture, industrialization).
2. **Modernization:** standardizing as towards modern tools (life style, technology).
3. **Urbanization:** moving population from rural areas to urban (cities) areas.
4. **Bureaucratization:** extreme emphasize on rules and regulation, impersonality.
5. **Conflict and competition:** war due to religion, ethnic, competition for resources.
6. **Political and legal power:** elected official (government) and unelected officials (corporate force).
7. **Ideology:** religious belief, political or regional conviction.

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

Social change in sociology characterized by:

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

Sources of social change:

1. Physical environment: change in temperature, floods, droughts, and epidemic.
2. Population:
 - Change in size, and distribution of a population.
 - Baby boomers.
3. Clashes over resources and values:
 - Conflict, war.
 - Involves negotiation, compromise, accommodation.
4. Supporting value and norms:
 - Innovation- permitted or inhibited
 - Diffusion- culture traits spread from one social unit to another

Resistance to social change:

1. Change is unclear/ ambiguous
2. Change is threading
3. Change does not seem beneficial
4. Change will disturbed the status
5. Change is costly
6. Change risks freedom

Ideational culture can cause change by:

1. Legitimizing a desired direction of change, e.g. promoting further equality and democracy.
2. Providing a basis for social solidarity necessary to promote change.

3. Highlighting contradictions and problems.

Goals of social change:

1. **Resistance** – action to defend or protect established everyday life from new, outside oppression and return things to normal.
2. **Liberation (empowerment)** – action to overcome on-going, traditional oppression and achieve the full measure of everyday rights and opportunities promised in the social charter (social / justice).
3. **Democratization** – action to spread decision-making power broadly to everyone affected by those decisions.
4. **Humanization** – action to ensure that society will defend or protect the rights of everyone in society, especially those who cannot do so on their or behalf (such as those who are ignorant, powerless, sick, frail, mentally incompetent, young or unborn).

Factors of social changes:

1. New ideas.
2. Economic power.
3. New technologies.
4. Times of extreme crisis.
5. Empowering visions.
6. New forms of organization and conditions of systemic collapse.

Obstacle in the ways of social changes:

1. Lack of education.
2. Lack of means of communications.
3. Economic reasons: e.g. poor people cannot afford new inventions and discoveries.
4. Personal interest: sometime the people oppose the new social change because their personal benefits and interest.
5. Cohesion with past: the people feel emotional attachment with on-going social norms and patterns. Therefore, they do not accept the changes easily.

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

Unit Five: Social Problems

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

A social problem has objective and subjective realities.

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

The Elements of Social Problems:

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

Social problems:

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

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

2. Unemployment:

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

3. Youth and Drug Addiction

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

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

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

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

Unit Six: Interpersonal relationship

Types of relationship:

1. Social Relationship

It is a primarily initiated for the purpose of friendship, socialization, companionship, or accomplishment of a task. Communication, which may be superficial, usually focuses on sharing ideas, feelings, and experiences and meets the basic need for people to interact. e.g. when a nurse greets a client and chats about the weather or a sports event or engages in small talk or socializing, this is a social interaction.

2. Intimate Relationship

A healthy intimate relationship involves two people who are emotionally committed to each other. Both parties are concerned about having their individual needs met and helping each other to meet needs as well.

3. Therapeutic Relationship

Therapeutic Relationship: An interaction between two people (usually a caregiver and a care receiver) in which input from both participants contributes to a climate of healing, growth promotion, and/or illness prevention. The therapeutic relationship differs from the social or intimate relationship in many ways because it focuses on the needs, experiences, feelings, and ideas of the client only.

Phases of Relationship Development and Major Nursing Goals:

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

Boundaries in The Nurse-Client Relationship

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

Roles of the nurse in a therapeutic relationship:

1. Teacher.
2. Caregiver.
3. Advocate.
4. Parent Surrogate.

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

2. Caregiver: The primary care giving role in mental health settings is the implementation of the therapeutic relationship to build trust, explore feelings,

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assist the client in problem solving, and help the client meet psychosocial needs. Some clients may confuse physical care with intimacy, which can erode the therapeutic relationship.

3. **Advocate:** is the process of acting in the client's behalf when he or she cannot do so. This includes ensuring privacy and dignity, preventing unnecessary examinations and procedures, accessing needed services and benefits, and ensuring safety from abuse and exploitation by a health professional or authority figure.
4. **Parent Surrogate:** When a client exhibits childlike behavior or when a nurse is required to provide personal care such as feeding or bathing, the nurse may be tempted to assume the parental role as evidenced in choice of words and nonverbal communication. The nurse must ensure that the relationship remains therapeutic and does not become social or intimate.

Nurse – health team relationships:

The team, doctors and nurses:

1. Doctors and nurses need to constantly collaborate and communicate despite the frustrations of a hospital.
2. They need to work together as a team.
3. They can focus on the responsibilities rather than the problems by engaging each other's strengths and they can learn from one another.
4. Doctors and nurses who collaborate, engage, inspire and appreciate each other in a heartfelt way will not struggle with communication.
5. The doctor and nurse team who learn to engage and respect each other will create a positive working environment and perform at an elevated level which can produce quality patient care with exceptional patient outcomes.

Therapeutic communication can help nurses to accomplish many goals:

1. Establish a therapeutic nurse–client relationship.

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2. Identify the most important client concern at that moment (the client-centered goal).
3. Teach the client and family necessary self care skills.
4. Recognize the client's needs.
5. Implement interventions designed to address the client's needs.
6. Guide the client toward identifying a plan of action to a satisfying and socially acceptable resolution.
7. Facilitate the client's expression of emotions.

Unit Seven: The Family

Family definition:

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

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

Basic Concepts of Families:

1. Families come in many different shapes and sizes and accomplish many different things for different people.
2. Families include the traditional functions and responsibilities assigned by society to families, such as: childbearing/rearing, intimacy, security.
3. Families also include consideration for diversity in the structure, value and context of families. Recognizes culture, gender, sexual orientation, age, disabling, conditions, income, and spirituality.

Types of families:

1. Nuclear conjugal family.
2. Nuclear dyad family.
3. Dual earner family.
4. Extended family.

5. Single-parent family.
6. Step-family (blended family).
7. Binuclear family.
8. Cohabiting family.
9. Communal family.
10. Foster family.
11. Skip generation family.

Problems of Families:

- 1. Vulnerable families and Jobless families:** Families where no adult is employed are more vulnerable to some forms of disadvantage. Jobless families are more likely to be economically disadvantaged than families with employment; tend to experience poorer health outcomes; and may find it difficult to get support in times of crisis. Importantly, children growing up in jobless families are more likely to grow up jobless themselves.
- 2. One-parent families:** One-parent families refer to families where a child or children are raised in a household with only one parent present. Parents may raise children on their own for a number of reasons, such as the death of a partner; divorce or separation from a partner; or having no established relationship with the other parent of the child.
- 3. Indigenous families:**

The profile of Indigenous families is different to other Australian families. Primarily, Indigenous people tend to have children at younger ages and reside in larger households than non-indigenous people. Indigenous children are more

likely to grow up in one-parent families, although there are often other adults present.

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

5. Families from diverse cultural and linguistic backgrounds:

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

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

Unit Eight: Analysis of Impulsive Behavior

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

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

Signs of Impulsivity:

1. Difficulty waiting for activities or a turn in an activity or conversation.
2. Acting on an impulse without taking time to think – doing first and thinking later.
3. Seeming to “rush” into things without thinking and making mistakes.
4. Saying things that seem to be “rude” or “tactless”.
5. Doing something without thinking about the risks or the consequences.
6. Doing the first thing that comes to mind, rather than thinking about all the options and choosing the best one.
7. Interrupting other people with demands or requests or interrupting conversations.
8. Spending all of money in a short space of time, or buying items that are expensive or not essential.
9. Signing a contract without really understanding.
10. Forgetting appointments and activities because he- she has gone off to do something else.

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11. Not looking for traffic before crossing the road.
12. Impulsive responses such as aggression or anger.
13. Getting into relationships quickly without knowing the person well, including sexual relationships.
14. Having regrets about decisions or choices later.

Strategies to Cope with Impulsive Behaviour:

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

“Is this what you really want to do?”

“Are you ready to do this?”

“What do you need to get ready?”

“Have you thought about all the options and the consequences?” – write down a list of pro’s and con’s

“Do you need more information?”

“If you do this, what will happen next?”

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

Intervention:

1. Interventions to impact impulsivity generally

While impulsivity can take on pathological forms (e.g. substance use disorder), there are less severe, non-clinical forms of problematic impulsivity in many people's daily lives. Research on the different facets of impulsivity can inform small interventions to change decision making and reduce impulsive behavior. For

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example, changing cognitive representations of rewards (e.g. making long term rewards seem more concrete) or creating situations of "pre-commitment" (eliminating the option of changing one's mind later) can reduce the preference for immediate reward seen in delay discounting.

2. Brain training

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

3. Psychopharmacological intervention

Psychopharmacological intervention in disorders of impulsivity has shown evidence of positive effects; common pharmacological interventions include the use of stimulant medication, selective serotonin reuptake inhibitors (SSRIs) and other antidepressants. Pathological gambling has also been studied in drug trials, and there is evidence that gambling is responsive to SSRIs and other antidepressants.

Cognitive Behaviour Therapy (CBT) has shown positive effects. Intermittent Explosive Disorder is most often treated with mood stabilizers, SSRIs, beta blockers, alpha agonists, and anti-psychotic (all of which have shown positive effects). There is evidence that some pharmacological interventions are efficacious in treating substance use disorders, though their use can depend on the type substance that is abused.

4. Behavioral interventions

Behavioral interventions also have a fairly strong evidence base in impulse control disorders, e.g. therapies including CBT, family therapy, and social skill training have shown positive effects on explosive aggressive behaviors.