

Social psychology is the scientific investigation of how the thoughts, feelings & behaviour are influenced by the actual, imagined or implied presence of others. Psychosocial practice help people deal with the social, cultural & psychological dimensions of illness. It deals with how people are affected by others.

- **Social facilitation:** (Allport) where an improvement of performance results from the presence of individuals/audience.
- **Social inhibition:** behaviour can deteriorate because of presence of others
- **Conformity (Hogg & Vaughan):** 'a deep-seated private & enduring change in behaviour & attitudes due to group pressure'. People use other people's behaviour to determine a correct/appropriate response.
- **Social identity:** RN's strive to identify with the group they're working with. An internal sense of individuality, wholeness & consistency of self
- **Self-image:** the way we describe ourselves, social roles, personal traits, physical characteristics
- **Self-concept:** an individual's belief and concept of themselves (subjective). Existential ideas (distinct from others)
- **Self-schema:** the impression one has of oneself. They reflect how we expect ourselves to think, feel & act in situations.
- **Self-efficacy:** the belief that one can successfully execute a behaviour.
- **Self-esteem:** the individual's perception of themselves (Randle) and a personal judgement of worthiness-sense of pride or shame. Professional self-esteem is the 'self-evaluative beliefs that nurses hold about themselves'. It influences how a nurse conducts themselves & influences how a patient recovers/manages from their health experience. Self-esteem is affected when identifying with an established group because of **social comparison**. Which is the process of comparing one's behaviour & opinions with others' to establish the correct or socially approved way of thinking of being (Hogg & Vaughan).
 - The effects of low self-esteem- performing less well, a decline in productivity, less assertiveness, lower self-expectation, increased susceptibility to stress, lower job satisfaction, less commitment & lower levels of enthusiasm. Patient uncertainty hampers esteem.
 - Enhancing self-esteem- Higgins **self-discrepancy theory** suggest that we have 3 types of self-schema: actual self (current self), ideal self (how we would like to be) and ought self (how we think we should be). Any large discrepancies when comparing schemas, results in low self-esteem. Empowerment can increase patients' self-esteem, through negotiation & communication.
- **Self-awareness:** a state in which one is aware of oneself as an object, allowing nurses to develop, reflect & learn from experiences, and to identify obstacles that could hinder the care they provide the patient. It incl. how we conduct ourselves & the impact of our behaviour on others. It involves becoming aware of one's personal characteristics like values, prejudices, feelings, motives, skills & limitations. The **Johari window** is a self-awareness tool (Luft) that explains that there are certain parts of our personality that are open to all (public area), others that are open to just us (private area) & others that aren't even open to ourselves (subconscious).
- **The ideal self-** person we'd like to be. The gap between self-image & ideal self affects our self-esteem.
- **Reflection-** linked with self-awareness. Reflection enables nurses to learn from the incidences & experiences e.g. using a nurse's portfolio. Reflection allows nurses to uncover underlying influences, motivations & knowledge, allows student to apply theoretical constructs to practice & enhances the knowledge, skills & learning.
Gibb's reflective framework model- circular & never-ending (always room for improvement). It incl: description, feelings, evaluation, analysis, conclusion & action plan.

- **Assertiveness-** enables you to express yourself with confidence, without being aggressive (ignoring the rights of others), passive or manipulative behaviours. The individual sees themselves as being of worth, whilst valuing others equally. Passiveness is when an individual ignores their own rights. According to Underman Boggs, there's 4 components of assertive behaviour:
 - 1) Being able to say no
 - 2) Asking for what you want
 - 3) Appropriately expressing thoughts & feelings
 - 4) Being able to initiate, continue and terminate interaction.

- **Attitudes & persuasive communication-** attitudes are learned predispositions to respond in a favourable or unfavourable way towards a person (Fishbein & Ajzen). Attitudes are crucial for nurses when providing care that's unconditional & non-judgemental. To change patient's attitudes, **persuasive communication** (Hovland) is needed. It's determined by factors associated with the source of communication (nurse's expertise & trustworthiness), the message itself (complex?), the recipient of the communication (are they easily persuaded) & the channel of the communication. The attitude nurse holds towards patients determines type of emotional, physical, informational & psychological help the patient received from the nurse. Positive attitude=needs met

Message framing- health messages can be framed in terms of the benefits of engaging in the health behaviour & the costs of failing to engage in the behaviour. These influences how likely the patient is to adhere to the nurse's advice-to be persuaded to change their attitude.

- **Stereotyping** (Lippman)- 'the qualities perceived to be associated with particular groups or categories of people'. They provide a useful shortcut to classify people into pre-existing mental schema drawn from personal experiences, but generalisations can be made (all member of the group being represented). Labelling patients are used to make social judgements about patients, which undermines the uniqueness of the individual. Patients thus become stigmatised & start responding accordingly: self-fulfilling prophecy (individuals behave as they're treated or expected to behave).
- **Aggression-** the intentional infliction of some form of harm on others. Theories:
 - Frustration-aggression hypothesis (Dollard)- aggression has origins in some frustrating event or situation. E.g. being in hospital
 - Bandura-aggression is dependent on the learning process. Observing an aggressive role model can result in aggression.
 - Skinner (concept of operant conditioning)- learning by direct experience- behaviour is maintained by rewards/punishments

- **Attribution-** The process of assigning a cause to one's own or other's behaviour.

The attribution theory: it's a part of human nature to attribute an explanation for the behaviour of an individual. If the explanation of this behaviour is incorrect, implications (stereotyping & labelling) arise.