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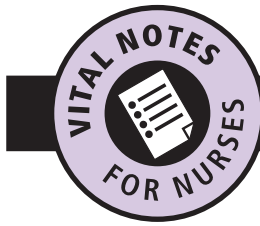
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VITAL NOTES FOR NURSES

Psychology

Sue Barker

SEN(M), RMN, BSc, MSc, PG Dip Prof Dev (PCE)
Senior Lecturer
Bournemouth University



Blackwell
Publishing

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Blackwell Publishing editorial offices:
Blackwell Publishing Ltd, 9600 Garsington Road, Oxford OX4 2DQ, UK
Tel: +44 (0)1865 776868
Blackwell Publishing Inc., 350 Main Street, Malden, MA 02148-5020, USA
Tel: +1 781 388 8250
Blackwell Publishing Asia Pty Ltd, 550 Swanston Street, Carlton, Victoria
3053, Australia
Tel: +61 (0)3 8359 1011

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First published 2007 by Blackwell Publishing Ltd

ISBN: 978-1-4051-5520-5

Library of Congress Cataloging-in-Publication Data

Barker, Sue, SEN(M)
Psychology / Sue Barker.
p. ; cm. – (Vital notes for nurses)
Includes bibliographical references and index.
ISBN-13: 978-1-4051-5520-5 (pbk. : alk. paper)
ISBN-10: 1-4051-5520-5 (pbk. : alk. paper)
1. Nursing. 2. Nursing–Psychological aspects. 3. Psychology.
I. Title. II. Series.
[DNLM: 1. Nursing Care. 2. Psychology. WY 87 B255p 2007]
RT86.B36 2007
610.7301'9–dc22

2006102877

A catalogue record for this title is available from the British Library

Set in 10/12pt Palatino
by SNP Best-set Typesetter Ltd., Hong Kong
Printed and bound in Singapore
by Markono Print Media Pte Ltd

The publisher's policy is to use permanent paper from mills that operate a sustainable forestry policy, and which has been manufactured from pulp processed using acid-free and elementary chlorine-free practices. Furthermore, the publisher ensures that the text paper and cover board used have met acceptable environmental accreditation standards.

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www.blackwellnursing.com

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Preface

This introductory text for nurses provides a foundational understanding of psychology applied to nursing care. It is aimed at pre-registration nursing students but may be useful for those seeking to undertake a nursing course. There are seven chapters, the first of which offers a preliminary insight into the different perspectives in psychology; these then underpin the topics in the other chapters.

I believe this introduction is useful to nurses at the beginning of their career, and it relates closely to some of the psychology units that have been developed by the psychology team in nursing at Bournemouth University.

I have been lecturing psychology to nurses since February 1998, both before and after they have become registered with the Nursing and Midwifery Council. I have also worked as a mental health nurse since January 1983. Over the years I have been supported by my colleagues, both clinical and academic, in my psychological understanding of the people I care for. More recently I have found that the student nurses who I endeavour to teach have become a major source of my learning.

Without the support and encouragement of colleagues, academic, clinical and administrative, supervisors and student nurses, I would not have been able to develop this book and I am extremely grateful to them.

The majority of my gratitude needs to go to my forever tolerant family: my husband Julian, the most tolerant man I have ever met and without him I would not be me – perhaps Erikson was right about women's stages 5 and 6 actually being achieved the other way round; and my children Miriam and Jethro who, whilst tolerating my studies, have continued to stretch my psychological understanding of

development and relationships, but without them my life would lack much of its colour.

To develop an understanding of psychological theory I have used numerous examples. I have endeavoured to ensure that any of the examples I have used do not relate to any specific known individuals, therefore any similarities found between names and issues are accidental.

Sue Barker

Fly High, Breathe Deep and Seek Peace

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.