Health Psychology, 6th edition
Shelley E. Taylor

Chapter Eight:
Using Health Services

Recognition and Interpretation of Symptoms: Recognition

- Individual Differences in Personality
  - Some people are consistently more likely to notice symptoms
  - Hypochondriacs are worried that normal bodily symptoms are indicators of illness
    - 4-5% of population are hypochondriacs
    - They make extensive use of medical care services
  - Neurotics recognize and report symptoms more quickly than those who are not neurotic

Recognition and Interpretation of Symptoms: Recognition

- Cultural Differences
  - Anglos report infrequent symptoms
  - Mexicans report frequently-occurring symptoms
- Attentional Differences
  - Those who focus on themselves
    - Bodies, emotions, reactions
  - Notice symptoms quicker than those who focus on their environment and activities

Recognition and Interpretation of Symptoms: Recognition

- Situational Factors
  - Boring situations
    - People are more attentive to symptoms than in interesting situations
  - Symptoms are noticed on days at home
    - Rather than days full of activity
- Medical Students' Disease
  - As students study an illness, many imagine that they have it

Recognition and Interpretation of Symptoms: Recognition

- Stress precipitates or aggravates symptoms
  - Attend more to one's body when a vulnerability to illness is perceived
  - Stress-related physiological changes may be interpreted as symptoms of illness

Recognition and Interpretation of Symptoms: Recognition

- Mood
  - Those in a positive mood
    - Rate themselves as more healthy
    - Report fewer illness-related memories
    - Report fewer symptoms
  - Those in a negative mood
    - Report more symptoms
    - Are pessimistic about relief from symptoms
    - Perceive themselves as more vulnerable to future illness

Recognition and Interpretation of Symptoms: Interpretation

- Example
  - A man nearing thirty arrives with relatives at the Emergency Room with one symptom: A sore throat
- Cultural interpretation
  - Staff joked about Italian families panicking over illness
- Actual significance of symptom
  - Patient's brother had died of Hodgkin's disease
  - First symptom, a sore throat, had not been treated

Recognition and Interpretation of Symptoms: Interpretation

- Prior Experience
  Interpreting a symptom is heavily influenced by prior experiences
  - Expectations
    - Ignore symptoms that aren't expected
    - Amplify symptoms that are expected
  - Seriousness of symptoms
    - More anxiety about highly valued parts of body
    - More likely to seek treatment if it causes pain

Recognition/Interpretation of Symptoms: Cognitive Representations of Illness

- Illness Schemas - Illness Representations
  - Organized conceptions of illness
  - Acquired through the media, personal experience, family and friends
- Illness Schemas influence
  - Preventive health behaviors
  - Reaction to symptoms
  - Adherence to treatment recommendations
  - Expectations for future health

Recognition/Interpretation of Symptoms: Cognitive Representations of Illness

Most people have three models of illness

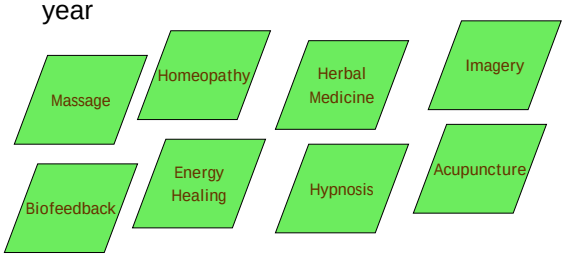
- Acute illness
  - Short in duration, no long term consequences
  - Example: Flu
- Chronic illness
  - Long in duration, consequences can be severe
  - Example: Heart disease
- Cyclic illness
  - Alternating periods with no symptoms, then many symptoms
  - Example: Herpes

Recognition and Interpretation of Symptoms: Treatment Begins

- Diagnosis begins before formal medical treatment is sought
- **Lay referral network**
  - an informal network of family and friends who offer an interpretation of symptoms
- Home remedies may be recommended

Recognition and Interpretation of Symptoms: Treatment Begins

- One in three American adults may use unconventional therapy in the course of a year



Recognition and Interpretation of Symptoms: The Internet

- A lay referral network of its own
- On a typical day
  - More than 6 million Americans will look for health care information online
  - More than 50% say the health information improved their self-care
- 96% of physicians
  - Believe the internet affects health care positively

Who uses health services? Age

- Young children
  - Develop a number of infectious childhood diseases
- Declines in the use of health services in adolescence and early adulthood
- Use of health services increases in later adulthood
  - Chronic conditions
  - Disorders related to the aging process

Who uses health services? Gender

- Women more frequently than men
  - Pregnancy/childbirth account for much of the difference but not all
- Women compared to men may
  - Be more sensitive to bodily disruptions
  - Not be subject to social norms to ignore pain
  - Be part-time workers and not need to take time off work as often
- Women's health care is fragmented

Who uses health services? Social Class and Culture

- Lower social classes
  - Use medical services less than the affluent
  - Services are often inadequate or understaffed
- Biggest gap between rich and poor: Preventive health services
  - Inoculations against disease
  - Screening for treatable disorders

Who uses health services? Social Psychological Factors

- These factors involve an individual's attitudes and beliefs
  - About symptoms
  - About health services
- Health Belief Model
  - Explains people's use of health services
  - Especially, treatment-seeking of those who have money and access to health care
- Socialization
  - Parental use of health care services

Misusing Health Services: Emotional Disturbances

- About 2/3 of physicians' time is spent with psychological complaints
- Why do people seek physicians' time when the complaints are not medical?
  - Stress/emotions create physical symptoms
  - Anxiety can produce diarrhea, upset stomach, shortness of breath, sleep problems
  - Depression can produce fatigue, loss of appetite, listlessness

Misusing Health Services: Emotional Disturbances

- The Worried Well
  - Concerned about physical and mental health
  - Perceive minor symptoms as serious
  - Believe in taking care of their own health
  - **BUT**: Use health services more than other individuals

Misusing Health Services: Emotional Disturbances

- Somaticizers
  - Experience distress and conflict through bodily symptoms
  - When self-esteem is threatened, they "somaticize" – convince themselves that they are physically ill
- Medical disorders are perceived as more legitimate than psychological ones

Annals of Internal Medicine Suggestion: Physicians should begin interviews by asking directly: "Are you currently sad or depressed?"

Misusing Health Services: Emotional Disturbances

- Polysymptomatic Somaticizers
  - Multiple physical symptoms
  - Chronic
  - Unresponsive to treatment
  - Unexplained by any medical diagnosis
- Interventions do not have lasting impacts

Misusing Health Services: Emotional Disturbances

- Secondary gains:
  Benefits that an illness brings
  - Ability to rest
  - Freedom from unpleasant tasks
  - Care of one's needs by others
  - Time off from work
- Secondary gains can
  - Be reinforcing
  - Interfere with return to good health

Misusing Health Services: Delay Behavior

- Delay: The time between recognition of a symptom and obtaining treatment
  - An individual is aware of the need to seek treatment but puts off doing so
- Example: Monica finds a small lump in her breast when taking a shower
  - Recognition: I should get this checked
  - Decision: This month is just too busy

Misusing Health Services: Time Periods of Delay Behavior

- **Appraisal Delay**: The time it takes a person to decide that a symptom is serious
- **Illness Delay**: The time between recognizing that a symptom implies an illness and the decision to seek treatment
- **Behavioral Delay**: The time between deciding to seek treatment and actually doing so
- **Medical Delay**: The time between making an appointment and receiving appropriate care

Misusing Health Services: Delay Behavior

Who delays?

- Major factor: Perceived expense of treatment
- Delay is more common
  - In people with no regular contact with a physician
  - When symptoms resemble past symptoms that have proven to be minor
  - If the primary symptom is atypical
- Treatment delay occurs when, after a consultation, patients delay further action

Misusing Health Services: Delay Behavior

- Provider delay (also called Medical delay)
  - 15% of all delay behavior
- Medical delay
  - Usually an honest mistake: providers rule out common causes of symptoms rather than ordering invasive tests
  - Can be caused by malpractice
  - More likely when patient deviates from average profile of person with a given disease

Patients in the Hospital Setting: Overview

- Sixty to 70 years ago
  - Hospitals were a place to go die
- Today
  - 33 million people admitted yearly
  - Average length of hospital stay decreased
  - Number of outpatient visits climbed

The following slide illustrates this point

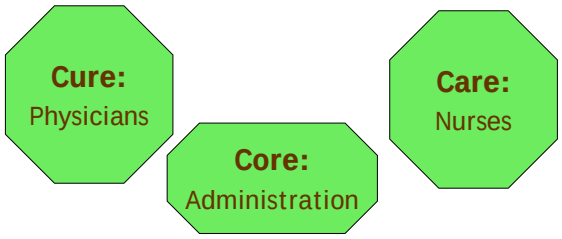
Patients in the Hospital Setting: Hospital Admissions and Length of Stay – Figure 8.2

Patients in the Hospital Setting: Structure of the Hospital

- Structure depends on the health program under which care is delivered
- Some Health Maintenance Organizations (HMOs) have their own hospitals with a hierarchical organized structure
- Private Hospitals have two lines of authority: medical line, administrative line
  - Nurses are part of both lines of authority and conflicting requirements sometimes occur

Patients in the Hospital Setting: Structure of the Hospital

Implicit Conflict of Different Groups Relates to Different Goals



Patients in the Hospital Setting: Functioning of the Hospital

- Conditions change rapidly in a hospital
- Fluctuating demands require flexibility in responding to particular situations
- Lack of communication across professional boundaries can create problems
- Example – hand washing
  - Nurses feel free to correct other nurses
  - Nurses do not feel free to correct physicians
  - Yet, physicians are more likely to break this rule

Patients in the Hospital Setting: Recent Changes in Hospitalization

- Walk-in Clinics
  - Handle small emergencies
  - Address less serious complaints
- Home-help services or hospice
  - Care for chronically ill
  - Provides palliative care for terminally ill
- Hospitals
  - Labor-intensive care for severely ill
  - Expenses make it difficult for hospitals

Patients in the Hospital Setting: Recent Changes in Hospitalization

- Role of Psychologists
  - Number has more than doubled in 10 years
  - Roles have expanded
- Psychologists
  - Participate in diagnosis through testing
  - Help in therapeutic interventions
  - Are involved in pre- and post-surgery prep
  - Help with pain control and compliance issues
  - Diagnose and treat psychological problems complicating patient care

Patients in the Hospital Setting: Impact of Hospitalization

- Patients enter a large organization
  - Adjusting to a time schedule and pattern of activity beyond the patient's control
  - Giving up customary identity, and even clothing, for a new role as patient
- Complaints about fragmented care and lack of communication about treatments have led hospitals to try to reduce these concerns

Interventions to Increase Control: Coping with Surgery

- Irving Janis's Study: "Work of Worrying"
  - Patients must work through fears about surgery before adjusting to it
- Contemporary View
  - Patients who are carefully prepared for surgery and its aftereffects will show good postoperative adjustment
- Control-enhancing interventions with patients awaiting surgery has a marked effect on postoperative adjustment

Interventions to Increase Control: Coping with Procedures

- Anticipating an invasive procedure is often a crisis situation for anxious patients
- Successful interventions to help people cope with these procedures include:
  - Providing information
  - Relaxation techniques
  - Cognitive-behavioral interventions

The Hospitalized Child: Anxiety

- Anxiety is the most common adverse reaction to hospitalization
  - Young children (under age 6 years)
    - May be anxious because they want to be with their family or they feel rejected by their family
    - May develop new fears (of the dark, of staff)
    - May convert anxiety into bodily symptoms

The Hospitalized Child: Anxiety

- Anxiety is the most common adverse reaction to hospitalization
  - Older children (ages 6 to 10 years)
    - May have more free floating anxiety that is not tied to any particular issue
    - May become irritable and distractible

The Hospitalized Child: Anxiety

- Children just entering puberty
  - May be embarrassed
  - May be ashamed about exposing themselves to strangers

The Hospitalized Child: Preparing Children for Interventions

- Conscious sedation is useful in distress management
- Children about to undergo surgery benefit from films portraying children hospitalized for surgery
  - Older children benefit when the film is viewed several days in advance
  - Younger children need exposure immediately before the relevant event
- Even very young children should be told something about their treatment and be given a chance to express emotions

The Hospitalized Child: Preparing Children for Interventions

- Parental support is important
  - Most hospitals now provide 24 hour parental visitation rights
  - Parents may or may not be a benefit during stressful medical procedures
    - Some parents become distressed which increases the child's anxiety