Biopsychosocial

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University
For this particular essay Mr Lazarus (Pseudonym), a patient, will be my subject and the focus will be on the young old (65-74 years) life stage. All the information pertaining to the patient’s name and the ward has been protected in accordance with Nursing and Midwifery council code of conduct 2008a. The issue of biopsychosocial impact on life stages and how it links with taking a holistic approach to care provision and biomedical model will also be discussed. Finally, as a student nurse I will reflect on using the biopsychosocial model experience to aid my future practice in terms of knowledge, skills and attitudes in delivering care services.

According to Erikson (1963) cited in Hutchison (2013)¹ there are eight developmental stages in human life. These life stages are: basic trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry against inferiority; identity against role confusion; intimacy against isolation, generatively against stagnation and, finally, integrity against despair which takes place in late adulthood. These phases determine who we are and what our relationship style in life is. Thus, individual’s psychological development is assumed to occur through the resolution of basic psychological conflicts in any stage. The resolution or lack of it at a certain stage forms the foundation for subsequent stages. Each stage in life is accompanied by certain expectations from every individual and, all things being equal, some factors are essential to the fulfilment of these expectations for an individual to be considered a balanced and normal being.

Late-adulthood is old age stage, which can be defined as the last or later stage within a life cycle (Mclntyre 2013). Erikson (1963) cited in Gross and Kinnison (2012)² depicted this life stage as the stage of conflicts between ego integrity and despair. These two conflicts

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are unavoidable at this life stage because they occur as the outcome of biological, psychological and social forces. This is a stage of reflection and assessment of one’s worthwhile and fulfilment. Moreover, the real change in an individual will determine how successful the challenges of the stage were overcome. Non profitable outcome in a particular stage will have a negative effect on the next stage (Becket 2002). Many older adults in their sixties and seventies are self-regulating, engaging in daily activities without main limitations, they are happy, fulfilled and satisfied. However, some people are getting increasingly dependent and lose control as the personal fulfilment is been thwarted.3

Thus an adult who enjoys relatively balance support from his early stage physical, psychological and social, including appropriate accomplishment throughout these developmental stages is expected to have good outcome.4 According to Cicero (1997) in Bowling (2005), much evidence has shown that old age as a life stage comprises of many opportunities with positive changes and fruitful functioning, which should not be muddled with illness. In this case, old age should be the time of relaxing and fulfilled stage of life which should not be spent on sickness.

In order to fully embrace this topic, it is relevant to discuss briefly what biopsychosocial model is. The model was theorized by George Engel as the extension of biomedical model to wellbeing with additional method of treatment, firstly the patient’s subjective understanding of illness, secondly a broad model of connection by integrating patients particular psychosocial issues and thirdly relationship centred care, that can empower the patient to accept a vigorous role in their own health.5 This transformation broaden the procedure of illness, healing and pain are been perceived not just like treating the disease. It is a system whereby the body characteristics such as biological, psychological and

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4 Ibid.
sociological are related to one another which can bring from illness to health cooperating all the aspects to individual’s treatment.⁶

Roger (2004) cited in Drench et al. (2012) also suggested that biomedical approach is not the best option for an individual whose health is been affected by age, disability, gender, poverty and ethnical background. Based on this concept, individual treatment will require factors such as biological, psychological and social treatment for a quality of care delivery in their life stage.

Holistic care considers individual’s physical, psychological, environmental and spiritual needs which indicate a person centred care treatment that will aid in the evaluation of the impact of illness on his/her quality of life.⁷ Also, Royal College of Nursing (2003)⁸ indicate that people’s reactions to health might be physiological, psychological, sociological or spiritual, any of these factors and in some cases it might be the combinations of all the factors. This indicated that in treating an individual there is a need to establish biopsychosocial life history of that person in order to identify probable cause of the illness before commencing to the treatment.

The above concepts can be applied to the case of Mr. Lazarus, a 68 years old gentleman, who is separated from his wife and children, lonely, isolated and finds it difficult to trust anymore. At 62, he has been diagnosed with osteoporosis, which affected his hip. Osteoporosis is a proven condition where mass bone is lower than normal in an individual of a given age. It is also a common metabolic bone illness among the elderly people. Some of

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the contributing factors include age, life style, gender and hormonal function, genetic and ethnic determinants and body mass. 9

More so, the bone loss must surpass 30 to 40 per cent before it is identified on standard radiographs. 10 During his early stage he has experienced series of fall; due to the nature of his work as a builder he went on early retirement as his condition deteriorated. This is a man that finds it difficult to adapt to his current situation, for this reason he has turned to a nursing home for an appropriate care.

Firstly, the biological aspect of older adult life stage needs to be analysed. Old age on its own is a poor explanation for changes, usual biological ageing effects a decline in the body’s reserve capacity. These changes can be observed in all body systems; endocrine, pulmonary, circulatory, muscle, neural and skeletal. Cardiovascular changes are among the most significant as the rate of the heart beat changes with the circulatory function in old age. Moreover, age related changes include poor reflexes and balance control, weak muscles which leads to loss of confidence and mobility creating fear of fall. Other age related changes include sensory functions which affect loss of visual acuteness, leading to use of reading glasses. Hearing loss is another age related, decline in old age leading to communication problem. 11 Lazarus might have lost confidence due to various impairments, hence using wheelchair, hearing aid and glasses while reading. This life stage has brought Lazarus negative biological changes. However the rate and the extent of decline in functioning vary from individual to individual.

Secondly, the impact of social factors on older adult life stage, according to Hutchison (2013)12 every new stage comprises of different tasks that will bring changes in social activities. Social class contributed to this life stage and narrowing it down to quality and

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10 Ibid.
11 Ibid.
inequality in individual makes some older people experience financial crisis. Therefore, older adult life stage is not the cause of poverty but social class. According to Erikson (Beckett, 2002) an uncompleted task in each life stage will have a negative impact on the next stage. This indicates that an individual form the working class who is presently in an early stage will experience financial difficulties in the later year.

Retirement, which is a stage of significant experience for older people, is perceived by them as a time of disengagement and an obstruction in their normal routine, makes them feel socially isolated from public network. However, some older adults embrace their retirement for self-development. Lazarus, who took early retirement for health reason, might face poverty which might influence him negatively. This is a life stage where some individuals experience loses of spouse, death of friends or divorces which brings challenges for some men in getting in touch with children and grandchildren. Lazarus wife have left him with their two children at an early stage thus, he might have no contact with the wife and children might be experiencing social disconnection at this life stage.

Speaking about psychological effect on Lazarus at this life stage one should mention the depression. World Health Organisation (2013) defines depression as a state of mental disorder, as a result of sadness, loss of pleasure, interest and appetite, sleep disturbances, low self-esteem, tiredness, and poor concentration. Depending on individual it can be recurrent or longer lasting, significantly impairing daily activities in a depressed individual. Due to social and biological effects, a person who is always in pain can not enjoy the work and becomes more aggressive. Psychoanalytic theory emphasizes that people experience negative emotions

because of frustration. At this life stage, Lazarus might be undergoing some internal fights mentally unconscious of their effects. ‘An individual who is severely depressed can commit suicide’. Lazarus, at this life stage, is experiencing depression and emotional slump which has negative impact on him. However some adults are enjoying their older adult life stage.

As a nursing student, this essay has enlarged my knowledge and understanding of why it is necessary to view the patient as an individual. I have learnt that when treating a patient, a holistic approach to treating an illness is required; not just consideration of the biophysiological causes. This can be done by investigating the patient through obtaining a life history in accordance to bio-psychosocial model, which can assist in highlighting other areas that require treatment. In doing this I can provide a holistic care treatment, in order not to just treat the disease according to biomedical treatment which will be a failure on the patient by treating only the illness (Roger (2004) cited in Drench et al. 2012). I was able to recognise a patient’s behaviour when undergoing varieties of sicknesses and the impact of bio-psychosocial causes on their daily activities. In general, this essay has empowered my future practise proving that when giving appropriate care there is a need to apply the biopsychosocial model as a holistic way for an appropriate care delivery.

From the above submission, the essay has highlighted a life stage as a stage of different types of changes in an individual, that unfinished business in each life stage will have impact on the next stage. The older adult life stage is full of different biological, psychological and social challenges; these factors affect individual both in positive and negative ways. The bio psychosocial model approach helps in treating a patient holistically that is, treating the person and not just the illness. Treating just the illness as the biomedical

model suggests will be failing a patient whose health has been obstructed by age, poverty, environmental factors and ethnicity.
REFERENCE LIST


Nursing Standard, ‘Holistic Care’,


Royal College of nursing, ‘Defining nursing’,