

**Psychosocial Sciences**

Code: 101808  
ECTS Credits: 6

Degree	Type	Year	Semester
2500891 Nursing	FB	1	1

**Contact**

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**Use of Languages**

Principal working language: catalan (cat)

Some groups entirely in English: No

Some groups entirely in Catalan: Yes

Some groups entirely in Spanish: No

**Teachers**

Adolfo Tobeña Pallarés

Joan Taberner Viera

Beatriz Molinuevo Alonso

**Prerequisites**

None.

**Objectives and Contextualisation**

The subject Psychosocial Sciences is taught in the first year of the Nursing Degree.

The general objective of the subject is to provide students with the social bases of human behavior, based on neurobiological knowledge, as well as basic knowledge about psychology and health, which will allow them to establish and maintain a good relationship with patients, family / caregivers and other professionals.

All these objectives have to contribute to the student reaching a background of competencies that allows a better understanding of the behavior of the users of the health systems, of the own behavior and of the professional interaction of the health-user.

**Competences**

- "Demonstrate an understanding of people without prejudice: consider physical, psychological and social aspects, as independent individuals; ensure that their opinions, values and beliefs are respected and guarantee their right to privacy, through trust and professional secrecy."
- Acquire and use the necessary instruments for developing a critical and reflective attitude.
- Demonstrate that the interactive behaviour of the person is understood according to their gender, social group or community, within a social and multicultural context.
- Establish efficient communication with patients, family members, social groups and friends, and promote education for health.
- Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
- Offer solutions to health and illness problems to patients, families and the community applying the therapeutic relation by following the scientific method of the nursing process.

- Recognise and face up to changes easily.
- Respect diversity in ideas, people and situations.

## Learning Outcomes

1. Acquire and use the necessary instruments for developing a critical and reflective attitude.
2. Adapt language to communicate to each interlocutor.
3. Describe and explain the rights of people with respect to their beliefs and their privacy.
4. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
5. Identify and explore the conduct that defines the interactive behaviour of the person according to gender, group and community.
6. Identify the characteristics of efficient communication.
7. Identify the psychosocial components of individuals and their beliefs which identify them as autonomous and independent individuals throughout their life cycles.
8. Identify the theoretical bases and phases of a therapeutic relationship.
9. List and identify which are the physical, psychological and social characteristics that define the maturity of the person as an independent and autonomous.
10. Number and explain the characteristics that demonstrate the existence of efficient and effective communication which promotes education for health.
11. Recognise and face up to changes easily.
12. Respect diversity in ideas, people and situations.

## Content

### THEORETICAL SUBJECT

Teaching staff: Dr. Adolf Tobeña, Dr. Joan Taberner Viera, Dr. Beatriz Molinuevo, Dr. Alberto Fernández

### Block 1: SOCIAL BASES OF BEHAVIOR

#### 1. Introduction

Nursing, medicine and psychology. Professional roles, disciplines and hierarchies in the care and attention to patients. Healthy people, sick people and health: from charity to science. Trade union conflicts and intergroup collaboration. The biopsychosocial traps in the approach to human behavior. The social brain.

#### 2. Social relations

The study of social relations in the laboratory: the minimum social situation, the prisoner's dilemma. Social conflicts: the most common causes, the mechanisms to solve them, the usual errors in conflict resolution. The altruistic behavior: the explanatory models. When we help? Who helps? Who do we help?

#### 3. Aggressive behavior

Concept. Type of aggression. Development of aggressive behavior. Learning mechanisms. Facilitators and inhibitors of aggressive behavior. Biology of aggression. Nature and culture Aggressive and antisocial personalities: most relevant clinical aspects. Aggressive behavior in medical practice: detection of risk variables, prevention.

#### 4. Attraction, love and sexual behavior

Interpersonal attraction: basic principle. The variables that influence interpersonal attraction: proximity, physical attractiveness, similarity. Passionate love and companion love. Sexual behavior: sequence of development. The human sexual response. Varieties of sexual experience. The alterations of sexual behavior.

#### 5. Attitudes

Concept. Components of attitudes: cognition, emotion and response tendency. Opinions, attitudes and ideology. Attitudes and behavior. Measure of attitudes. The persuasion and the change of attitudes. Attitudes in the field of health and in medical practice. The techniques of persuasion in the modification of the attitudes and behaviors of patients.

#### 6. Social beliefs

Do we know why we do what we do? The interpretation of reality and memory: beliefs and expectations. Overestimation of the accuracy of our judgments. The relevant information and the irrelevant in the decision making. The illusion of correlation and the illusion of control. Our beliefs can come true. Beliefs in patients and health professionals.

## 7. Explanation of behavior

Explanation of the behavior of others: the fundamental attribution error. Explanation and prediction of one's behavior: self-service bias. Phenomena linked to self-perception: cocktail effect, illusion of invulnerability, false consensus. Self-efficacy, self-esteem and locus of control. The fundamental attribution error and self-service bias in health problems and in medical practice.

## 8. Social influence

Culture and social behavior. Social norms, roles and behavior. The mutual influence between individuals. Social pressure and the phenomena of conformity and obedience. Differences in vulnerability for social influence. Group influence and behavior: type. The power of the individual and the power of the situation in the behavior of the people. Social influence, health and disease.

## Block 2: PSYCHOLOGY AND HEALTH

### 9. Psychology and neurobiology of development

Physical, cerebral, cognitive and social development: prenatal period, childhood and adolescence. Basic neurobiology of development. The brain and changes in mental functions throughout life.

### 10. Stress, health and illness

Concept. Acute versus chronic stress. Controllability and predictability. Physiological systems activated in the stress response and neural control mechanisms. Stress and immune system. Strategies to deal with stress. The consequences of stress: physiological and metabolic alterations, psychopathological alterations, cognitive alterations. Protective factors. Vulnerability.

### 11. Behavior and health

Adaptive and maladaptive habits. Tobacco, alcohol and other drugs. Physical exercise. Feeding. Sexual behavior. Driving. Personality and health: lifestyles, behavior patterns. The individual risk variables. Modification of maladaptive habits and promotion of healthy behaviors in different types of patients and circumstances.

## VIRTUAL CLASSES (SUPERVISED ACTIVITIES)

Teaching staff: Dr. Joan Taberner

### 1. The biases of human thought

### 2. The power of situations

### 3. Psychoneuroimmunology

### 4. Anxiety and Stress: measurement and management (seminar / practice)

### 5. Pain (seminar)

## Methodology

### ACTIVITIES OF THE SUBJECT:

Type: Directed

Basic psychological, psychosocial and neurobiological processes, in relation to the psychosocial bases of intervening processes in health-illness (lectures and laboratory practices: 52 h).

Type: Supervised

Visualization of audiovisual material and resolution of practical cases: Biases of thought, social influence, "Anxiety, stress, health and illness: pain", behavior, habits and health, psychoneuroimmunology (supervised activities: 3 h).

Type: Autonomous

Autonomous activities: Individual study of the student, bibliographical or documentary consultations, consultation of the Virtual Campus, consultations with the tutor or professor (92.5 h).

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
LABORATORY PRACTICES (PLAB)	4	0.16	

THEORY (TE)	48	1.92	2, 3, 10, 9, 4, 7, 5, 8, 6, 11, 12
Type: Supervised			
VIRTUAL CLASSES (VIRT)	3	0.12	
Type: Autonomous			
PERSONAL STUDY	92.5	3.7	

## Assessment

### REQUIREMENTS TO APPROVE (TO PASS) THE SUBJECT

To pass the subject it is necessary to have passed with a minimum grade of 5 each of the two parts in which it is divided: a) theory of topics 0 to 5 and virtual classes 1 and 2; b) theory of topics 6 to 10 and virtual classes 3-4 and seminars/classroom practice.

The student will have two opportunities to overcome each of the two parties: the first, in the voluntary calls for partial evaluations and the second in the recovery exam.

### PARTIAL ASSESSMENTS

During the course, two calls for partial assessments of the subject will be held. The dates will be set by the coordination team of the Teaching Unit. These evaluations, if passed, will serve to remove subject matter from the final review. Each exam will result in a separate note. The questions will be multiple choice, and there will be around 40 in each partial evaluation. The note will be calculated after applying a correction of the random hits.

The first call for partial evaluations will consist of: a first partial of theory and the first 2 virtual classes: surrounding 40 questions about the contents of topics 0 to 5 of theory and virtual classes 1 and 2.

The second call for partial evaluation will consist of a 30-question examination on topics 5 through 10 and virtual classes 3 and 4.

### RECOVERY TEST

Students who have not released the entire subject matter in the partial assessments, will have to take the RECOVERY exam that will be held on the day that the coordination team of the Teaching Unit is set. This examination shall consist of two parts: a) partial 1st theory and virtual classes 1-2; b) partial theory and virtual classes 3-4 and classroom seminars/practices.

Each student will be examined from the party who has not deleted (approved) in the partial assessment calls.

### FINAL NOTE OF THE SUBJECT

(1) The mean shall be made between the notes of the two partial examinations (provided that each of them is at least 5.0) and shall be multiplied by 0.9. This theory note, together, will be worth up to a maximum of 85% of the final grade of the subject (each partial is worth up to a maximum of 45% of the final grade).

(2) A GLOBAL POINT will be obtained from the (a) deliveries of virtual classroom exercises, (b) attendance/participation in the seminars and (c) delivery of answers to open questions about them. This GLOBAL POINT will be multiplied by 0.1 (maximum 10% of the final grade)

(3) The FINAL NOTE of the subject will be the sum of the scores (1) and (2).

### Not evaluated

Students who do not take the theoretical evaluation tests (PARCIAL EXAMINATIONS, or RECOVERY EXAMINATION) will be considered as NOT EVALUATED, exhausting the fees to the tuition of the subject.

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Assessments written through objective tests: open questions (directed	10 %	0.5	0.02	2, 3, 10, 9, 7, 5,

activities)				8, 11, 12
Assistance and active participation in class / seminars	5 %	0.5	0.02	2, 3, 10, 9, 4, 7, 5, 8, 6, 11, 12
Written evaluation through objective tests: multiple choice questions (supervised activities)	85 %	1.5	0.06	2, 1, 3, 10, 9, 4, 7, 5, 8, 6

## Bibliography

BORRELL, F. (1998). La entrevista clínica. Barcelona: Doyma.

BRANNON, L. & FEIST, J. (2001). Psicología de la salud. Madrid: Paraninfo.

BUCKMAN, R. (1998). Com donar les males notícies: una guia per a professionals de la salut. Vic: Eumo.

CLÈRIES, X. (2006). La comunicación. Una competencia esencial para los profesionales de la salud.

Barcelona: Masson.

FERNÁNDEZ-TERUEL, A. (2008). Farmacología de la conducta, De los psicofármacos a las terapias psicológicas. Bellaterra (Barcelona): Publicacions de la Universitat Autònoma de Barcelona.

FERNÁNDEZ TERUEL, A. (2010). Psicofarmacología, terapias psicológicas y tratamientos combinados (I). Utilidad comparada en los trastornos mentales. Barcelona: Ed. UOC.

MOLINUEVO, B. (2011). La comunicación no verbal en la relación médico-paciente. Barcelona: Ed. Aresta.

MYERS, D.G. (2000). Psicología social (6a. ed.). Santa Fe de Bogotá: McGraw-Hill.

MYERS, D.G. (2005) Psicología (7a. ed.). Buenos Aires: Editorial Médica Panamericana.

SAPOLSKY, R. M. (1995). ¿Por qué las cebras no tienen úlcera? Madrid: Alianza Editorial (HAY EDICIONES MUCHO MÁS RECIENTES).

TOBEÑA, A., (2003). Anatomía de la agresividad humana (de la violencia al belicismo). Barcelona: Debolsillo.

TOBEÑA, A., (2006). El cervell eròtic rutes neurals d'amor i sexe. Barcelona: L'esfera dels llibres.