

Health and social care unit 10

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A1 concepts and terminology used within sociology

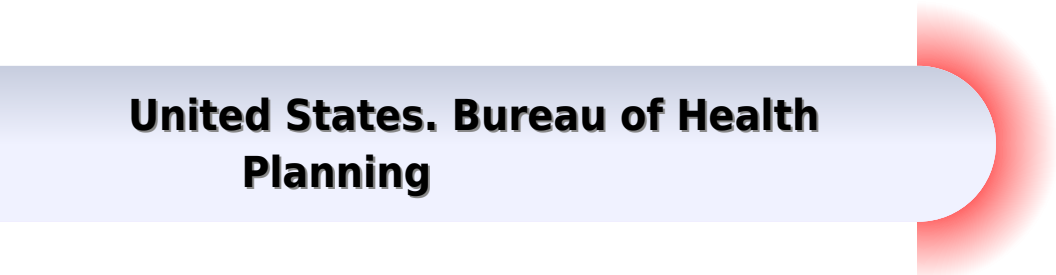
There are numerous ways that concepts and terminology are used within sociology to understand how concepts and perspectives are applied to the study of health and social care there for I will now be discussing the following.

Social class:

Social class refers to the idea that the population is divided into groups based on their economic wealth for example like a hierarchy of individuals that share the same social class with similar wealth there are different types of social classes and they are usually split into three groups as following : working class, this class is known as individuals of society that are part of manual jobs and receive minimum wage there for they would be considered as bottom of the hierarchy they usually work in labouring and factory based jobs. Individuals in working class tend to have low level of education and there can be numerous reasons to why individuals have low education and not being able to pursue higher level of education but one being is the fact working class people find it harder to afford equipment for school and being able to afford books to better their education there for it makes it difficult for them to participate in social mobility (idea of moving from classes) a reason being is because of restrictions not allowing them . people in working have no choice but to remain in their social position because their inability to move up there for they must remain in their jobs however it can be argued that working class can achieve social mobility for example looking at Richard Branson he was from a working-class background but was able to move to the upper class however the likelihood of working class partaking in social mobility is very unlikely, but it can be achieved. According to functionalist social stratification is healthy and

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Managing Healthcare Transformation Towards P5 Medicine Bernd G.M.E Blobel, Dipak Kalra, 2023-09-29 Health and social care systems around the world are facing radical organizational methodological and technological paradigm changes to meet the requirements for improving quality and safety of care as well as efficiency and efficacy of care processes In this they re trying to manage the challenges of ongoing demographic changes towards aging multi diseased societies development of human resources a health and social services consumerism medical and biomedical progress and exploding costs for health related R D as well as health services delivery Furthermore they intend to achieve sustainability of global health systems by transforming them towards intelligent adaptive and proactive systems focusing on health and wellness with optimized quality and safety outcomes

Critical Care Nursing - E-Book Linda D. Urden, Kathleen M. Stacy, Mary E. Lough, 2021-02-18 Winner of the 2nd place American Journal of Nursing Book of the Year award in emergency critical care nursing for 2021 Selected for Doody's Core Titles 2024 with Essential Purchase designation in Critical Care Prepare for success in today's high acuity progressive and critical care settings Critical Care Nursing Diagnosis and Management 9th Edition helps you understand and apply critical care nursing principles and concepts to clinical assessment diagnostic procedures and therapeutic management Known for its comprehensive coverage this leading textbook uses a logical body systems organization to address the care of patients with physiological alterations New to this edition are illustrated Patient Centered Critical Care features aimed at humanizing the ICU as well as Next Generation NCLEX Exam style case studies to help you further develop your clinical judgment skills and prepare for the latest nursing licensure exam Also ideal for CCRN and PCCN exam preparation this book is a one stop resource on the concepts and skills required for critical care nursing Time tested high quality content addresses all aspects of today's high acuity progressive and critical care nursing Consistent organization within each body system unit provides an efficient framework for learning for CCRN and PCCN certification preparation and for reference in clinical practice Comprehensive evidence based content is highly referenced and includes internet resources for further research and study Enhanced Quality and Safety Education for Nurses QSEN integration links text content to QSEN competencies through the addition of QSEN related questions in case studies QSEN labeled features and boxes QSEN content icons and highlighted QSEN information

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Perspectives David Mosse, Raffaella Pocobello, Rob Saunders, Jaakko Seikkula, Sebastian von Peter, 2025-07-30 Open Dialogue

OD is a low hierarchical mental health service model that originated in Finland in the 1980s following a change on two different levels. First, a culture of dialogical communication between staff, users, and caregivers was established. Secondly, community-based multi-disciplinary teams were organized to offer primarily outpatient services. Immediate help in crisis, continuity of support by the same team, a low medication and primarily psychotherapeutically oriented approach are key principles of OD that have been further elaborated upon overtime during the past decades. OD promotes mutual trust and open exchange between the involved stakeholders. It is based on a mental health care epistemology that prioritizes human values, everyday relationships, and context-bound understandings over symptoms and clinical diagnostics. Transparency is of high value. All information is shared, and all voices are to be heard, thereby recognizing diversity and reflecting power differentials during the whole process of support. OD is now practiced in various regions around the globe, i.e. in several countries in Europe as well as in Australia, Japan, Latin America, and the USA. Studies in Western Lapland demonstrated various outcomes such as reducing the prevalence and incidence of so-called chronic mental illness, need for disability benefits, and intake of neuroleptic medication while increasing functional remission and taking up work on the first labour market. However, these outcomes primarily originate in studies that have investigated the OD in countries of its origin, leading to the question of whether they are transferrable to other healthcare contexts. This question is crucial since OD varies internationally in its adaption to local health care systems and contingencies instead of representing a clearly demarcated intervention. This Research Topic is interested in gaining an international perspective on OD. It will assemble papers and contributions that report and comment on local OD practices, describe and analyze their outcomes and impact, and inform future directions worldwide. Manuscripts that are co-authored by peers, survivors, and user researchers are especially welcomed. All manuscripts will be peer-reviewed. We are interested in qualitative, quantitative, and mixed method original research on OD, reporting on empirical research such as the results of intervention studies, clinical or pilot trials, systematic reviews or mini reviews that summarize the results of empirical studies on OD, case reports that highlight an unexpected situation or outcome of an OD course of support, policy and practice reviews on local regulations and guidelines that are relevant for OD, hypotheses, papers that present novel arguments, interpretations, or theoretical models in relation to OD, perspective articles that present a viewpoint on a specific area of investigation in relation to OD, conceptual analysis articles that explore the concepts and issues behind OD, papers on training and instructions that describe innovative curricula, courses, and teaching formats concerning OD, data reports presenting a description or a research dataset on OD, brief research reports that present original research and/or preliminary findings on OD with fewer details, commentary and opinion papers that provide critical comments or contribute viewpoints on recent research findings. [Wisconsin Medical Journal](#), 1983

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Group,Thomson Gale,1999-05 *Health Planning Reports Corporate Author Index* United States. Bureau of Health Planning,1981 Lists citations to the National Health Planning Information Center s collection of health planning literature government reports and studies from May 1975 to January 1980 *Predicasts F & S Index Europe Annual* ,1980
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