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## Limits for Acceptance of Patient's Social Behaviour Deviance

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Individual behaviour is how one acts or conducts oneself, especially toward others. Human conscious or subconscious response to various internal or external stimuli communicates to us about the person's approach in different circumstances; it reflects the individual's genetics, educational and relational development in a specific environment.

Patients' social behaviour toward the medical team mainly supposes appreciation and respect since there is a considerable investment in a medical carrier: long education period, financial resources, and emotional involvement. In medicine, responsibility is at the highest level; nothing can replace the loss of dear ones, and our mission is to improve and save life. To achieve these goals, a professional in the healthcare industry must have specific knowledge, quickly manage info and deliver medical services when and where necessary. The art of communication with patients and community members with different backgrounds helps us to attain the best results in clinical practice. To do that, theoretically, a medical team member must not be distressed, not in his daily program or society. But in their daily routine, they can experience offensive comments or attitudes from persons with reasoning or communication problems.

How much must we tolerate facing daily work adversities from the patients or other individuals?

Genetics, perception abnormalities, info-processing deficiency, reasoning nonconformity, and tolerance groups determine a patient's social behaviour deviance. Medical conditions may affect them at various levels. Misinformation sources must be disapproved, detected, and punished when necessary. Broad-minded groups must be trained for multiple situations that are emerging offensive human actions. Identifying the origin of an individual's wrong and cruel actions towards others and corrective actions are needed. An ethical, respectful approach to the problem must be considered.

Patients' intentions may differ from their actions' end. Good intentions following the worst results reveal judgment impairment or misinformation processing; modelling such gaps helps us improve behaviour and joy in redressing individual misconduct in social interaction.

Repetitive unpleasant people interactions must be stopped when necessary since improper people collaboration may lead to depression, hypertension, type 2 diabetes, or dyslipidaemia in vulnerable persons.

So, making the individual aware of the consequences of his unconventional social behaviour is mandatory.

The healthcare professionals offended by the patient may deny the further patient's requests for healthcare services [except emergency care], The patient will be obliged to look after another healthcare provider, and that technique may initiate the patient's reflection about his actions, consciousness' activation and self-awareness for further interactions with professionals. Applying this possible convincing technique adds benefit to problem-solving mastery.

Suppose the patient's social behaviour deviance maintains after initial corrective actions. In that case, interdisciplinary collaboration, a multi-level intervention approach, and a corporate strategy for individual life quality and safety are required. Prompt and proper attitudes for social behaviour improvement can solve harsh work conditions.

In this digital era, AI supply quickly detects and offers an ending to this problem with positive changes.

Usually, medical conditions alter the individual judgment and actions toward others, especially for senior adults; we may tolerate their social behaviour deviance, but not in repetition and not too much, to protect ourselves.

Time slowly undermines all, early enough for each one, and it is better not to get its work done in advance.