

Training of Health Care Professionals

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Introduction

There are questions regarding what part of the brain allows us to be self-aware and how we are biologically programmed to be self-aware. V.S. Ramachandran has speculated that mirror neurons may provide the neurological basis of human self-awareness. In an essay written for the edge foundation in 2009, Ramachandran gave the following explanation of his theory." Also speculated that these neurons can not only help simulate other people's behavior but can be turned 'inward' as it were to create second order representations or meta representations of your own earlier brain processes. This could be the neural basis of introspection, and of the reciprocity of self-awareness and other awareness. There is obviously a chicken or egg question here as to which evolved first, but. The main point is that the two co-evolved, mutually enriching each other to create the mature representation of self that characterize modern humans."

In health and medicine, body awareness is a construct that refers to a person's overall ability to direct their focus on various internal sensations accurately. Both proprioception and interception allow individuals to be consciously aware of multiple sensations. Proprioception allows individuals and patients to focus on sensations in their muscles and joints, posture, and balance, while interception is used to determine sensations of the internal organs, such as fluctuating heartbeat, respiration, lung pain, or satiety. Over acute body awareness, under acute body awareness, and distorted body awareness are symptoms present in a variety of health disorders and conditions, such as obesity, anorexia nervosa, and chronic joint pain. For example, a distorted perception of satiety present in a patient suffering from anorexia nervosa.

Bodily self-awareness in human development refers to one's awareness of their body as a physical object, with physical properties, that can interact with other objects. Tests have shown that at the age of only a few months old, toddlers are already aware of the relationship between the proprioceptive and visual information they receive. This is called first person self-awareness.

Description

At around 18 months old and later, children begin to develop reflective self-awareness, which is the next stage of bodily

awareness and involves children recognizing themselves in reflections, mirrors, and pictures. Children who have not obtained this stage of bodily self-awareness yet will tend to view reflections of themselves as other children and respond accordingly, as if they were looking at someone else face to face. In contrast, those who have reached this level of awareness will recognize that they see themselves, for instance seeing dirt on their face in the reflection and then touching their own face to wipe it off.

Slightly after toddlers become reflectively self-aware, they begin to develop the ability to recognize their bodies as physical objects in time and space that interact and impact other objects. For instance, a toddler placed on a blanket, when asked to hand someone the blanket, will recognize that they need to get off it to be able to lift it. This is the final stage of body self-awareness and is called objective self-awareness.

The healthcare workforce comprises a wide variety of professions and occupations who provide some type of healthcare service, including such direct care practitioners as physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, dentists, pharmacists, speech language pathologist, physical therapists, occupational therapists, physical and behavior therapists, as well as allied health professionals such as phlebotomists, medical laboratory scientists, dieticians, and social workers. They often work in hospitals, healthcare centers and other service delivery points, but also in academic training, research, and administration. Some provide care and treatment services for patients in private homes. Many countries have a large number of community health workers who work outside formal healthcare institutions. Managers of healthcare services, health information technicians, and other assistive personnel and support workers are also considered a vital part of health care teams.

Healthcare practitioners are commonly grouped into health professions. Within each field of expertise, practitioners are often classified according to skill level and skill specialization. "Health professionals" are highly skilled workers, in professions that usually require extensive knowledge including university-level study leading to the award of a first degree or higher qualification. This category includes physicians, physician assistants, registered nurses, veterinarians, veterinary technicians, veterinary assistants, dentists, midwives, radiographers, pharmacists, physiotherapists, optometrists, operating department practitioners and others. Allied health

professionals, also referred to as "health associate professionals" in the international standard classification of occupations, support implementation of health care, treatment and referral plans usually established by medical, nursing, respiratory care, and other health professionals, and usually require formal qualifications to practice their profession. In addition, unlicensed assistive personnel assist with providing health care services as permitted.

A mental health professional is a health worker who offers services to improve the mental health of individuals or treat mental illness. These include psychiatrists, psychiatry physician assistants, clinical, counseling, and school psychologists, occupational therapists, clinical social workers, psychiatric mental health nurse practitioners, marriage and family therapists, mental health counselors, as well as other health professionals and allied health professions. These health care providers often deal with the same illnesses, disorders, conditions, and issues; however, their scope of practice often differs. The most significant difference across categories of

mental health practitioners is education and training. There are many damaging effects to the health care workers. Many have had diverse negative psychological symptoms ranging from emotional trauma to very severe anxiety. Health care workers have not been treated right and because of that their mental, physical, and emotional health has been affected by it.

Conclusion

The SAGE author's said that there were 94% of nurses that had experienced at least one PTSD after the traumatic experience. Others have experienced nightmares, flashbacks, and short and long term emotional reactions. The abuse is causing detrimental effects on these health care workers. Violence is causing health care workers to have a negative attitude toward work tasks and patients, and because of that they are "feeling pressured to accept the order, dispense a product, or administer a medication".