2 Why Should Nurses Study Sociology?

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Key issues in this chapter

- The difference between sociology in nursing and sociology of nursing
- The value of developing sociological skills
- Using sociological skills in nursing practice
- Sociological knowledge: policy, practice and change

By the end of this chapter you should be able to . . .

- discuss the reasons why nurses should study sociology;
- understand the distinction between sociology of nursing and sociology in nursing;
- understand the value of sociological skills;
- discuss the role of sociological knowledge and the future of nursing practice.

1 Introduction

As your experience in clinical practice develops you will come across patients with a wide range of concerns and from a diversity of social backgrounds. The main aim of this chapter is to demonstrate the practical relevance of sociology to nursing, and to explore how sociology may provide you with exciting new ways with which to understand the needs of your patients.

The next section discusses conceptual differences between sociology in nursing and sociology of nursing. Section 3 focuses on the **cognitive** skills that an appreciation of sociology may encourage, enabling you positively to shape and influence practice. Section 4 draws on empirical studies to demonstrate

cognitive relating to thinking processes

the role of sociology in exploring social issues in health and the social worlds of patients, nurses and other health care workers. The final section addresses the role of sociological knowledge in policy, practice and the future of nursing.

2 Sociology in nursing and sociology of nursing

There are two main types of sociological knowledge relevant to nurses: one is identified as sociology in nursing and the other as the sociology of nursing. Each type of knowledge has the scope to enable the 'ordinary' day-to-day work of nurses to be seen in a different light; it is this alternative perspective which is characteristic of sociology. Sociology encourages us to view everyday **phenomena** in a different way. It is like being given a new pair of glasses. This is sometimes referred to as **problematizing**; that is, what at first sight might seem unremarkable becomes problematic. More will be said about this later, but first let us turn to the distinction between sociology in and of nursing.

phenomena states or processes that can be observed

problematizing looking beyond the obvious to seek an explanation

Sociology can be defined most simply as the study of 'human social life' (Giddens, 2006, p. 4) (also see chapter 1 for a further discussion of defining sociology). A sociological approach to nursing locates the work of individual nurses squarely within a social context rather than considering it in isolation. In general terms, when a sociological analysis is applied to the essence of individual health care experience, whether it be that of patients or health care workers, this is termed 'sociology in nursing'. 'The sociology of nursing' usually refers to issues affecting the profession as a whole, such as its occupational status, or recruitment and attrition problems (see chapter 4 for further discussion of nursing as an occupation). The role of sociology in relation to nursing is continuously debated within the literature. However, as Pinikahana (2003) has argued, the most important thing to remember is that sociology is only relevant to nurses if it is *applied* to nursing.

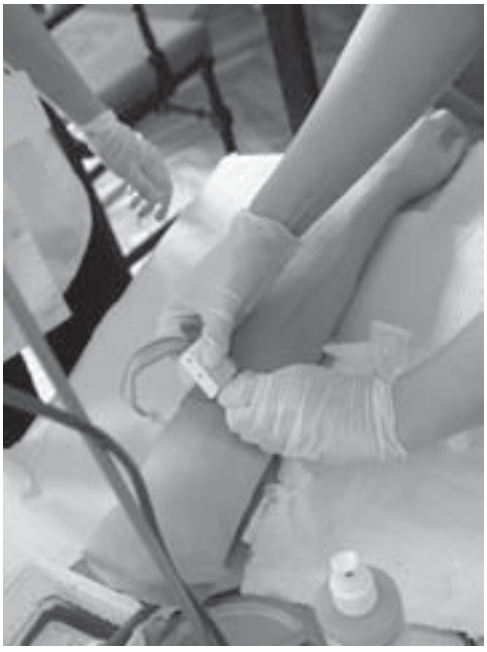
3 Sociology: helping develop skills

Is sociology just 'common sense'?

It is important to clarify exactly how a knowledge of sociology can be of value to practising nurses. Can sociology be described as 'just common sense'? Let us consider what sociology does have to offer nursing practice.

In her treatment of the question, Hannah Cooke (1993, p. 215) describes sociology as an 'emancipatory discipline'. By this she means that nurses need to be self-critical and to question the

long-held assumptions of the profession. This may seem difficult in the light of your limited practical experiences, or an unfamiliarity with academic study. Although 'training' still has a valuable part to play in nurse education, for example in the learning of practical skills such as aseptic or injection techniques, it is important to distinguish between this and the acquisition of a higher education, of which the study of sociology is an example. It is argued by Ross (1981), for example, that the concept of learning in education, as opposed to training, is characterized by discovery and transformation of thought, which suggests personal growth and a radical shift in previously held beliefs and values. Ellis (1992) describes this as a 'personal education'. Arguably, any academic discipline in its authentic form is a valuable experience for students on vocational courses, but classical authors of sociology, notably Wright Mills (1959) and Berger (1963), would argue that the subject holds a unique fascination and distinctiveness.



Learning practical skills such as taking blood are central to becoming a nurse – but is this the limit of nursing?

Activity 2.1 **Sociology *in* nursing or sociology *of* nursing?**

Read Items A and B and answer the questions below. Item A is an extract from a study exploring the views of district nurses who work with clients who misuse substances. Item B is an extract from a study exploring the emergence of professional identity amongst nurses.

Item A All the district nurses drew upon a discourse of 'risk' rather than 'need' when describing working with clients who misuse substances. This is illustrated in the following accounts, which emphasize the aggressive behaviour of clients. While participants acknowledged that this is a result of drug dependency, it is constructed as a risk to the service provider, rather than considering the drug dependency to be problematic or harmful to the client:

> 'From the experiences that we've had, it can be sort of the aggression. The aggression that can come if they're not getting the drugs that they want, or they're not getting the treatment. We've experience that firsthand up here and that is quite daunting, quite scary. And for us going in to visit people on our own.'
> 'There was one chap who wanted a dressing doing at one stage, and we didn't know he had a drug problem at the time. I went in as a first visit, as a one-off they wanted me to go there and then. So I went, but on getting there, it wasn't really the dressing he wanted doing, it was some methadone he wanted. So I felt very vulnerable in that position because he was quite aggressive. So then we went in twos after that, even though it didn't really warrant it once he'd settled down. But I think the stigma was there and it was, "We'd better go in twos just to be on the safe side."' (Peckover and Chidlaw, 2007, p. 241)

Item B The most extensive sociological examination of nursing is found in the literature on professions, which has sought to answer the question of whether nursing is a profession by locating it in an occupational hierarchy based on education, self-regulation and autonomy. Here, nurses have been primarily compared to physicians as the model for a classic professional. Researchers have found that nursing has historically sought to achieve an occupational identity by upgrading skills, increasing educational credentials, recruiting from the middle class, and establishing licensing requirements to regulate practice, thus leading many to grant it a professional status. As the most common strategy to advance their professional standing, nursing education and training has moved from apprenticeships in the hospital to university programs. . . . The establishment of academic programs emphasizing science, theory, and research has served to validate a core body of knowledge by which nursing claims institutional recognition. (Adapted from Apesoa-Varano, 2007, p. 250)

(a) Identify whether items A and B portray sociology in nursing or sociology of nursing and explain why.

(b) What type of sociology most interests you and why?

Wright Mills (1959, p. 7) coined the term 'sociological imagination' to describe his particular view of the sociological enterprise in his classic work of the same name. What he meant by this is the ability to shift one's thinking from one perspective to another, or possession of a certain quality of mind, open to different interpretations of phenomena. This can also be applied to the difference between education and training. As previously stated, we do need elements of training in nurse education, but there is an often quoted saying that 'dogs can be trained to jump through hoops', referring to the fact that people can be trained to do tasks without really having to think very much about them. The consequences of this in nursing can be, and have been, disastrous.

Conversely, the possession of this difference in quality of mind and approach to practice, when transferred into appropriate action by nurses, will arguably ensure the evidence base for practice required by the profession. But, more than this, it represents an approach to practice, underpinned by critical thinking, analytic and questioning skills, which is crucial to achieve the 'new futures for nursing' envisioned by Cooke (1993, p. 215) and supported by government initiatives and reports (for example, see DH, 2006, 2008b).

So, what are these new futures likely to be? Why do nurses always seem to come 'back to basics'? What are the essentials of nursing care and do you need a degree to give a bedpan? The following subsection will demonstrate how knowledge of sociology can help you in addressing such questions.

Activity 2.2 Sociology and 'common sense'

(a) Explain your understanding of the term 'common sense'. Do you think that sociology is 'just common sense'? How useful is this term when talking to patients?

(b) Imagine a patient experiencing quite severe wound pain two days post-operatively following a cholecystectomy (gall bladder removal). Leaving aside the intervention of prescribed analgesia, what kind of social influences do you think might affect this person's reaction to pain?

(c) 'It is the capacity of sociology to take nurses temporarily "out of nursing" that represents one of its strongest attributes' (Mulholland, 1997, p. 850). What do you think that Mulholland means by this statement?

Nursing skills and reflective practice

Arguably, the development of reflective practice can bridge the theory–practice gap and there is a wealth of literature suggesting

that sociology can play an important role in the development of reflective skills within nursing (see for example Aranda and Law, 2007).

However, all of this relates to the broader question of what nursing is and how it might be defined. This is at a time when policy changes from both the government (DH, 2000, 2002b, 2006) and professional bodies (RCN, 2008) indicate trends which lead away from the identification of 'hands-on' care as important, in terms of both status and financial reward. It is not a new issue: Christine Hancock (1991, p. 174), then the general secretary of the Royal College of Nursing, suggested that, 'If qualified nurses are content to delegate the heart of their role to others, they should not be surprised if they are supplanted in the workforce'. This reflects a legitimate concern about the future of nursing, reiterated by Castledine (1998, p. 225), who argued that nurses should 'not become the technical substitutes of physicians'.

The changes in 'core' nursing tasks are attributed to increased patient turnover, a shortage of qualified nurses, the present system of nurse training, and the fact that nurses are being constantly encouraged to take on more tasks currently carried out by doctors. Contemporary policy documents (DH, 2006, 2008a, 2008b) appear to reflect this latter scenario (see box 2.1), yet it is highly questionable how far such apparent merging of traditional professional boundaries is in the best interests of future nursing practice and, ultimately, the care of patients.

It is worth considering the question of why, despite the promotion of holistic care in nurse education for decades, nurses sometimes persist in attaching more importance to those aspects of care underpinned by medical science than to those influenced by social, cultural, psychological, spiritual and emotional **paradigms** of knowledge (this is discussed further in chapter 4).

paradigms systematic and coherent bodies of knowledge

Box 2.1 Vision of the future of the registered nurse

Role of nurses

- Practitioners, partners and leaders at the heart of care, coordinating multidisciplinary teams and resources, across care settings and agencies.
- Carers, advocates, and managers of care pathways, working in partnership with patients.
- Influence and credibility from point of care to boardroom.
- Accountable for quality of nursing care, and an accountable partner in the whole patient experience.

Values and mindsets	• Clarity about, and commitment to, the values of the profession: integrity, compassion, continuous improvement, advocacy and partnership working. • Continually challenging and improving care quality and championing patient experience. • Pride in the work of nurses and ambition for nursing as a profession. • Confident innovators, keen for our contribution to be demonstrated.
Careers	• Respected, socially valuable profession offering inspiring, rewarding and fulfilling careers. • Degree-level education and training, balancing practice with theory, with continuous career development. • Flexible, personalized career paths across practice areas and fields (practice, academia, practice development, management).
Public perception	• Highly qualified, competent professionals with relevant experience and expertise. • Conscientious, competent, safe, compassionate, care-focused and patient-orientated.

Source: DH, 2008a, p. 6.

Activity 2.3 The 'stark reality' of care?

> Few care processes are more complex than terminal care of the distressed, incontinent elderly patient. When I and my loved ones are sick or dying, I want our nurses to be caring, patient and tolerant – and well-educated into the bargain. But perhaps most policy-makers have not experienced such situations and cannot imagine why a trained intellect is crucial, even when wiping a bottom. (Salvage, 2001, p. 21)

(a) Can you think of other examples of what Salvage describes as the 'stark reality' of hands-on care?

(b) Why do you think that Salvage uses this term?

(c) Do you agree that a trained intellect is crucial, even when wiping a bottom?

A routine blood glucose test: however, further information can be gained by empathetic understanding on the nurse's part to consider why a patient's diabetic control might be poor, thus leading to better solutions.

4 The role of sociological knowledge

The aim of this section is to illustrate the value of sociological knowledge and the role it plays in examining the realities of nursing practice. Recognizing the significance of an evidence base within modern nursing, this section draws on a range of empirical studies, all of which have something to tell nurses about their relationships with patients, informal carers and other health professionals, or about their role in the workplace. Building on the discussion of research methodologies presented in chapter 1, the two specific themes addressed below are:

1 in what ways sociological methods can be adopted within nursing research;
2 why an understanding of sociological research methodology will aid nurses to interpret the validity and reliability of published research.

A key feature underpinning sociological research methods is the idea that things may not be what they seem. As Berger (1963) suggests, you are 'looking behind', or 'seeing through' and generally unmasking the common façades of everyday life. As Earle (2001) argues in her discussion of the role of sociology within the therapies, sociologists take the everyday and the taken-for-granted and try to look beyond obvious explanations to gain a deeper understanding of contemporary social issues.

Ellis (1992) attempts to integrate knowledge from various academic disciplines with the theory and practice bases of interpersonal professions. Following on from his discussion of a 'personal education', his model of 'semantic conjunction' can also be useful. In application to nursing, this term simply suggests that the subject matter of sociology is useful to nurses because sociologists

and nurses share some common interests and concerns. Nowhere is this more clearly illustrated than in the piece of classic sociological research – described in Jeffery's 'Normal rubbish' (1979) – a study based on interviews with doctors and observation of three English casualty departments.

Perceptions of patients in casualty departments

Jeffery's study has as much to tell nurses, doctors and anyone working with vulnerable or health-compromised individuals about the truth of their work today as when it was published. It provides insight into perceptions of patients and demonstrates at best a lack of care, and at worst the wholesale neglect of and infliction of (further) damage on certain groups of patients. Via a process of **social construction**, particular patients became categorized by doctors as 'normal rubbish' (see box 2.2). This is a good example of an interactionist approach to research (see chapter 1), in which individual actions are subject to scrutiny.

social construction the way in which social reality is constructed by individuals and groups

Box 2.2 'Normal rubbish'

Trivia
Patients who 'casually' pop into casualty with conditions neither traumatic nor urgent are described as 'normal trivia'. They trivialize the emergency services by presenting with conditions which should be taken to the GP.

Drunks
'Normal drunks' are abusive and usually appear in the middle of the night. If they are brought in unconscious, normal drunks are often kept in as it is unclear whether they are sleeping off the drink or whether they have received a blow to the head.

Overdoses
A 'normal overdose' is usually female and perceived as a self-harmer rather than as a 'genuine' suicide. She is usually a regular and 'does it for attention'.

Tramps
'Normal tramps' smell and wear layers of rotten clothing. They usually come in during the night in winter and are just trying to find a bed for the night. They often pretend to be sick in order to achieve this.

(Other patients defined as 'normal rubbish' include 'nutcases', and smelly, dirty and obese people.)

Source: Jeffery, 1979, pp. 106–7.

Significant for the sociological study of nursing is that although Jeffrey confined his interviewing to doctors, it is made clear that other staff working in the department – such as nurses and porters – were in a process of collusion with the medical staff about the way these particular patients were viewed. It is shown in the following comment made by a porter to a doctor after a person identified by the department staff as a 'tramp' was seen in the casualty department and discharged by the doctor. A short time later he collapsed and died outside on the pavement. In order to allay the worries of the doctor concerned, the porter says: 'It's alright, sir, I've turned him round so that it looks as though he was on his way to Casualty.' This **seminal** piece of sociological research, which so clearly demonstrates the interface between sociology and nursing, has a tremendous amount to say to nurses.

seminal research is seminal if it has a determining influence on sociological thought

reliability research is reliable if it can be repeated to produce the same results

validity research is valid if it measures what it has set out to measure

Before the results of published research can be used as evidence for practice it must be scrutinized in an informed way for **reliability** and **validity** – terms which will become more familiar and

Activity 2.4 Normal rubbish: deviant patients in casualty departments

In Jeffery's study (1979), 'rubbish' was a category generated by the staff themselves. It was commonly used in discussions of the work and of the patients seen within the casualty environment:

'It's a thankless task, seeing all the rubbish, as we call it, coming through.'

'I wouldn't be making the same fuss in another job – it's only because it's mostly bloody crumble like women with insect bites.'

'I think the [city centre hospital] gets more of the rubbish – the drunks and that.'

(a) It is clear from this research that nurses working in the casualty department shared the same attitude towards some patients as the doctors. If twenty-first-century nurses are educated to underpin their practice with theory, which specific aspects of the latter do you consider that the nurses of 1979 might not have been aware of?

(b) The full title of the article appears at the top of this extract. In what sense do you think that some patients are identified by the author as 'deviant'?

(c) It is clear from Jeffrey's study that some patients are regarded as 'legitimately sick' while others are not. How do you think this impacts on the concept of 'holistic' assessment and care within contemporary nursing?

meaningful to you in the future. For now, you are strongly advised to consolidate your knowledge by reading – or re-reading – chapter 1 and perhaps carrying out some further reading on research methods of your own.

The remainder of this section continues the theme of exploring the realities of nursing work by focusing on more contemporary sociological research (but, for a more recent study of 'problem patients', see the work by Shaw, 2004, who explores attitudes to patients with psychiatric diagnoses). Some comparisons between the studies will be self-evident as the chapter progresses, and it is not the remit here to focus on them, but rather to identify and emphasize the value of sociological knowledge for practising nurses.

Researching the experiences of clients with learning difficulties

Richardson (2000) explores the social context of people with learning difficulties by interviewing six people living in nurse-managed community homes over a period of eighteen months (group living is discussed further in chapter 13). Drawing on the social model of disability, which is discussed at length in chapter 7, he asks three questions (p. 1384):

1. What do people with learning difficulties, living in the community, have to say about their lives and experiences?
2. What are their views about the differences between their lives and those of non-disabled people?
3. How do disablist assumptions influence the lives of people with learning difficulties and nursing practice?

The significance of this research undoubtedly lies, in part, in its inclusion of people with learning difficulties as participants, thereby reversing the stereotypical notion that 'People corralled within the frame of learning difficulties are deemed incompetent, unable to adequately speak for themselves, and thus requiring care, protection and treatment' (Richardson, 2000, p. 1384).

As well as giving nurses valuable insight into participants' views, the research reflects current policy initiatives for people with learning difficulties which are based on the principles of rights, independence, choice and inclusion. It is a useful illustration of the way that sociological research methods can be used by nurses to explore the experiences of specific client groups, enriching the practice base of nurses and others (for another interesting study on end-of-life care and people with learning difficulties, see the study by Todd, 2009). The concept of research validity is implicit in Richardson's work through his focus on **autobiographical voice**.

autobiographical voice methodological approach which allows participants to tell their own stories

Whereas the two articles explored so far have addressed the experiences of patients or clients, the next takes a broader perspective