

# UNDERSTANDING SOCIOLOGY IN NURSING

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# Introduction

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## Why me?

Our daily experiences as individuals are, to an extent that would surprise the unsuspecting, determined by an array of social forces – all the more so for those like you who are working in the complex environment of healthcare work. Some of these forces are stable and long established, such as the effects of gender, while others are highly unpredictable and changing even as you read this book, like the rise of social media (which we discuss in Chapter 3). Perhaps reassuringly, many of these have been noted and investigated from different perspectives. In this book we will be looking at the work of sociologists. Their accounts offer us explanations for apparently contradictory events and experiences such as the tension of trying to deliver individualised care while being responsible for the flow of patients through a ward or unit and the meeting of organisational requirements. It is the goal of this book to encourage you to think about these kinds of experiences from a sociological perspective.

## Why sociology?

Sociology is the study of human social life, groups and societies. Sociologists study everything from everyday interactions, which are usually taken for granted, to global issues, such as how countries and cultures come into conflict.

Sociology emerged in the nineteenth century as philosophers and scientists developed explanations or theories for the huge social changes that swept Western Europe. A key figure in early sociological thought, Auguste Comte (1798–1857), endeavoured to ‘discover’ social facts in the same way as biologists and psychologists such as Darwin and Freud were later to do within their disciplines. For Comte, sociology was the ‘queen of the sciences’. He thought sociology should answer questions about why people in groups, that is of more than two or three, behave in the way they do. Was their behaviour predetermined in any way? What were the social rules of groups and how were these passed down over generations?

We see nursing and healthcare as essentially social activities that can be analysed from the perspective of how the individuals involved are influenced by the social world around them. Sociology offers you a way of understanding what is happening, for example, when you join a group such as your cohort of fellow students. It can also help you to understand the organisation of work you encounter in clinical placements and develop understanding of patients’ experiences of illness. By focusing on everyday events, sociology makes the ordinary extraordinary and can reveal to us hidden reasons why people do what they do. This includes the way that you learn to ‘become a nurse’ and a member of different subgroups along the way.

Unlike other books presenting a broad range of sociological ideas to nurses, we take as our starting point the issues that nurses experience from day to day and build links from these issues to the social theory that can help in understanding them. In the process we will introduce you to key concepts, debates and thinkers in sociology. These can shed light on the experiences you might go through, in different environments, with different people while learning to do many different things. Many health professions share the requirement for those entering the profession to simultaneously learn and work. This sometimes involves a delicate balance. Having a structure and some theories<sup>1</sup> to bring to bear on the complexity of our study and working lives can free us from simply reacting to the problems and uncertainties we face and can provide us with a source of critical resilience. Social theories help explain sets of social conditions or types of occurrences and can help suggest solutions to particular types of social problems. Many nurses express a sense of relief to find that they are not alone in experiencing feelings of uncertainty or anxiety about how to act in certain situations. In this book we draw on situations that may be common to many nursing students and use these to raise points for you to think about or debate in groups. As you do so, we encourage you to think of the social processes that shape people’s attitudes, beliefs and behaviour, including your own. For example, Scenario 1 shows you how the social process of being a student can be reflected upon and used productively.

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<sup>1</sup>A theory can be defined in a number of ways: as an explanatory framework, a set of abstract or generalised statements about a topic derived (often but not always) from observations or the building up of a body of knowledge.

## Scenario 1

It was great being there with newly qualified nurses ... to go 'I just don't get it', 'which anti-hypertensive can you give before theatre', 'which ones [you] can't' and everyone else going 'ah, I've heard a little trick for that' or 'yeah, the way you want to think about that' ...

This quote comes from a research study Helen has undertaken into how senior students learn to work as newly qualified nurses. The speaker is a newly qualified nurse. Her learning was clearly improved by sharing her anxieties about her new role with her peers.

For advice on how to use scenarios, see below.

## Summary of chapters

Chapters 1 and 2 deal with patients: how people become patients and who patients are. We argue in Chapter 1 that part of the process of becoming a patient involves 'learning' about the role. Although taking on 'the sick role' might temporarily excuse you from certain expectations such as turning up for work, there are, increasingly, other requirements such as a willingness to do what is needed to get better. This can extend to taking responsibility for your own health and, in the case of chronic disease, such as diabetes, for monitoring your own condition. Some patient groups, for example those diagnosed with HIV/AIDS or with mental health problems, have mounted challenges to the idea that patients should remain docile recipients of medical care. At a more detailed level, patients learn how to talk to health professionals in particular ways to maximise the chances of getting the care they want and to exercise some control. In Chapter 2 we discuss the social forces that are at work influencing the patterns of health and illness among different groups and in different locations. Rather than seeing these patterns of inequality as being completely determined, we offer the opportunity to understand why they occur and what can be done to challenge them. We also discuss examples of what some nurses, in partnership with patients, have been able to do about them. In these two chapters we use the concept of 'macro' and 'micro' to understand the interplay of societal forces with individual and group experience. By 'macro' sociology we mean the study of social forces or structures such as capitalism and social processes such as class, gender and ethnicity. 'Micro' sociology is the study of face-to-face social interactions between people or groups (Dillon, 2010).

In Chapter 3 of this book we look at what happens to people when they become nurses. At one level those training to be nurses are taught a range of skills and

there are attempts to instil so-called professional values such as respect for patients, but there is much more going on. Those entering any profession learn informally how to respond and behave as members of that profession. However, nursing and healthcare professionals are unlike other professions because they deal, on a daily basis, with aspects of living and dying that the majority of people would never encounter during their working lives. So, just to take one example, those becoming nurses learn to routinise events, such as bathing a patient who is essentially a stranger, which those outside the profession would find unacceptable. Because this learning and changing, though informal, is more or less shared, we can talk about 'professional socialisation'. In this chapter we will also discuss the usefulness of social media for those becoming nurses.

In Chapter 4 we analyse nursing work in terms of patriarchy, demographic characteristics of nurses and the healthcare workforce more widely in terms of hierarchy, power and the division of labour. In the final section of the chapter we consider some of the strategies some nurses use to resist, assert and overcome domination, oppression and scapegoating. These strategies play an important role not only when things go wrong (see Chapter 7) but also to prevent things going wrong in the first place. Strategies include joining unions, professional organisations, forming pressure groups, and developing unique nursing knowledge and innovative practice such as the 'new nursing' initiatives described in Chapter 6.

In Chapter 5 we focus on emotions and care, suggesting theoretical frameworks that can help you understand the part they play in nursing work. Some suggest that nurses are expected to manage their emotions irrespective of the personal costs and this can result in stress and burnout. As you progress through your programme, you may be exposed to many different situations giving rise to responses ranging from optimism and reward to withdrawal and exhaustion. To examine this further, we draw on work by sociologist Arlie Hochschild (1983) who developed the concept of 'emotional labour' to describe the invisible, unrewarded work involved in the service sector, that is in 'people work'. The concept of emotional labour draws on the fundamental sociological concepts of 'structure' and 'agency'. 'Structure' is the recurrent patterned arrangements that influence or limit the choices and opportunities available to people. Agency is the capacity of individuals to act independently and make their own choices (Giddens, 1984).

Chapter 6 focuses on care of the body in nursing. Much of the work undertaken by nurses involves some level of contact with illness. This is most immediately obvious in the effect on the body of the sick individual. As a student nurse you will be expected to deal with aspects of the human body and its functions normally kept private or viewed with some distaste. This could include dealing with a body after death. Nurses deal with the aged, traumatised or 'out of control' body, which can present a troubling spectacle and a challenge for nurses, especially for those who are new to this work. Whilst this kind of care is very important to patients and families, it may be seen as lower status and relegated to the least qualified worker. Sociologists have also considered the importance of the body through a range of issues such as sexuality and the stigma associated with certain conditions such as infectious diseases and eating disorders.

Given the reality of nursing – its highly pressured place in a complex health service under continual political and media pressure – it is not surprising that sometimes things go wrong. The early years of the 2010s have seen particular high-profile ‘exposures’ of healthcare-system failures in the UK National Health Service. Everyone, it seems, has an explanation about what is wrong but we encourage you to consider where some of these reasons are uninformed and somewhat simplistic. Chapter 7 discusses not only the complex factors that can contribute to failures of care, but also asks why nurses are so often scapegoated by politicians, journalists and others. A key focus of this chapter will be the Francis Inquiry Report from 2013 (Francis, 2013).

As a student nurse you will have experienced different leadership styles and you will have your own views about what makes good leadership. In Chapter 8 we encourage you to reflect on the importance of effective leadership and management in shaping the culture of care. When things have gone wrong in nursing and healthcare it is often put down to poor leadership. Chapter 8 discusses the multi-million pound phenomenon of the leadership industry. It examines how healthcare managers and clinical professionals may have conflicting interests within National Health Service (NHS) organisations. This chapter also sets out some theories of power and so-called styles of leadership. It concludes by discussing the opportunities that nurses have to exercise leadership and challenge the status quo.

Chapter 9 concludes the book and, by taking lessons from each chapter, offers a sociological understanding for your own working situation, for changing it, or for surviving it in an intelligent and critical way. This ability will we hope provide resilience – critical resilience – throughout your career.

## How to use this book

It is customary for authors of textbooks to give suggestions to students about how to use their books. Please feel free to read the chapters in any order. In most chapters we have included printed links to Internet web pages in order to illustrate points we are making or provide interesting further reading. Please consider taking the trouble to type these into a computer browser to visit these sites. We have also included some boxes in each chapter which contain points at which to reflect on your own experiences (reflections) or practice scenarios to provoke further thought and begin to do this from a sociological viewpoint.

Every chapter opens with a current issue which we use as a springboard to introduce key sociological thinkers and their associated theories.

This book is a collaboration of four people. We have worked hard to make sure we do not contradict each other but you will detect different voices behind different chapters. We hope that will make the book more interesting. We have generally used ‘we’ to make our arguments, though when one of us is writing about their own experiences or research projects we have used ‘I’.

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