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Dear

As we are in the process of revamping the sociology in the department, I have put some ideas to paper on the relationship between sociology and nursing, and would be grateful for your comments. I am anxious that nursing students not only benefit from other courses in the department, but that the knowledge of the other courses enriches their practice.

Marion.

3.8.82.

(4th enclosure)

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Yours

Monie.

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letter to : Helen French Elizabeth Freerbeam  
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Bernice Martin  
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## DISCUSSION DOCUMENT

July 1982

### The place of sociology in nursing studies:

During the process of nursing's professionalisation attempts, the image of the nurse initially was seen primarily as that of the handmaiden of the doctor. As most of her tasks and functions were to carry out medical orders in a manner directed and determined by the medical practitioner, her main allegiance was owed to the medical authority. But as it was believed that effective medical therapy can only be executed by another person if that person had some rudimentary knowledge of medicine, it evolved naturally, so to speak, that most of nursing knowledge was and still is predominantly medically based.

The constantly continuing and redefining of the division of the labour process in ~~the area~~ of health care delivery, and the rapid increase in and of technological medicine, demands of nursing changes the nature of which no longer fit the traditional image of a female occupation requiring little or no qualification.

As nursing's qualifications were raised accompanying trends emerged which no longer accepted the definition of nursing as being merely the doctor's handmaiden, and over the years well qualified nurses - particularly those who have had years of experience - had become highly critical of much of medical practice. This process over time was partially responsible for further nursing professionalisation and emancipatory occupational behaviour. That the notion of occupational autonomy as well as emancipation as far as nursing is concerned is highly problematic need not interest us in detail in this brief discussion. However, enough can be surmised to suggest that some of the conflicts attending the nurse doctor relationship, the nurse patient relationship and that in relation to other health workers can be recognised within this dimension.

An emancipation within this perspective involves that nursing care be credited with increasing importance and given recognition in its own right while accepting that medical authority be entirely responsible for medical care. - each respective occupation having their own sphere of interest which of necessity will occasionally overlap. In this respect ~~the~~ the various occupational relationships with nursing require redefinition.

Nursing in the twenty-first century is no longer concerned primarily with the execution of medical orders; this would define it out of existence and relegate it to a physician's assistant. It has instead taken on board a new critical meaning the keynote of which is the demand for a newly emerging nursing conception. While it focuses on activities essential for health - its initiation, promotion and maintenance - it forms an integral part of medical care which without it is likely to highlight a patient's vulnerability. It is concerned with a patient's 'human' aspect vis-a-vis that of a positivistic oriented medicine which is both fragmented and mainly 'organ' centred.

It may be that this new emphasis in nursing is no more than a rediscovery of ~~xxx~~ the nurse's traditional role when nursing was still in the hands of the religious orders. Virchow, a German nineteenth century medical reformer accused the Church of paying more attention to the patient's soul than to a patient's ailing body. Though some of today's 'psycho-social' care of patients may well have been yesterday's religious concerns, the constant confrontation with disease, death and other human stressful experiences expresses nursing's specificity and continue to demand of its practitioners a particular type of motivation which in days gone by were provided for <sup>by</sup> the tenor of religious authorities. As a result of the secularisation process, religion has lost out in much of society's role of shaping and forming, and to close the gap scientific developments at varying levels, of varying dimensions and amidst varying disciplines have made their pungent inroads.

It seems not altogether out of place that the social sciences and in particular sociology and psychology are considered suitable to take on the ~~task~~ role of 'religion' in the sense of perhaps providing an explanatory model for occupational and patient behaviour patterns. Yet, it is likely that nursing's expectation of the immediacy of the social science contribution to nursing care is unreasonable and cannot ~~maxx~~ be met. At one level, nurses expect instant knowledge of and about individual and social human behaviour; that they be socially competent in dealing with patients, doctors and colleagues, and others and that they be comfortable with their own problems and fears.

At another level this somewhat optimistic perspective is given way to a scepticism in relation to an apparent utility of the social sciences in solving practical matters. Those who see no problem in this dilemma wear the gown of the 'Guru' and who have developed instant recipes for overcoming social and psychological crises. This is not to argue that students should not be exposed to a specific school of thought or perspective. What is at issue here is that one particular perspective be singled out and be declared an absolute while alternative conceptions are negated .

There is probably no way in which the disciplines of the social sciences by themselves will solve human problems. Social conflicts can only be solved by people albeit with the help of the social science disciplines. Those who expect ready-made answers to complex questions will be disappointed, but those who are interested in asking meaningful reflective questions about the nature of their practice will find sociology and psychology of immense use because its methodology in particular will teach a method of analysis of practice which provides for understanding of social and clinical situations in nursing . I am referring in particular to aspects of Critical theory as developed by Paul Connerton in his preface to Critical Sociology, 1976 when he elaborates on the use of this theory as a ~~new~~ methodological and political tool, using critique as a reflective analysis on knowledge and conditions of the social world. The social sciences will be able to claim for themselves integrative imperatives of nursing studies if they are able to obtain a vision of their contribution to practice and understand the nature of the demands that practice makes of its practitioners.

It is only when this happens that thinking 'sociologically' will become part of nursing students' practice tools and the disciplines carried into the arena where medical and nursing care is delivered .

While the possibilities and limits of the social sciences in relation to producing short-term answers to complex social phenomena are for the moment severely restricted, both disciplines are inherently reflective and can encourage to ask the proper questions.

As to what should be taught ? It seems to me the field is wide

~~wide open.~~

Bearing in mind that critique is the hallmark of an enlightened occupation and that while nursing deals with individuals, it does that within a clearly defined social world, critical theory, organisational theory as well as other sociological perspectives: marxism, interactionism, phenomenology etc. should be taught as they have a definite contribution to make to nursing. In addition there are sociological themes which nurses need to be comfortable with if they are to understand the nature of their practice. I am thinking of the structure of the family, of the concepts of authority and power, the socialisation process, oppression, the gender issue, etc. professionalism etc.