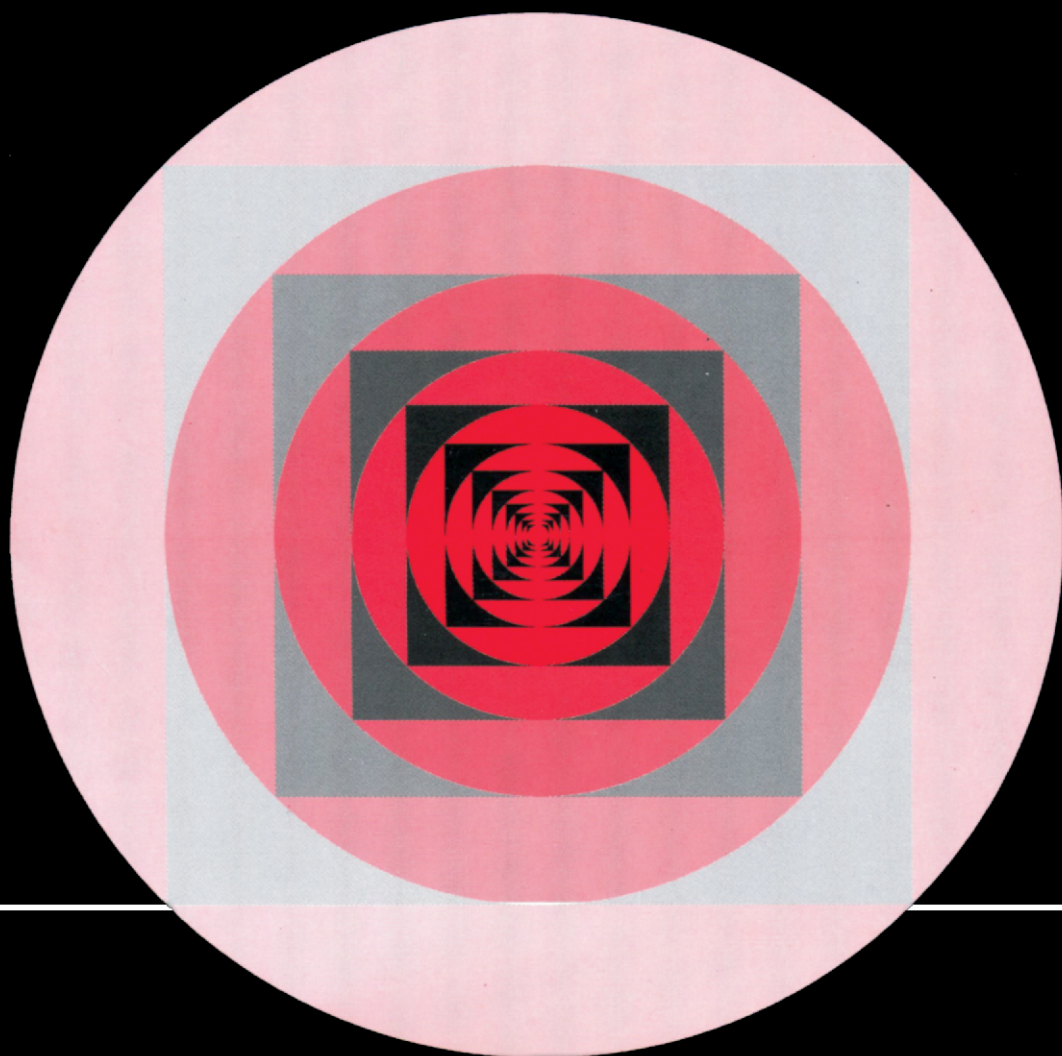


Caroline Cox

Sociology

An Introduction for Nurses,
Midwives and Health Visitors



Sociology

An introduction for nurses,
midwives and health visitors

For Murray, Robin, Jonathon and Philippa

Sociology

An introduction for nurses, midwives and health visitors

Caroline Cox, BSc(Soc), MSc(Econ), SRN

Director, Nursing Education Research Unit, Department of
Nursing Studies, Chelsea College, University of London

BUTTERWORTH
HEINEMANN

Butterworth-Heinemann Ltd
Linacre House, Jordan Hill, Oxford OX2 8DP



PART OF REED INTERNATIONAL BOOKS

OXFORD LONDON BOSTON
MUNICH NEW DELHI SINGAPORE SYDNEY
TOKYO TORONTO WELLINGTON

First published 1983

Reprinted 1985, 1987, 1989, 1991, 1992

© Butterworth-Heinemann 1983

All rights reserved. No part of this publication may be reproduced, in any material form (including photocopying or storing in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright holder except in accordance with the provisions of the Copyright, Designs and Patents Act 1988 or under the terms of a licence issued by the Copyright Licensing Agency Ltd, 90 Tottenham Court Road, London, England W1P 9HE. Applications for the copyright holder's permission to reproduce any part of this publication should be addressed to the publishers

British Library Cataloguing in Publication Data

Cox, Caroline

Sociology: an introduction for nurses, midwives
and health visitors

1. Sociology 2. Nursing – Social aspects

I. Title

301'.024616 HM51

ISBN 0 7506 0305 4

Library of Congress Cataloguing in Publication Data

Cox, Caroline

Sociology: an introduction for nurses, midwives
and health visitors

ISBN 0 7506 0305 4

Includes bibliographical references and index.

1. Sociology 2. Medical care – Social aspects.

Public health – social aspects. I. Title

[DNLM: 1. Sociology – Nursing texts. 2. Nurse-patient
relations. WY87 C877c]

Printed in Great Britain at the University Press, Cambridge

Preface

If you are training to be a nurse, a midwife or a health visitor this book is written for you. It will not turn you into a sociologist, but it will introduce you to the world of sociology, in the hope that some of what it has to offer may be useful to you in your professional practice.

The book is written primarily for the newcomer to sociology. It gives an introduction to the subject, providing a brief overview of the different approaches within it. There are also short accounts of ways in which sociologists have studied some key aspects of society. They include those which are especially relevant to our understanding of the social context of health care, such as family life or social inequality.

The book may also be useful for those who, having already studied some sociology, would like to think further about its relevance to professional practice. The second part of the book, which discusses various aspects of the sociology of health care, will hopefully be of interest to you, as well as to the newcomer.

Having identified the book's objectives, it is also important to identify some of its limitations, especially its omissions. In any introductory textbook, the author has to be selective. Consequently, some entire topics have had to be omitted (for example, sociological accounts of political and economic systems); and in discussions of areas which have been included, much is missing. However, the references at the end of each chapter, together with suggestions for further reading, may go some way towards remedying these deficiencies by offering guidelines to readers who wish to pursue topics at greater depth.

Another aspect of the need for selectivity is the choice between 'old' and 'new'. Some regard it as a virtue to make a point of quoting the most recent work. I have not always chosen to do this, but have preferred at times to refer to longer established studies. Inevitably, my choices will occasionally offend people familiar with the range of options: I can only apologise for any sins of omission and commission.

One other problem needs to be mentioned, by way of clarification. It arises from the blurring of boundaries between sociology and other subjects. For example, there are no clear demarcation lines between some approaches in sociology and psychology. Therefore, especially in the more 'clinically' oriented chapters on patient care, reference is made to the work of practitioners in other fields, such as psychology and psychiatry. For this, I make no apology. Interdisciplinary boundaries are somewhat arbitrary, and if a study enhances our understanding of the

social aspects of health care in general, or of the care of particular kinds of patients, it seems appropriate to include it.

Moving now from apologies to acknowledgements, I gladly acknowledge many debts of gratitude. I owe much to the nursing students at Chelsea College who shared with me their endeavours to relate sociology to nursing: I learned a great deal from their academic discoveries and from their sensitive appraisal of sociology in the light of their 'real life' experience of nursing. To Dr. John Marks and to many other colleagues who kindly devoted much time and patience to reading the manuscripts, I am deeply indebted: their critical comments, based on wide experience in both social and natural sciences, and in the philosophy of science, have greatly improved the book; the remaining shortcomings are mine. I am also grateful to Bob Pearson, of Butterworths, for his professional expertise and advice. His enthusiastic assistance with the text editing, illustration research and the writing of the summaries together with the seemingly innumerable tasks associated with producing a book, has been invaluable. Finally, my heartfelt thanks are due to Mrs. Jean Dowsett who has demonstrated that divine attribute of creating order out of chaos, by transforming mountains of hideous notes into neatly ordered pages, with a miraculous combination of efficiency, serenity and never-failing kindness. If the book achieves its purpose, the kindness and help of all of these people will have been justified.

The purpose of all our endeavours is the enhancement of the quality of care we provide for those for whom we are professionally responsible. And in so far as our professional responsibilities involve an appreciation of the social dimensions of health care, sociology has something to offer. This book could be a small part of that offering.

London

Caroline Cox

Contents

Part I

Introducing sociology 1

1 The relevance of sociology 3

- 1.1 Why sociology? 3
 - 1.1.1 Sociology and nursing 4
- 1.2 What is sociology? 5
 - 1.2.1 The sociological terrain 5
 - 1.2.2 Microsociology 7
 - 1.2.3 Macrosociology 8
- 1.3 Issues and problems in sociology 12
 - 1.3.1 Can, or should, sociology be a science? 12
 - 1.3.2 Can, or should, sociology be value-free or impartial? 14

Part II

Introducing health care 17

2 Health care from the classical era to the present day 19

- 2.1 Origins in Ancient Greece and Rome 19
 - 2.1.1 Hippocrates 20
 - 2.1.2 Galen 21
- 2.2 Developments in anatomy, physiology and public health in Renaissance Europe 21
 - 2.2.1 The experience of being a patient 23
- 2.3 Major developments in the eighteenth and nineteenth centuries 25
 - 2.3.1 Advances in chemistry and physiology 25
 - 2.3.2 The rise of clinical medicine 26

-
- 2.4 Major developments in the nineteenth century 27
 - 2.4.1 The germ theory of disease 28
 - 2.4.2 New horizons in surgery: anaesthesia and antiseptics 28
 - 2.5 Twentieth century developments in medical knowledge and health care 31
 - 2.5.1 The control of infection 31
 - 2.5.2 Therapeutics and preventive medicine 31
 - 2.5.3 Diagnostic procedures 33
 - 2.5.4 Surgery 34
 - 2.5.5 Radiotherapy 35
 - 2.5.6 Psychiatry 35
 - 2.5.7 Contributions from the sciences 35
 - 2.6 Current issues in health care 36
 - 2.6.1 Changing patterns of disease and death 36
 - 2.6.2 The quality of life and its termination 36

Part III

Using sociology: understanding society 39

3 Population structure and change 41

- 3.1 World population 41
 - 3.1.1 Thought-provoking statistics 42
 - 3.1.2 Reasons for the increase in world population 43
- 3.2 Population theory of Malthus 43
 - 3.2.1 Developments since Malthus 45
 - 3.2.2 Remedies for the future? 45
- 3.3 The population in England and Wales 46

4 Family and kinship 51

- 4.1 The family in a changing society 51
 - 4.1.1 Family life in pre-industrial society 51
 - 4.1.2 Effects of industrialization and urbanization on family life 53
- 4.2 The family's changing structure 56
 - 4.2.1 The family in modern Britain 57
 - 4.2.2 Women and employment 59
 - 4.2.3 Husband–wife relationships 59
 - 4.2.4 Parent–child relationships 61

- 4.3 The future of the family 62
 - 4.3.1 The functions of the family 62
 - 4.3.2 Social trends: divorce 63
 - 4.3.3 Alternatives to the family 65

5 Social class and social stratification 71

- 5.1 Concepts and theories 71
 - 5.1.1 Marx and social class 73
 - 5.1.2 Weber and social stratification 73
 - 5.1.3 Theory and reality: developments since Marx and Weber 74
- 5.2 Developments in Britain in the twentieth century 75
 - 5.2.1 Marxist analysis of social class and class conflict 75
 - 5.2.2 The embourgeoisement thesis 75
- 5.3 Developments in socialist societies 77
 - 5.3.1 Inequalities in socialist societies 78
- 5.4 Social class, stratification and ideology 79
 - 5.4.1 Social action theorists 79
 - 5.4.2 Marxist writers 79
 - 5.4.3 Critics of Marxism 80
- 5.5 Social class and health 81
 - 5.5.1 Operational definition of social class 81
 - 5.5.2 Social class, mortality and morbidity 81
 - 5.5.3 The uptake of health care 84
 - 5.5.4 The provision of health care 84

6 Education 89

- 6.1 What is education? 89
- 6.2 A brief historical overview 90
 - 6.2.1 Ancient Greece and Rome 90
 - 6.2.2 The Arab world 90
 - 6.2.3 The universities 91
 - 6.2.4 Education Acts 91
 - 6.2.5 Comprehensive schools 92
- 6.3 Social class and educational achievement 92
 - 6.3.1 Relationship between the home and the school 93
 - 6.3.2 Relationship between learning and language 93
- 6.4 Educational policy: equality of opportunity and equality of outcome 94
 - 6.4.1 Equality of opportunity 94
 - 6.4.2 Equality of outcome 95

-
- 6.5 School and society 96
 - 6.5.1 American and English systems compared 96
 - 6.5.2 Selection in education 97
 - 6.6 Educational selection within schools 98
 - 6.6.1 Streaming 98
 - 6.6.2 Mixed ability teaching 98
 - 6.7 Philosophical and political dilemmas 99

7 Religion and secularization 103

- 7.1 Marx and Weber's views of religion 103
 - 7.1.1 Marx and the 'opium of the people' 103
 - 7.1.2 Weber and the 'Protestant ethic' 104
- 7.2 Religion in contemporary society 105
 - 7.2.1 Religion in western societies 105
 - 7.2.2 Religion in socialist countries 107
- 7.3 Religion and total patient care 108

Part IV

Sociology applied to health care 111

8 The provision of health care 113

- 8.1 Relationship between health care and health need 113
 - 8.1.1 The contribution of Illich 113
 - 8.1.2 The contribution of Parsons 115
 - 8.1.3 The Marxist approach of Navarro 117
- 8.2 Sociological studies of the professions 118
 - 8.2.1 Professional dominance 118
- 8.3 Preparation for professional practice 120
 - 8.3.1 Professional socialization 120
 - 8.3.2 The uncertainty element in medicine 120
 - 8.3.3 Stress and the student nurse 121

9 The experience of being a patient 125

- 9.1 Interpersonal relationships between patients and professionals 125
 - 9.1.1 Patients' evaluation of communication 125
 - 9.1.2 Factors associated with inadequate communication 126
 - 9.1.3 Reasons for inadequate communication 127

9.2	Pressures on staff	127
9.3	Pressures on patients	128
9.3.1	Ensuring adequate understanding	128
9.4	The importance of communication	132
9.5	Subjective views of patients	132
9.5.1	Experiences of sociologists as patients	132
9.5.2	Influence of culture on responses to pain and illness	133
9.5.3	Experiences of other patients	133
10	Sociological aspects of the care of the mentally ill	137
10.1	Challenges to the concept of mental illness	137
10.1.1	Szasz: the 'myth' of mental illness	137
10.1.2	Laing: the family and psychological stress	138
10.1.3	Labelling theorists	138
10.1.4	Critics of the concept of mental illness: conclusions	140
10.2	The anti-psychiatry approach: contributions and criticisms	141
10.3	Social factors in the causation of mental illness	142
10.3.1	Mental illness and social class	142
10.3.2	Mental illness and social stress	143
10.3.3	The interactionist approach to the development of mental illness	144
10.4	The social experience of being a patient	145
10.4.1	Goffman and the 'total institution'	145
10.4.2	Towell on psychiatric nursing	146
10.5	Rehabilitation of ex-psychiatric patients	147
10.5.1	Post-patient experiences	147
10.5.2	Home and hospital care	148
10.6	Allegations of the over-use and abuse of psychiatry	149
10.6.1	'Over-use' of psychiatry	149
10.6.2	'Abuse' of psychiatry	150
11	Sociological aspects of the care of the chronic sick	155
11.1	The characteristics of chronic illness	155
11.1.1	Chronic illness and social stigma	156
11.2	Care of the chronic sick in institutions	157
11.2.1	The findings of Coser	157
11.2.2	The findings of Miller and Gwynne	158
11.2.3	The findings of Roth	159
11.2.4	Discussion of the foregoing sociological studies	159