Sociology
APPLIED to NURSING

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Sociology

APPLIED TO NURSING

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DEDICATED TO NURSES WHO
SEEK TO COMBINE VISION
WITH SKILL AND ART

PREFACE TO THE SECOND EDITION

IN THE four years that have intervened since the first edition of this book was published, a number of helpful suggestions have been made from a variety of sources regarding possible improvements in the treatment of particular topics. Each of these comments has been carefully considered and, as a result, many paragraphs have been rewritten in line with the observation of the teacher or student who has been thoughtful enough to inform the publisher or authors of his or her reactions. In keeping with other suggestions several new paragraphs have been added with the idea of enriching the treatment of certain topics.

This edition has taken cognizance of new developments both in social thought and in nursing practice. Even in a short period it is surprising what new developments take place in social life. Each Unit has been brought up to date both in context and in reading references. Several factors which have been brought to the surface by virtue of wartime exigencies have been given appropriate consideration in the revision.

One of the most important new features of the revised edition is the addition of a chapter on Community Health Agencies. It offers new and significant materials that will be of real value in answering the questions of patients and of making helpful suggestions to convalescents.

The authors express their deep appreciation to everyone who has been instrumental in any way in extending the usefulness of this book or in proposing additions and other improvements.

E. S. B.
A. B. B.

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PREFACE

THE AUTHORS have had two major aims in mind in preparing this book. The first is that of developing a concrete treatment of those sociological facts and principles which will be of specific help to nurses as they meet the problems of each day's work. This aim is one of satisfying actual training needs as conceived in a basic curriculum for the preparation of nurses for their profession.

The second aim is more comprehensive. It furnishes information and principles which will give a social setting for the profession of nursing. It gives references to reading which will help the nurse to enlarge her social horizon and to see the normal place of her profession in the larger world in which nurses and patients live and have their being.

The authors wish to express their appreciation to all who have in any way contributed to the preparation of this book. Wherever possible acknowledgments have been made in footnotes, but in addition there are many persons who have given valuable counsel and to all these we express our gratefulness.

Further testing of these materials will disclose points at which improvements can be made and where additional information and analysis will be valuable. Suggestions of these and related types will be welcomed.

Emory S. Bogardus
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THE SOCIAL SETTING OF NURSING

What is Sociology?

Sociology may be defined in various ways. For the purposes of this book sociology may be thought of as the study of how personality develops in and influences social situations. Everyone lives and moves and has his life within social situations. The record of the life of a person for a day is almost certain to be an account of the ways in which he takes part in one social situation after another. Whether he has been active or passive he has influenced each social situation at least a little and he has been influenced in turn. These social situations are the chief characteristics of life of people in groups.

The study of sociology will aid the nurse to understand better the personalities of her patients, because it depicts the social and group factors which explain many of the characteristics of each person. By helping the nurse to understand the nature of social situations and also of social groups, such as the family, the community, the occupational, religious, and racial groups, and the state or nation, it assists her in appreciating why her patients behave as they do. Moreover, sociology studies the nature of social changes that are taking place within group life that lead to social disorganization and reorganization, and that also throw light on the disorganization and reorganization of personalities. Sociology does not offer a panacea for all the ills of the world but its study does give a better grasp of the nature of these ills and of possible solutions for them. More important, the major activity of sociology is found in its analysis of constructive social

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processes and of the ways these forces stimulate individuals to develop normal personalities.

Divisions of Sociology

Sociology includes both theory and practice. On the theory side it studies the facts about social situations, about social change, and about the social influences affecting personal life. On this basis it seeks to formulate the social processes affecting human beings.

Perhaps taking the *family* for an example will illustrate the respective fields. General sociologists through research have given us the history of the family, its various forms, and have analyzed forces that have led to its disorganization. In its practical phases sociology uses this knowledge and sets forth procedures for reconstructing the family. The social worker goes to the broken family and through such methods as the case study and the community survey, diagnoses the particular difficulties, and using existing social agencies, brings remedial measures into play which may lead to the reconstruction of both the family and the personalities of the members.

For a woman who wishes to take her place as a modern nurse in community life, some knowledge of the various phases of sociology is necessary. In addition she must also understand the subject of psychology, the science that deals with human behavior. In social psychology we combine our knowledge of sociology and psychology and study the processes whereby an individual, born with capacity to fear, love, and hate, will develop into a person with distinct habits, attitudes and desires that have been produced by the interaction of his biological heritage with the social environment in which he lives.

Social Situations

It will be readily seen that we find in sociology a study of changing social situations. A social situation occurs whenever two or more persons meet and influence one another in any way.

A stimulus from one person that results in a response from another changes the social situation, be it ever so slightly.

The essence of a social situation is found in interesting personal experiences. Uninteresting experiences are usually those which are boring and whose influence is likely to be negative. On the other hand, interesting experiences, which bring new ideas or ways of doing to one's attention, may change one's way of life. Sometimes these new elements come into one's life so gently and indirectly that personality changes are wrought in us without our recognizing the process. Sometimes they come so brusquely and so violently that they completely upset one, and make necessary the reorganization of personality.

Every nurse, when engaged in her work, is a part of a special type of social situation. The main actors are the patient, the nurse, the hospital staff, and the physician. There is a special set of social relationships which exist between the nurse and the physician, and still another between the patient and the physician which the nurse must continually take into consideration.

In addition, the changing social situations involved in nursing include the patient's relatives and friends. If the nurse is on special duty in a home, there is the total home situation which complicates the work of the nurse. If more than one nurse is on the case, the social situation is still more complex.

A *normal* social situation is one in which two or more persons are working together harmoniously. An *abnormal* one exists when one or more persons involved are in an abnormal state or when they are working against each other. At any rate, the behavior of one person affects the behavior of all the others, sometimes to work more efficiently and sometimes to work inadequately. Efficiency or lack of efficiency in nursing bears a direct relation to the "give and take" in the nurse-staff situation and the nurse-patient situation.

A social situation, it may be kept in mind, is dynamic, hence it is ever influencing behavior. In some particulars, however, human nature changes very slowly. If there are past experiences

where the feelings and emotions have been deeply affected, change occurs scarcely at all. Some of the patient's behavior patterns, thus, cannot be changed much by the nurse. The nurse must make the most of the situation. Some of the difficulties relate to habits of the patient which make him an unpleasant person to work with, some relate to habits which actually hinder the patient's recovery. However, these well-nigh unchangeable aspects of human nature can be modified for the better under the skillful treatment of a nurse who is well prepared with a knowledge of human attitudes and sentiments and of the conditions under which these undergo modification. It is here that the nurse's knowledge of sociology and psychology will be of inestimable value to her and to her patient.

The question now arises as to whether the nurse has any responsibility in changing the attitudes of her patient. Is her work ended when she has performed creditably the bedside care and treatment of her patient? There is no question today about the powerful interaction of the mental and the physical. The latter is part and parcel of the mental and social aspects of personality. The patient's attitudes toward his health and toward the habits which affect his health are of vital importance. When the patient is subject to anxiety, no matter how tastily prepared the food may be which the nurse serves him, his glands that furnish the digestive fluids refuse to pour out their secretions, the food ferments, toxins are formed, and a train of serious symptoms arise.

There now comes into the picture the underlying feelings, sentiments, and attitudes of a patient, which hold an indirect but a decisive relation to his illness, and which are discussed in Chapter 4. For example, a woman in a hospital ward had worries like these running through her mind: "I didn't want Jim to know how scared I am. Works all day. Hard too. My, how hard Jim does work. I wouldn't want to leave him . . . not him and the children, alone. I never should have said I'd come in here. What if my neck *is* getting big? Will I be all right? Whatever

would happen to the children? Francis is so small for three."[1] How far is the nurse responsible for helping the patient to overcome this paralyzing worry? Of course the nurse cannot go into the patient's home situation or business situation and straighten matters out there. She may be able, however, to help the patient to make adjustments in her attitudes so that convalescence will take place.

Personality is an integration of all of one's attitudes, yet it is more than the mere sum of the attitudes, for there is a unitary wholeness about all of one's attitudes that is far more than the mere arithmetic sum of them. In the process of integrating attitudes, new attitudes tend to arise. Many attitudes are accompanied by deep-seated feelings and sentiments, while others are almost free of them. In working with people, it is important to distinguish between those attitudes which are but slightly limited by feelings, and those which are completely dominated by them.

The nurse, then, will be aided in her work when she discovers which attitudes of her patient are not easily subject to change because of deep *emotional* attachment, and which attitudes may be modified because feeling will not be aroused. Sometimes it is feasible to effect changes in human nature by helping a patient to see the direction in which his personal interests lie, then helping him to marshal his feelings, emotions, and sentiments in that direction. A patient may perceive intellectually what course he should pursue to achieve health, but if his feelings are operating in the opposite direction his welfare will suffer. Feelings are more dynamic than knowledge, and will likely prevail over knowledge.

As a real part of the patient's social situation that is changing, the nurse is the key person. Whether she thinks about it or not, she and the patient are daily influencing and modifying each other's personalities. She may be a blind unit in the process, or

[1] Perkins, Sylvia, R. N.: "It Isn't the Pain–It's the *Worrying!*" *American Journal of Nursing,* XXXIV: 341–347. By permission of the *American Journal of Nursing.*

she may act intelligently and to the great gain of the patient and possibly to herself, especially during the patient's days of convalescence.

Social Function of the Nurse

To the degree that the nurse understands the processes of social interaction between herself and the patient, her opportunity increases. Often she is in a position to affect the patient's attitudes toward himself, his family, and his friends and acquaintances. The Beach family, consisting of father, mother and two children, lived in a small house on the outskirts of the city. For several years the relationship between Mr. Beach and his wife had been strained owing to the fact that he was not faithful to her and had used some of his earnings for pleasures outside of the home. The wife was seeking a divorce. One day the workers in the factory where he was employed went on strike. Difficulty with the police arose and Mr. Beach was taken to the hospital seriously injured. The family situation was brought to the attention of a social worker and she saw at once that the illness of Mr. Beach, if rightly handled, might be the means of readjustment in the family. To do this she needed the help of nurses not only trained in the techniques of good nursing, but also acquainted with the origin and functions of social groups and with the place that psychology, particularly social psychology, takes in the reconstruction of groups or persons who have become disorganized. She asked the head nurse to assign only those student nurses to take care of Mr. Beach who would be able to affect his attitude toward his family and help him see the misery his actions had brought to those he loved, and point out to him some of the joys he might bring to them. Illness or accident often makes an individual take an inventory of his past, and if at this time there is a nurse with an understanding heart in attendance the patient's future course may be greatly improved. Mr. Beach's injury required a long convalescence. Day by day as occasion offered, he poured out his thoughts to the nurse and

she in turn directed him to ways that he might follow to mend the rift in his home life. The social worker, meanwhile, talked with the wife and was able to modify her attitude toward her husband so that when the time came for the husband to be dismissed from the hospital as healed, the family rupture had also been healed and the couple again lived happily together.[1] There are many other ways in which the nurse and the social worker may work together to the advantage of the patient.

The nurse works in a special type of social situation, for the patient is not a well person. To the extent that illness has temporarily cut down the patient's reasoning ability and has upset his feelings, to that degree the social situation is abnormal. Therefore, the nurse must be doubly well versed in her knowledge of social situations. She must know the processes by which normal situations change from day to day, or hour to hour, to appreciate the significance of the abnormal situation that obtains between herself and a patient who is not entirely his normal self. The abnormal aspects vary according to the nature of the illness of the patient and also according to the type of personality of the patient. They may vary from the normal only slightly or they may reach extreme proportions in cases of hysteria, delirium, or serious mental illness.

A social situation at its best is one in which all parties concerned treat each other with the respect and dignity that is due one honest, intelligent person at the hands of another similar person. It is a situation in which all parties work together in a series of activities in which each has a distinct role to play, in which each has his own contributions to make, and in which each is working toward an objective that spells increasing freedom and development of personality for each participant.

When destructive competition develops between the members in a social situation, that situation calls for correction. And when a patient feels that the nurse or the doctor, or a friend, or some-

[1] The name used in this paragraph and all other names found in illustrative materials in this book are fictitious.

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