

SOCIOLOGY

and

Its Use in Nursing Service

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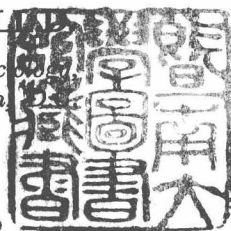
Its Use in Nursing Service

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Preface to the Fourth Edition

The present edition has been completely revised to follow current trends, namely, the study of sociology as a general subject and the application of the social sciences in the practice of nursing.

Since nurses today are part of the health team concerned with both curative and preventive medicine, they are working with a wide range of medical social problems. Such problems can be understood only in relation to the social conditions within the community in which they exist and the influence of the larger society upon the community.

Sociological theory as found in Part I presents general concepts which help the student to understand social organization and the relation of the individual to the many groups of which she is a part and the function of these groups in society. The second part of the text is an outgrowth of the first, focusing what the student has learned on *health* and *sickness*. The third part concerns the application of sociology, as a social science, in nursing practice.

The authors are indebted to instructors and their students who used the previous editions of the book for helpful criticism, to publishers who have permitted the use of illustrative material and quotations from their copyrighted works, and to colleagues for review of the material. Among the latter are the faculty of the University of Maryland School of Nursing and Sister Maristella, O.P., of Rosary College, who critically read the sections on children in the third part of the text.

GLADYS SELLEW
PAUL HANLY FURFEX

May, 1957

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Introduction

Sociology as a General Cultural Subject. The study of sociology in its simplest form is that of human relations in group life. This is a comprehensive field. It is a subject of general cultural value. Unless we understand the relation of the arts and sciences, at any time and place, to the social life of the people, our appreciation and comprehension of these arts and sciences is extremely limited. Furthermore, our adjustment to the social life of our time would be limited by our lack of understanding of the forces back of the social interaction in which we participate, specifically, in our chosen profession.

Sociology a Prerequisite to Professional Courses Dealing with Human Relations. All sciences are concerned with human relations in some way. In this sense, we speak of the social aspect of biology, chemistry, or geology. But the connection between the social sciences and the professions dealing with human relations is not of this tenuous nature. The social sciences, particularly sociology and psychology, are *basic* to such professional study, and therefore to nursing.¹

The value of psychology in nursing was recognized some years ago and has been included in the curricula of schools of nursing. Psychology is a science which deals primarily with the intellectual and emotional response of the individual to stimuli without and within the body. As long as the case assignment—a nurse assigned to give “total care” to a few patients—was the goal, nurses were not much concerned with the patient as *a member of a group of patients*. His emotional reactions to friends and family, to his physical condition and to his life after leaving the hospital were examined by the case study method, and nursing plans were made to give psychological and emotional care

¹ Courses in sociology present many concepts borrowed from cultural anthropology, and anthropology as a separate subject is taught in a few schools of nursing.

2 INTRODUCTION

as well as physical. But the potential value of membership in a group of patients was seldom utilized.

As public health nursing developed, the value of the dynamic quality of group relations in bringing about better health conditions became known; sociology, the science which deals with individuals as members of groups, was added to psychology in the nursing curriculum. With the introduction of medical social service, the narrow field of seeking immediate causes of emotional reaction within the patient was broadened to include the *factors back of these immediate emotional factors* in the lives of our patients. The two social sciences, psychology and sociology, are now used together for a better understanding of what should be included in the total care of each and all of our patients.

Social interaction, a social psychological concept, results in some change, great or small, in the relations between people, a change in attitudes, motives and behavior. People working in professions concerned with human relations are doing just this, influencing others. Sometimes we call this teaching, sometimes leadership.

The care of a group of patients by a team giving nursing service makes possible the catalytic quality which exists within groups, of achieving what no one member can do alone. We have always recognized the force of group morale when nursing a number of patients with the same ailment or handicap, for instance in our wards for heart cases, schools and camps for crippled children, recreational clubs for diabetics, and in our work with spastic and poliomyelitis cases. In the army hospital, group instruction is given to amputees and to the blind. Results are often obtained in group treatment which could not be achieved with individual care. But on the general hospital ward, we seldom make full use of this dynamic force which lies in group interaction. The patients' stay is short and there is little similarity in their physical conditions. Yet the slogan of the nursing team is "our patients," not "yours" and "mine"; "our nurses," not "yours" and "mine." The team recognizes the increased value in nursing service derived from group care of "our patients" and fosters this by conferences and good human relations within the team. How far team nursing can develop the group spirit among patients as well as among nurses remains to be seen. But progress is certainly being made in hospitals where the application of social psychology is held essential to good administration.

The Content of Sociology. Sociology deals with social organization and with evidences of social disorganization. By social organization is meant a relatively stable social system, in which subgroups can fulfill their part of the common task to achieve the ends of society. Faris gives the general characteristics of successful organizations:

A successful society is one which constitutes a relatively stable system of coordinated activity among its members, which achieves a satisfactory adaptation to the physical surroundings in which the people live, and which enables the members to survive, propagate their kind, and carry on the generally accepted tasks of the group, whatever the members conceive these to be. This definition does not imply that the stability must be complete.²

Nurses form a subgroup. There are in the United States over 430,000 registered nurses who are active in the profession. It is a social as well as a professional responsibility to have a sufficient number of well prepared nurses to meet the demands made upon the group. This has been recognized in recent studies of the profession and measures have been proposed both to increase the quantity and improve the quality of nursing.

Integration of Sociology with Medicine and Nursing in Current Studies. Standard texts of sociology, medicine, social work and nursing integrate the social and medical aspects of disease. For some years there has been increasing interest in the integration of sociology and clinical nursing, *both public health and bedside nursing*. Studies of nursing as a profession show the same trend toward the sociological point of view, that is, considering the broad function of nurses *as a group, members of a professional organization, in society*.

While extensive studies of the value of sociology in clinical psychology, psychiatry and general medicine have been made, there have been relatively few studies of the use of sociology in clinical nursing, although several extensive studies are under way. In general, such research has dealt with the better understanding of the individual when he is seen in his many social roles. Better understanding furthers better nursing service and also an intelligent referral if necessary on discharge from the hospital to the out-patient service, the clinic or welfare agency. This use of sociology is valuable, but it is not often recognized that the use of sociological concepts in group nursing is of equal importance. The economies resulting from division of labor among the

² Faris, Robert E. L.: *Social Disorganization*. 2nd Ed. New York, The Ronald Press Company, 1955, p. 6.

various nursing personnel according to their ability to perform certain nursing services from simple to complex is quite obvious. But the positive value of group interstimulation among the nursing personnel has received too little attention, and the potential value of prompting group morale among a group of patients is seldom considered.

The Plan of the Text. The first part of this text follows the general outline of the beginner's course in sociology given during the Freshman or Sophomore year in college. In the second part is shown the relation of health to social conditions. Here reference by chapter is made to the chapters of Part I. This second part of the book, then, is planned for use primarily while the student is studying Part I or some college sociology text, and before she has had experience with patients. It will focus her general knowledge of sociology on health conditions and health problems found in social life, in the community in which the hospital is situated, in her home community or that of her fellow students or instructor.

The third part of the text deals with the immediate social conditions and social problems which nurses are likely to meet in their bedside care of patients, in the clinics and in public health nursing. It is planned for use in conjunction with the conferences on comprehensive nursing care of patients by the students on the wards.

The attack on the social problem of sickness may be a *mass attack* or an *individual attack*. The nurse in the hospital gives individual attention to her patients, in whom she sees the concrete social problem of sickness. But she is also one of a large group of nurses who participate in the nation-wide program for the care of the sick. The public health nurse deals with hundreds of patients. She gives less time and attention to any one, but knows them over a longer period of time. She might be said to spearhead the nurses' attack on the social problem of disease. Together, the public health nurse and the hospital nurse are part of the "health team."

In nursing care studies and nursing care plans, the patient is considered both as an individual and as a member of society. For this reason, the nurse must understand not only the disease or injury manifest in his body, but also what it means to him. In doing so, she will use both psychology and sociology.³ It is hoped that the second and third parts of this text will help her.

³ This is what is meant by the social foundations of nursing as applied to the bedside care of a patient.

Part One

Introduction to Sociology

Chapter 1

Society

CONCEPT OF SOCIETY

Society is composed of people who are bound together in some form of social organization to achieve social goals. Some of these goals have a biological basis, such as the need for water, food, shelter and release from sexual tensions. Within limits set by the physical environment and the inborn capacities of men, culture determines the way these goals are to be achieved and creates other goals for which there are no corresponding physical drives.

A civil society exists in a geographical territory and has some formal political organization, however slight. Villages, towns and cities are civil societies. The United States is a civil society whose form of political organization we know, and we are familiar with its culture. Within the United States are smaller civil societies and within each of these are many groups of people with special interests and needs of their own. These smaller societies and the groups within them share many of the generally accepted goals of the population but they have their own specific goals which sometimes conflict with those of the country as a whole. We have majorities and minorities favoring or opposing many political issues. There are groups of people, such as the gangs found in many cities, who have goals of their own which are in direct opposition to goals held by "honest citizens." We have "conscientious objectors" whose consciences forbid them to fight for their country, although they may at great personal sacrifice aid the government as non-combatants. But for a society to exist, its smaller groups must give sufficient support for it to maintain its solidarity, provide a social system and permit division of labor.

SOCIAL ORGANIZATION AND DISORGANIZATION

By social organization is meant a relatively stable social system. It implies that there is a social "blueprint" in which certain groups are assigned certain functions so that the plan may be effectively carried out. When groups *will* not or *cannot* do their parts, the plan is endangered. If they cannot do their share because of some circumstance over which they have no control, solidarity is not likely to be impaired. Should the North or South Dakota farmers or those of the central Midwestern States fail to produce wheat because of drought, society may suffer from the shortage, but the morale of the people is not shaken; morale weakens when some group is blamed for failure to carry out its function in the organizational plan. In contrast to failure due to conditions over which the group has no control, if the miners strike, with the result that coal is scarce and industry and the public as a whole suffer, some people will blame the miners, others the coal companies which do not grant the miners' demands. Social solidarity is weakened. Social organization is temporarily functioning badly in that area of production. Whether there is an element of social disorganization depends upon the observer's point of view. The union is showing effective organization when it successfully resists the mine operators, each miner doing his assigned part in the strike. There is organization among the operators who together refuse to meet the miners' demands. But from the point of view of society as a whole, there is *disorganization in the coal industry*.

We speak of disorganized neighborhoods where live criminals and others who break the law. Yet within their own group they are highly successful in forcing their members to take the roles assigned them; group members know the punishment given to one who "squeals" and the status awarded to one who "takes the rap" without involving other members of the group.

Society Shapes the Individual. Infants are born into a family and the family is part of the community. It may be rural or urban and located in any part of the world. It may be a highly civilized or a primitive society such as is still found in isolated regions of Africa, India, Australia, or elsewhere. It may be an Indian tribe in the United States. In the family the infant is taught his earliest lessons in behavior—that is, conformity to the way of life of the group of which he is a member—and when he is able to say a few words and toddle about,

he contacts many members of the community. But his social relations are, obviously, very limited until he has learned to talk. As his intelligence develops and he can understand abstract subjects, he learns both the meaning of many behavior patterns which he accepted without question, and their relation to the social thought of the group.

BASIC FACTORS IN SOCIAL LIFE

The basic factors in human life may be classified as hereditary, cultural and geographic. These factors interact with each other so that it is impossible to consider the influence of one apart from the others. Yet each is clearly an expanding or limiting factor in social life.

Heredity and Society. Biological heredity influences society through the inheritance of racial and familial traits. But, since hereditary traits exist in children who are born into a social group which has its own peculiar culture, biological heredity cannot be considered apart from cultural heredity, unless the subject is to be purely theoretical. Even before the baby is born his cultural heredity influences his body through such commonplace factors as his mother's diet, tight or loose clothes, general hygiene and society's provision for giving her adequate prenatal care and protection from industrial hazards.

Eugenics is a science and a social program which aims at race improvement by encouraging the reproduction of superior individuals and discouraging the reproduction of the unfit. *Euthenics* deals with the betterment of the race through improved environment. Thus eugenics and euthenics taken together as a complete program emphasize the importance of both heredity and environment.

While there are few diseases which are hereditary, the tendency to certain conditions is passed from parent to child through the genes. The actual occurrence of the disease depends on poor hygiene and/or exposure to the infecting organism.

Intelligence is to a certain extent hereditary. (Heredity sets the upper limit which would be possible for the individual to attain.) Society must make provision for the care of the feeble-minded and those less obviously below normal. Much can be done for this group through identification by testing, education, supervision and, when necessary, through segregation in an institution for the feeble-minded.

Temperament, also, has a hereditary basis but is easily modified by the child's environment. Horatio Newman made an interesting study of identical twins, who were brought up apart and in very different