

Sociology

**Nurses and their patients
• in a modern society**

**THOMPSON • MILLER • BIGLER
NINTH EDITION**



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Nurses and their patients in a modern society

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Nurses and their patients in a modern society

Preface

This book is designed to provide a sociologic perspective for the more than 100,000 students in educational tracks ending in careers in health care. Each year more persons in wider varieties of professions and occupations attempt to provide consumers with more comprehensive and higher quality health care on both a personal and an ecologic basis. To assist them in this end, students require more relevant insights into the nature of health as it relates to society and into society as it reacts to health (and illness). Accordingly, we have written this text.

We address ourselves to health and society from a systems theory perspective. It is our contention that unless one takes this approach to social problems, analysis and understanding will be incomplete. In

this case we contend that health and society are totally integrated and interdependent; any change in one results in a change in the other.

We hope that the understanding gained through a study of this book will be helpful and illuminating for students as they seek to understand the world in which they (and their patients) are living and as they seek their own identity as providers.

We wish to express our thanks to Frances M. Miller for the new illustrations and for suggesting the cover design.

*Lida F. Thompson
Michael H. Miller
Helen F. Bigler*

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Nurses and their patients in a modern society

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Note to students

This book is written for students in all aspects of health care delivery. Throughout, we will discuss the interrelationship of sociologic concepts and health care. We also will consider the various groups providing health care and investigate how they relate and interact with one another.

Students who enter a career in health care come from a wide variety of backgrounds—farming, business, industry, and the professions. Many motives lead to a career in health. To some, medicine, nursing, pharmacy, dentistry, physical therapy, medical technology, or medical social work is a “calling”; they enter these careers because they love it. For example, it has been found in a study comparing young women entering nursing with young women entering other types of work, that service to other persons was a dominant appeal to those who entered nursing.* Some persons, on the other hand, are attracted to a health career by the chance to obtain prestige and social status. Some are influenced by successful health care providers they have known in their homes, in their schools, in industry, or in their communities; others are inspired by stories of great women (Florence Nightingale or Clara Barton) or great men (Benjamin Rush or Joseph Lister); others (it is no disgrace) respond to the excitement, even the glamour, associated with the work of a health care provider.

*From Goldsen, Rose K.: Factors associated with the selection of a career in nursing, presented at the meeting of the American Sociological Society, August 27, 1957.

Whatever the motive that has led you to health care as a career, you have entered a career that performs one of the most vital functions in our society today. There are not nearly enough of you; we need more.

The education needed for a career in health tends to be relatively extensive. It involves a wide array of skills and talents, as well as an increasing fund of scientific information and knowledge—knowledge not only of such biologic sciences as anatomy and physiology but also of the social sciences. The student may well ask, “Why must I study sociology?” The direct application of most of the required courses may appear more obvious; it is easy to see how physical sciences are necessary to the education of a competent doctor, nurse, pharmacist, physical therapist, dental assistant, or medical technician. But what possible relevance can a study of population, culture, community, institutions, publics, and social problems have for health care providers? The question is understandable. It was possible in the past to be a good nurse or pharmacist with a minimum of education in the social aspects of the profession. The requirements were mainly courteousness, patience, conscientious obedience, and manual skills. Conversely, physicians and dentists were deemed “good” if they exhibited scientific and technical knowledge. Today much more is demanded of all health care providers so that not only scientific and technical knowledge but also a sociologic grasp of the contributions of their profession or paraprofession is called upon to assist

in meeting them. In addition, sociology helps health workers understand their own social world and thus to function more understandingly in it.

As you proceed in your study of sociology, you will be introduced to a number of new concepts, as well as to a large fund of information. These concepts may provide you with an entirely new perspective on familiar social phenomena. You have always observed that objects fall; in physics, gravity is explained, and you understand why objects fall. Similarly, sociology may sensitize you to a universe of human relationships that you may previously have observed but never understood. We believe that sociology will be as helpful and as stimulating as the other sciences to which you are introduced during your education.

Medicine and dentistry in general, and nursing, medical social work, and pharmacy in particular, have shifted the em-

phasis in patient care from an almost exclusive concentration on the "disease" to consideration of the "whole patient" in his environment. It is no longer acceptable health care to meet the physical requirements of the patient and to leave him to cope with his emotional, social, or economic requirements himself. A knowledge of the social forces that play a part in making a person what he is has become as basic as how to administer a treatment.

We hope you will find the material interesting in itself, as well as useful for understanding man as a social and interdependent being. Examples and illustrations have been chosen on the basis of their relevance for students planning health care careers. But sociologic concepts are no less sociologic for being applied to health rather than to other aspects of living. Perhaps you will be able to extend the range of the course by applying the concepts to other areas.

UNIT I Orientation

1 General social trends and their implications for health care providers

Modern scientific and technologic developments in the practice of medicine and public health, together with the increasing concern of the community in matters of health and social welfare, have drawn nurses, pharmacists, social workers, occupational and physical therapists, and dental hygienists into new and wider fields of activity, and their functions have been expanded accordingly. For example, nursing is no longer limited mainly to activity within the hospital, or to what is called curative nursing. It has become a community service in which preventive and rehabilitative functions are a vital part of its program. Still, the hospital remains central to nursing but now as only one of many health agencies in the community. Pharmacy finds itself less confined to stores and more involved in the community and in drug distribution in hospitals. Similarly, the role of the dental hygienist includes preventive care and even some curative procedures along with the conventional functions of health education and diagnostic procedures.

The new dimensions of health care are not immediately obvious to the young nurse, pharmacist, or dental hygienist. Students may first see the patient as an isolated unit in the hospital, clinic, doctor's

office, or store. But, hopefully, they will soon become aware of him as a person and of his family and his health needs. Shortly they begin to see the hospital, clinic, pharmacy, and doctor's office as important units in the community health program. They soon realize that the individual is inseparable from his environment. But in order to understand the individual and his interrelationship with his environment further, they must have some understanding of the forces that have helped to shape him as an individual.

SOME GENERAL SOCIAL TRENDS

The humanitarian concern of the health professions for the individual patient constantly expands to include more and more of the population. We can no longer tolerate the idea that anyone should suffer because of lack of medical care. Without in any way minimizing this humanitarian concern, we now see that health and illness, which in their concrete manifestations seem so personal, so individual, and so uniquely intimate, are sociologic phenomena as well. The health of the nation becomes a matter of concern to everyone, not only to the persons involved. We find we can no longer view health as a purely individual matter. The preservation of

everyone's health is a national concern.

Fortunately, as awareness of the importance of health and illness to society as a whole has increased, resources for dealing with them have increased too. Modern technology has so greatly increased economic productivity that as a society we can afford to do more than was done in the past in the field of health. We can afford the research that creates new scientific knowledge and technology. We can afford the facilities that translate scientific knowledge into practical treatment. We can afford the hospitals and the public health programs needed to implement health care. There is no economic barrier to adequate health care. It is illness we cannot afford.

Research and programs based on it have transformed the health of modern society. For example, the infectious diseases have almost been conquered, or at least brought under control. But this achievement has not obviated the need for health care, for we have greatly expanded our concept of health. It now includes protection against the stress diseases, as well as against infectious diseases. It now includes more emphasis on emotional and mental illnesses also. Attacking the stress diseases and mental illnesses has led us to broad-ranging programs to deal with the conditions that foster them—poverty, unemployment, prejudice, and discrimination. Recognizing the interdependence of health and society, we know that good health in the population depends on good health in the society as a whole.

As a result of improved health care, people are kept alive for many more years than in the past. Far from reducing health care needs, longevity increases them. For although there are relatively fewer cases of communicable diseases, there are more cases of degenerative diseases of later years, for which control and therapy are not yet adequate. Keeping people alive longer gives them more time in which to succumb to mental illness also; therefore there are more cases of mental illness even though the rate by age has not increased.

SYSTEMS THEORY

There are various sociologic methods for examining the nature and scope of society. One of the most heuristic is through a systems theory approach. This approach contends that society is a series of interdependent units or systems whose very existence depends on the nature of various societal relationships. In society there are numerous social systems of varying magnitude, exemplified by family, work, health, education, religion, and judiciary. Each of these systems is, by definition, a subsystem of a larger, more inclusive suprasystem. At the same time it may be a suprasystem of a smaller system. For instance, health is a system; a particular community hospital is also a system but at the same time it is a subsystem of the health care system. American society, in this sense, represents a suprasystem of both the hospital and the health systems (Fig. 1-1).

Systems, whether large or small, are similar in that they all have, more or less, an orderly arrangement of components that may or may not be homogeneous. Moreover, all parts are interrelated, interdependent, and semiautonomous and, accord-

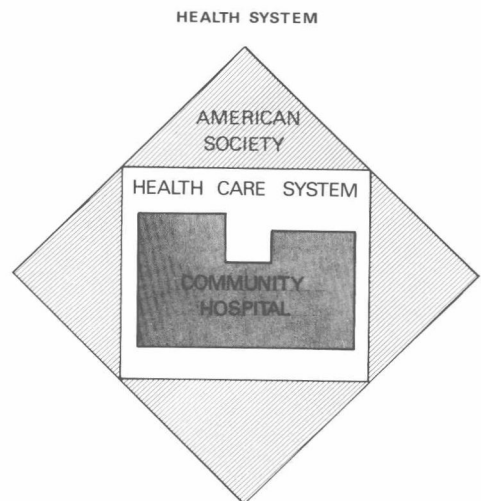


Fig. 1-1. The health care system is a subsystem of American society. The hospital is a subsystem of the health care system.

ingly, relate to one another in respect to some controlling doctrine. For example, doctors, staff registered nurses, supervisors, licensed practical nurses, laboratory technicians, medical social workers, pharmacists, orderlies, patients, visitors, ward arrangements, and the like are interrelated as a function of health philosophy (Fig. 1-2). As a consequence of their interrelatedness, each part of a system performs some function essential for the sustenance or continuation of the whole. By continuation we refer to the notion that components of systems work together to fortify and even expand the system itself.

Systems theory is useful in studying society because through this approach students may obtain a comprehensive understanding that in society (and in all subsystems therein) everything is related in some way to everything else. We might say that systems have a reciprocal interrelationship of their parts: a change in one component of the system will result in a change in some other aspect of it.

Work settings are systems; however, they

have numerous subsystems within them and are themselves the subsystem of various suprasystems including the economic system. Accordingly, we can observe the nature and scope of the interdependence of system components on various levels by examining settings in which work takes place. We shall examine work systems on two levels; on each we shall illustrate how changes in one component of a system affect other parts of the same system.

The automobile assembly plant is an example of a very highly integrated system in which a wide variety of materials are assembled together in a particular order to make automobiles. But should anything happen to any component, worker, or part on the assembly line, the entire assembly line will be affected. If, for instance, a skilled worker becomes ill or fails to come to work, changes must be made in order to accommodate this occurrence. The assembly line may be forced to shut down if no replacement can be located or it may slow down if other men must perform the work of the person absent or a new person must be brought in as a replacement. Regardless of the solution, the absence of a skilled worker will influence the performance and function of other workers as well as the production of the assembly line itself.

Changes in the suprasystem in which an assembly plant is a component are important because forces far removed from the plant can influence it in various ways, including its productivity and earnings. For instance, the Arabs' decision to withhold oil from the United States resulted in the furloughing of plant workers because of the absence of essential materials. If the plant produced large-size automobiles, production dropped as demand for economical cars increased while that for low gas mileage cars decreased.

Another example of systemic interrelationships is taken from a situation in which a family member becomes ill. The student will note that in a small unit like a family there is a very high degree of interaction

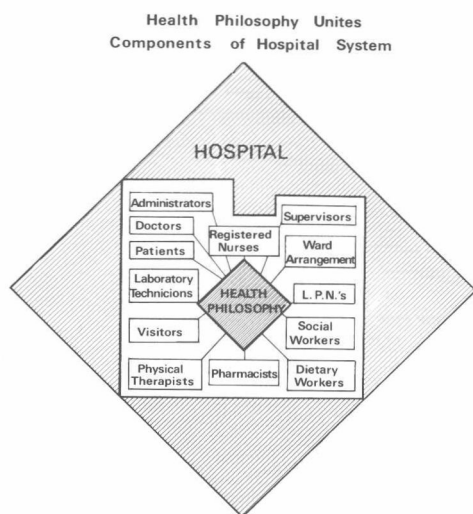


Fig. 1-2. Doctors, staff nurses, supervisors, licensed practical nurses, laboratory technicians, medical social workers, pharmacists, orderlies, patients, visitors, ward arrangements, and the like are interrelated as a function of health philosophy.

and interdependence. If the father becomes ill and must stop work for an extended period, the other family members are affected. The wife, for instance, may have to find employment. She may be required to assume new responsibilities (for example, balancing the budget, maintenance of the house) that have been thrust upon her, which she may or may not be prepared (or wish) to handle. Likewise, the family may be forced to alter its level of consumption. Children who previously received the majority of their emotional support and attention from their mother may find that they no longer have the same amount of access to her, especially if she must work. Perhaps the household will have to reorganize in order to accommodate having a sick person at home. The presence of a sick person at home may also force the children to alter their normal social activities if they must maintain a quiet home environment.

The health care delivery system provides a final example. It is an established fact that the patient's hospital experience is directly and indirectly influenced by many factors, some obvious and others not so

obvious to the casual observer. For instance, the educational system greatly determines the extent of a patient's health care information and his level of trust and satisfaction in his providers. The economic system establishes the services the patient will receive and how much his hospitalization will cost. Technology determines the quality and quantity of scientific devices for the patient. The political system affects, among other things, whether the individual will have sufficient health insurance and who will control the delivery of health care. Finally, the community influences the patient's attitudes and values toward health and health care. It should be clear from this example that health care is not an isolated entity but closely related to many other social systems. Unless health care providers realize the interdependence of these relationships, they will be greatly frustrated in their attempts to increase the spread of care (Fig. 1-3).

Systems theory is also useful in social analysis because systems are only as large as the actions and components they are defined to include. In this sense, we set a system's boundaries simply by defining its

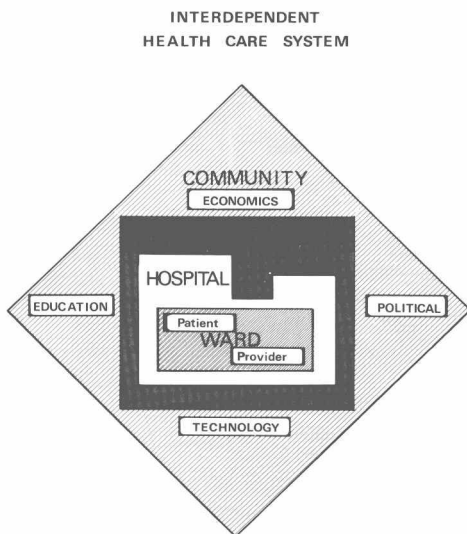


Fig. 1-3. The health care system is influenced by a variety of factors.

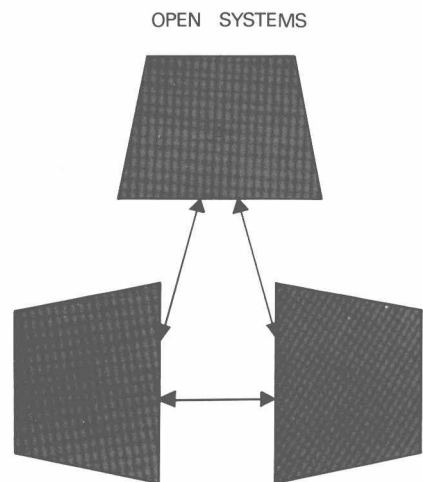


Fig. 1-4. When social systems are open, all influence one another.

actions and its parts. With this in mind, the following may be defined as social systems:

- nuclear family
- extended family
- hospital ward
- hospital
- city
- community
- country
- world
- universe

In this discussion of systems we have referred to social systems as if they are always “open” to influences from other systems. This is not always the case. To be sure, most systems are “open” in the sense that they can be affected by forces and information outside the boundaries of their own system and at the same time themselves influence other systems. Fig. 1-4 illustrates the concept of “open” social systems. Each system influences the other two in a number of ways. The contact or influence need not be physical but only communicative. It is necessary to point out that open systems may be diffused or engulfed by suprasystems to the extent that they lose their purpose, identity and/or integrity. The traditional family’s loss of educational, economic, social, and other functions exemplifies how an open system can be diffused.

If “open” systems are accessible to any and all influences from the environment, “closed” systems are totally isolated from their environment. There are very few “closed” social systems because all groups have some contact with others if only through mass media. Even our astronauts orbiting in Skylab for months at a time are not without contact with other systems. The recently discovered “lost” tribe in the Philippines was not a closed system either because the tribe apparently did have limited contacts with outsiders.

The remaining type of system is referred to as being “limited.” A system is “limited” if it regulates the flow of information and outside forces into and out of its bound-

aries. In other words, the controlling forces in a system have sufficient influence or power to limit interchange between the system and its environment. In this sense, they are “limited” if their units are more concerned with their own system than with the environment around them. This may be either a forced situation—crash victims floating on a raft in the ocean—or a voluntary one—a self-sufficient commune. In both of these examples, the controlling forces in the systems have sufficient influence or power to limit interchange between the system and external elements and external forces. A “limited” system may in time move to become an open system whether through a change in attitude, rescue (as the case of the crash victim), or through increased size and diversification. Conversely, an open system may move to restrict its contact with other systems.

A discussion of systems theory would be incomplete without reference to social roles. Roles, the mechanism or vehicle through which the exchange of information or other forces takes place, allow social systems to operate. In other words, systems intersect with one another through people fulfilling various roles in different systems. For instance, economic (work) and family systems may be interrelated because the male plays roles of father, husband, pharmacist, and employee. Or the female through her roles may force the work and family systems to overlap. Because individuals have numerous roles and take these from system to system, they impinge on one another. The wife-nurse, for example, may on the day her husband has surgery, be an unresponsive practitioner. In addition, she may be unable to fulfill her commitments to a club or to take a final examination in a graduate course (Fig. 1-5). However, systems are generally stable because roles are culturally defined behavior patterns that establish how each role should be played. When individuals do not play their roles conventionally and accordingly do not interact acceptably with