Central European Journal of Nursing and Midwifery

Cent Eur J Nurs Midw 2024;15(1):1026–1030
doi: 10.15452/CEJNM.2024.15.0001

EDITORIAL

Sociology: what is its relevance to nursing and midwifery?

Kateřina Ivanová

Social Medicine and Nursing
Department of Public Health, Faculty of Medicine and Dentistry, Palacký University Olomouc, Czech Republic

Sociology is a distinct science that studies the structures, functions, and contexts of social development. It seeks patterns in them using analytical and empirical methods and explains these patterns in sociological theories. For the sociological framework of health, illness, and health care, it offers a multiparadigmatic approach, sociological theories, sociological methodology, and a sociological framework for interpreting research findings.

In nursing and midwifery, sociological methodology is accepted without reservation. Sometimes it is adopted by these disciplines to the extent that health professionals consider quantitative research methods such as survey research, field research, or study of documents as their own. Also, qualitative sociological research is almost inherent in them, especially in midwifery, as Anselm Strauss, a sociologist, and Juliet Corbin, a nurse, wrote a famous book on grounded theory methodology; 2014 as 4th edition, 1999 in Czech; (Corbin & Strauss, 2014), describing research on the coping strategies of women with pregnancy complications due to serious illnesses, who desperately wanted to deliver a healthy child. The three types of coding (open, axial, and selective) gradually employed in grounded theory have made it a scientifically valid and almost procedurally reliable qualitative method. It is therefore not surprising that this method is so popular in midwifery (e.g. Borrelli et al., 2016; Calvert et al., 2017) and nursing (e.g. Bouws et al., 2020; De Chesnay, 2015).

On the other hand, the adoption of sociology as a scientific approach in all health professions, especially as opposed to the biomedical approach, has not been and still is not an easy path, especially in Europe. In medicine, this has been pointed out by Křížová (2001), while in nursing this issue has been addressed by foreign authors (Aranda & Law, 2007; Cooke, 1993; Mulholland, 1997; Sharp, 1994). But the story of sociology and health sciences begins with their founders: Talcott Parsons in medicine and Imogene M. King in nursing.

Structural functionalism, a theory formulated by the prominent 20th century American sociologist Talcott Parsons, "conquered" the scientific world in the 1950s (Parsons, 1951, 1975, 1981, 1991). Parsons believed that every social system is internally differentiated, its structure is characterized by stability, replicability, and homogeneity, and it displays a tendency towards self-preservation. However, if a system is to survive, it must remain in a state of equilibrium; therefore, for any society, structures and functions that contribute to maintaining the continuity and equilibrium of the whole are of importance. Parsons considered health to be the norm and illness to be a deviation that disrupts the normal functioning of the human individual and prevents the sick person from effectively fulfilling their social roles. Thus, in his view, illness threatens the balance of society as a whole and requires official social regulation. According to Parsons, the role of a stabilizing agent in the case of illness should be played by medicine, which is an integral part of the social system. From this premise, Talcott Parsons derived not only the social function of medicine, but also the role of the physician and the role of the patient. Therefore, he is considered the founder of medical sociology (Ivanová et al., 2006).

Following Talcott Parsons, American nursing theorist Imogene M. King defined the goal of nursing practice as regaining the patient's social role and stabilizing the social system. King began to develop her concepts at a time when nursing was striving to attain its status as a scientific and therefore legitimate profession. Along with other authors, King believed in the 1960s that the differentiation of theoretical knowledge was essential to the development of nursing (Fawcett, 1989). This is probably why King viewed the nursing process differently from her colleagues, with her conceptual framework based on Parsons' social systems approach emphasizing structure and function.

King (1971, 1981, 1994, 1995, 1999; Ivanová et al., 2007) attempted to include all aspects of human life

in her conceptual framework without emphasizing any of them as central. Such a system follows Parsons' AGIL scheme and has a conceptual structure represented by three dynamic interactive subsystems. The first system is the personal system, that is, each individual in their biological essence, including growth, development, and homeostatic capacity. This means that the patient is a whole personal system, as is the nurse. The second system is the interpersonal system, which is created by a group of individuals (at least two, the nurse and the patient) who enter into a nursing process for which they set goals. The means by which the goals can be attained are determined by the normative expectations of others and the cultural values in place, including nursing norms. The relationships in this process are what King calls actions, reactions, interactions, and transactions. In the process of transaction, the patient's initial condition is changed so that the goal is attained. The third system is the social system, or the social background from which the nursing process emerges and in which it is applied.

Parsons' AGIL scheme has not three but four levels (adaptation, goal attainment, integration, and latent pattern maintenance). The last level, not included by King, is represented by a society's cultural and value patterns; by maintaining and nurturing them, "a society renews itself so that its values endure" (Osborne & Van Loon, 2002). The other parts of Parsons' theory are implemented in King's nursing framework. Similar to Parsons, system functions are divided into internal and external subsystems according to the types of interactions (with the environment, within the system). Each of these subsystems has certain functions that are more or less important for the maintenance of the system. The individual functional requirements are only meaningful as a whole, in their structural interrelationship. Therefore, Parsons, like King, assigns considerable importance to the issue of transfer between subsystems (Ivanová et al., 2006).

In the United States, medical sociology has been developed in sociology departments since the 1930s, thanks to scientific openness and unencumbered (but also unenriched) by tradition. Similarly, it has been accepted in nursing. Cooke and Philpin (2008) even open their book *Sociology in Nursing and Health Care* by stating that it is primarily intended for health professionals outside the United States. The authors believe that sociology belongs in nursing practice because it must be based on understanding people and the society, they live in. Their text discusses those aspects of sociology that are most relevant to nursing and the systemic context of health care in which care takes place.

In Central Europe, medical sociology was established later and only at medical faculties as part of social medicine. Sociologists were employed by medical faculties and had only loose relations with each other. Their lectures were intended for medical students and future nurses (Mistríková & Laiferová, 2010). It was not until 1983 that the European Society for Health and Medical Sociology was founded (Sokolowska, 1990). Today, medical sociology continues to develop, especially in Italy, Poland and Scandinavian countries, where it is one of the largest and most influential sociological societies (ESA RN 16 Midterm Conference Prague, 2023). In Slovakia, it is also one of the most significant sections, including its contribution to nursing research (Bednárik et al., 2010).

In 1955, Robert Straus (Gevitz, 1986 in Bártlová, 2005) first proposed division of medical sociology into two categories: sociology in medicine, which focuses on the origin and development of diseases, factors influencing the patient's response to illness, the consequences of illness, and socially influenced illnesses, and sociology of medicine, which studies in detail the links in the social system of health care, the organizational structure and the organizational culture of health care facilities, the relationships of roles, rituals, and functions of health care as a behavioral system.

The "in" approach, when strictly derived from Strauss' theory, is always discipline-specific and has a strong application component. Sociology can be used to inform and guide physicians, nurses, or other health professionals in recognizing and responding to social factors associated with patient health and illness. Sociology in nursing is addressed by Allan et al. (2016), discussing topics such as nursing as women's work, nursing care, facework and nursing, or using a sociological framework to understand nursing. These are issues specific to nursing and midwifery, and the emphasis is on understanding social issues in these disciplines.

The book edited by Cooke & Philpin (2008) also focuses on sociological thinking in everyday nursing practice in the first section, on the relationship between nursing and the health care system in the second section (i.e. the "of" approach), and on understanding the experience of illness (rather concerning the theoretical background of social psychology) in the third section. The "of" approach essentially emphasizes the conceptual and interpretive framework of a particular issue

(or field) in health care (Cockerham, 2001), as evidenced by the different names of disciplines in different countries and individual schools, such as sociology of medicine and health care, sociology of health and illness, sociology of health care, sociology of health care systems, sociology of health and gender, or sociology of health professions. It follows that although sociology of nursing and midwifery is not a distinct field within sociological societies, it can be found in all of these domains.

The 1990s witnessed a major debate in European journals about the role of sociology and its teaching in nursing. In her article *Why teach sociology?*, Cooke (1993) points out that sociology has traditionally been marginalized within nursing and midwifery curricula in Europe. She boldly speaks of a "symbiotic relationship" between sociology and nursing. Cooke examines the arguments for including sociology in the nursing curriculum, comparing the inclusion of sociology in nursing and medical curricula. She argues for a more critical and theoretically informed sociology for nurses. Mulholland (1997) summarizes the debate on the importance of sociology in the nursing curriculum. In his view, Cooke, as an ardent advocate of a holistic, that is bio-psycho-social, model in nursing, philosophically and practically moves nursing from its emphasis on hygiene to a humanistic concern with communication. This conceptual shift is central to a project of professionalization in which Cooke sees sociology as key to the "humanization" of nursing, enabling the nurse to engage with the "whole" client.

While Cooke understood the sociology of health and illness as a concept of human wholeness and King as a context for regaining social roles, Sharp (1994; 1995) argues that nursing is a discipline that operates within a naturalistic paradigm and as such is subject to a particular set of ontological, epistemological and methodological assumptions. Sharp claims that nursing is essentially activity-based and not reflexive in nature, and therefore nursing students do not need to be theoretically educated in the way proposed by Cooke (1993). According to Sharp, nursing is a rational activity aimed at achieving specific, quantifiable outcomes and as such needs knowledge that directly contributes to the achievement of those outcomes, that is, "knowing how" rather than "knowing why". The only knowledge that is truly valuable to the nurse is the specific knowledge that provides nursing with basic certainty and offers clear and unquestionable guidance for the nurse's work, Sharp (1994, 1995) states.

The role of sociology within nursing has been the subject of much debate. To understand how and why sociology is 'overly constrained' within nursing, it is crucial to understand the way in which a holistic model has been adopted in sociology, nursing and nurse education. The indeterminacy of the holistic model is such that it reinforces a dubious eclecticism, marginalizes philosophical controversies within nursing theory, and obscures the difficult epistemological and ontological conflicts associated with the phenomenon of quality of life per se, explains Mulholland (1997) in his article.

To reconcile the two approaches, a more systematic and thorough discussion of the relationship and role of sociology within the field of nursing ("in nursing") is needed, as well as a move away from the implicit model of "assimilating" sociology into nursing towards a more "multicultural and multiparadigmatic" ("of nursing") approach. Only if they remain mutually autonomous can sociology be of value to nursing and midwifery (and vice versa). Aranda & Law (2007) argue that in order to move beyond discussing the "utility of sociology for nursing", we need to re-examine the current knowledge requirements in both nursing and sociology. In contrast to previous debates, the authors argue that it is more useful to view the relationship between sociology and nursing as emblematic of the legitimation crisis inherent in all modern projects. Such an evaluative approach is liberating and allows us to view the relationship between sociology and nursing through a different and new lens, rather than as a mutually exclusive dyad: as either a symbiosis where one discipline cannot survive without the other, or as a relationship without significant affinity.

Let me conclude by reflecting, as a sociologist, on what would contribute to a better integration of sociology of health and illness into nursing and midwifery: giving more space to expressing the social context in both the "in" and "of" approaches, especially when the explanation is based on sociological theory, and offering the possibility of proposing not only the design of research but also its objectives, without health professionals refusing to listen to the complexity of sociological argumentation. However, I also often encounter sociologists criticizing the research undertakings of health professionals without offering further solutions and refinements to the very complexity that sociology is famous for.

Each discipline should take the other seriously, experts should be heard to the end, and mutual respect in joint projects should replace mere tolerance.

Assoc. Prof. et Assoc. Prof. Kateřina Ivanová, M.Sc., M.A., Ph.D.
e-mail: katerina.ivanova@upol.cz

References

Allan, H., Traynor, M., Kelly, D., & Smith, P. (2016). *Understanding sociology in nursing*. SAGE Publications Ltd.

Bednárik, R., Jeřábek, H., & Smékalová, L. (Eds.). (2010). *Aktuální otázky České a Slovenské společnosti: Sborník k 45. výročí založení Československé sociologické společnosti. Sociologie zdravotnictví a medicíny* [Current issues of the Czech and Slovak Society: Proceedings for the 45th anniversary of the founding of the Czechoslovak Sociological Society. Sociology of healthcare and medicine]. Tribun EU.

Aranda, K., & Law, K. (2007). Tales of sociology and the nursing curriculum: revisiting the debates. *Nurse Education Today*, *27*(6), 561–567. https://doi.org/10.1016/j.nedt.2006.08.017

Bártlová, S. (2005). *Sociologie medicíny a zdravotnictví* [Sociology of medicine and healthcare]. NCO NZO.

Borrelli, E., S., Spiby, H. & Walsh, D. (2016). The kaleidoscopic midwife: a conceptual metaphor illustrating first-time mothers' perspectives of a good midwife during childbirth. A grounded theory study. *Midwifery*, *39*, 103–111. https://doi.org/10.1016/j.midw.2016.05.008

Bouws, M., Madeira, A., & Streberger, A. (2020). Fulfillment in the role of academic nurse leader: a grounded theory study. *Journal of Professional Nursing*, *36*(6), 469–476. https://doi.org/10.1016/j.profnurs.2020.03.007

Calvert, S., Smythe, E., & McKenzie-Green, B. (2017). "Working towards being ready": a grounded theory study of how practising midwives maintain their ongoing competence to practise their profession. *Midwifery*, *50*, 9–15. https://doi.org/10.1016/j.midw.2017.03.006

Cockerham, W. C. (Ed.). (2001). *The Blackwell companion to medical sociology*. Blackwell Publishers Ltd.

Cooke, H. (1993). Why teach sociology? *Nurse Education Today*, *13*(3), 210–216. https://doi.org/10.1016/0260-6917(93)90104-a

Cooke, H., & Philpin, S. (Eds.). (2008). *Sociology in nursing and healthcare*. Churchill Livingstone-Elsevier.

Corbin, J., & Strauss, A. (2014). *Basics of qualitative research. techniques and procedures for developing grounded theory* (4th ed.). SAGE Publications, Inc.

De Chesnay, M. (Ed). (2015). *Nursing research using grounded theory: qualitative designs and methods in nursing*. Springer Publishing Company.

Fawcett, J. (1989). *Analysis and evaluation of conceptual models of nursing* (2nd ed.). F. A. Davis Company.

Ivanová, K., Bártlová, S., & Horváth, M. (2006). Odkaz díla T. Parsonse v medicíně a ošetřovatelství [The legacy of T. Parsons' work in medicine and nursing]. In J. Šubrt (Ed.), *Talcott Parsons a jeho přínos soudobé sociologii* [Talcott Parsons and his contribution to contemporary sociology]. (pp. 199–214). Nakladatelství Karolinum.

Ivanová, K., Zamboriová, M., & Holmanová, E. (2007). Kingovej model otvorených systémov [King's model of open systems]. In K. Žiaková et al. (Eds.), *Ošetrovateľské konceptuálne modely* [Nursing conceptual models].(pp. 112–138). Osveta.

King, I. M. (1971). *Toward a theory for nursing. General concepts of human behavior* (1st ed.). John Wiley & Sons, Inc.

King, I. M. (1981). *A theory for nursing. systems, concepts, process* (1st ed.). John Wiley & Sons, Inc.

King, I. M. (1994). Quality of life and goal attainment. *Nursing Science Quartely*, *7*(1), 29–32. https://doi.org/10.1177/089431849400700110

King, I. M. (1996). The theory of goal attainment in research and practice. *Nursing Science Quarterly*, *9*(2), 61–66. https://doi.org/10.1177/089431849600900206

King, I. M. (1999). A theory of goal attainment: philosophical and ethical implications. *Nursing Science Quarterly*, *12*(4), 292–296. https://doi.org/10.1177/08943189922107205

Křížová, E. (2001). *Sociologie na poli medicíny a zdravotnictví – cizinec nebo vetřelec?* [Sociology in the field of medicine and healthcare – foreign or alien?]. Acta Universitatis Caroline – Philosophica et Historica 1 Studia Sociologica XIII. https://karolinum.cz/data/clanek/4607/PheH_2001_1_0117.pdf

Mistríková, L., & Laiferová, E. (2010). K histórii sociológie medicíny a zdravotníctva na Slovensku [To the history of the sociology of medicine and healthcare in Slovakia]. In K. Ivanová (Ed.), *Aktuální otázky České a Slovenské společnosti. Sociologie zdravotnictví a medicíny* [Current issues of the Czech and Slovak societies. Sociology of healthcare and medicine]. (1st ed., pp. 9–22). Sborník k 45. výročí založení Československé sociologické společnosti [Proceedings for the 45th anniversary of the founding of the Czechoslovak Sociological Society].

Mulholland, J. (1997). Assimilating sociology: critical reflections on the 'Sociology in nursing' debate. *Journal of Advanced Nursing*, *25*(4), 844–852. https://doi.org/10.1046/j.1365-2648.1997.1997025844.x

Osborne, R., & Van Loon, B. (2002). *Sociologie* [Sociology]. Portál.

Parsons, T. (1951). *The social system*. Free Press.

Parsons, T. (1975). *The sick role and the role of the physician reconsidered Milbank Memorial Fund and the human condition*. Free Press.

Parsons, T. (1981). Definitions of health and illness in the light of American values and social structure. In A. L. Caplan, H. T. Englehardt, jr., & J. J. McCartney. *Concepts of health and disease. Interdisciplinary perspectives*. (pp. 57–82). Addison–Wesley Publishing Company.

Parsons, T. (1991). *The social system* (1st ed.). Mackays of Chatham PLC.

Sharp, K. (1994). Sociology and the nursing curriculum: a note of caution. *The Journal of Advanced Nursing*, *20*(2), 391–395. https://doi.org/10.1046/j.1365-2648.1994.20020391.x

Sharp, K. (1995). Sociology in nurse education: help or hindrance? *Nursing Times*, *91*(20), 34–35.

ESA RN 16 Midterm Conference Prague. (2023). *Sociology of health and medicine in the public arena during the covid-19 pandemic and beyond*. https://iss.fsv.cuni.cz/sites/default/files/uploads/files/ESA RN16_2023_BookAbstracts_0.pdf

Sokolowska, M. (1990). Kognitivní a sociální identita sociologie medicíny [Cognitive and social identity of the sociology of medicine]. *Sociológia*, *22*(2), 113–124.

Strauss, A. & Corbinová, J. (1999). *Základy kvalitativního výzkumu. Postupy a techniky metody zakotvené teorie* [Fundamentals of qualitative research. Procedures and techniques of the grounded theory method]. Albert.

