Introduction

Who is this book for?

This book is primarily for students of nursing who wish to progress on to the register. However, it may also be used by students on health studies and health and social care courses at NVQ, BTEC, Foundation degree and degree level. It should be relevant across all three years of a typical nursing degree. The focus is not to develop knowledge for any one specific ‘field’ of nursing (adult, child, mental health, learning disabilities) but to support development across all the fields. Although the Nursing and Midwifery Council’s 2010 (NMC) standards are a foundation for what follows, the content is not narrowly defined by them.

Nursing, health, well-being and illness

Many students – and even qualified nurses – struggle to understand what the disciplines of psychology and sociology have to do with them. I believe these disciplines are fundamental for helping you to understand your patients (both as individuals and as part of the wider society) and indeed for developing your own professional practice. The aim in writing this book, therefore, is to help you understand the relevance and connectedness of psychology and sociology to your nursing practice. I want to help you use the knowledge offered by these disciplines to deepen the effectiveness of your interactions with, and care of, your patients.

Psychology and sociology are two of the social sciences. Science-based care (and evidence-based care) is foundational for nursing practice. An understanding of all the sciences, not just the physical sciences, will help you to become a more effective practitioner.

Before turning to the impact of psychological and sociological factors on health and well-being, it must be acknowledged that a great deal of work in the NHS focuses on illness and disease. This fact is reflected by the argument of Peter Morrall (2009) that medicine and nursing are primarily disciplines of disease. Disease produces physical, psychological and social responses and, from a sociological perspective, can have more to do with issues of social structure than biology. For example, at the physical level an infection will cause an immune response resulting in pyrexia, redness, swelling, pain and alteration of function in the infected part. At the psychological level there will be the individual’s affective (feelings), cognitive (knowledge) and behavioural responses. One such response could be withdrawal from work responsibilities. At the sociological level there will be a social response to people who have infections. These responses could be fear, shame, avoidance or blame, which may lead to the stigmatising of a group (such as those with HIV infection). In addition to social response, there are social patterns to infection (and other diseases) that result in some people being more at risk than others to a significant degree because of their place in the social hierarchy.
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The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, 2008)

Health and well-being, therefore, are founded upon a complex mix of biology and an individual’s psychosocial existence. In addition to this is the social and political environment, which is addressed by the social determinants of health approach. Studies from both disciplines indicate that any understanding of health, and interventions to promote well-being, have to take into account the wider context in which individuals, groups, communities and populations live. One small example is the co-relationship between geography and life expectancy. Life expectancy at birth in the UK for 2006–2008 was highest in the south of England. Life expectancy was 79.2 years for males in the south-east and 83.1 years for females in the south-west. In contrast, Scotland had the lowest life expectancy at birth in the UK, at 75.0 years for males and 79.9 years for females (Office for National Statistics, 2009).

What is psychology?

Psychology is the science of mind and behaviour (Gross and Kinnison, 2013). The complexity of the human mind means that it is not simply explained and different theoretical perspectives have been used to study and understand our species. The perspectives used by psychologists can be grouped under three headings, each with a different focus on the human condition. Some psychologists focus on the emotional (or ‘affective’) aspect of humanity, studying how feelings influence our development and the way we view the world. Other psychologists adopt a cognitive approach and investigate thinking, memory and decision making. The third group use a behavioural approach and study observable human actions, responses to stimuli and how we learn our behaviours. The behaviourists are also referred to as learning theorists. While grouping the many psychological perspectives under three headings may help us understand the bias within the theory, many practising psychologists have an eclectic or inclusive view of people. It is important for nurses to acknowledge the role that affect, cognition and behaviour play in making their patients the individuals they are.

What is sociology?

According to the British Sociological Association (2010), sociology is the study of how society is organized and how we experience life. This definition has the benefit of being brief, but not too illuminating. Sharp (2010) argues that sociology is the study of human society, and thus its scope is almost limitless. Any human activity at individual (micro) level and at societal (macro) level could be the object of investigation, study and questioning. Typical subjects include the forms and functions of the family; the world of work and organisations; social class; ethnicity and gender relationships. The sociology of health and illness is an area of study that has its own journal, Sociology of Health and Illness, in which are published articles on all aspects of health, illness, medicine and healthcare.
As with psychology, a striking feature of sociology is the various viewpoints or ‘perspectives’ which the (very) different theorists use, both to ask questions and to answer them. For example, a feminist perspective might be interested in the place of women in society and how the medical profession ‘controls’ childbirth in hospitals. A Marxist perspective may address how medical professionals have focused for too long on the individual cause of disease at the expense of the social determinants of health (World Health Organization, 2008). It will be helpful for you as a nurse to gather an understanding of a variety of different sociological perspectives on aspects of healthcare.

**Psychology, sociology and you**

In the light of the information above, are you starting to get a glimpse of how psychology and sociology might impact on your everyday work as a nurse? If you are nursing adults, for example, you will not only be called upon to dress an infected wound; you will also need to have some understanding of what it means for an individual in our society to have a chronic wound. You may then find yourself needing to think about and address the social causes and policy implications of infections.

It is absolutely crucial for the mental health nurse to understand the various psychological and social theories that underpin the diagnosis, treatment and management of mental illness. In recent history in the UK, the transition of care in institutions to care in the community reflects such theoretical application from the social sciences. The use of drugs and of ‘talking therapies’ are both based on scientific notions of the nature and the cause of illness and health.

Children’s nurses need to understand and deliver the care of children in the context of knowledge about family relationships as well as the psychological development that children may go through. Nurses caring for people with learning disabilities need to understand how society designs and delivers care for vulnerable adults. They also need to be aware of care theories such as social role valorisation.

**A note on genetic factors**

According to Professor Steve Jones (2009), the search for genetic causes for behaviour (i.e. finding a gene ‘for’ something) is misplaced. Scientists had embarked on a search for rogue genes responsible for just about every modern malady, hoping such conditions could be blamed on a small set of genes, which could then lead to a cure. But the more they investigated, the more complicated they realised it would be to find a cure. It is argued that many individual genes say very little about the real risk of disease, and scientists have found diet and the environment still have an enormous influence on whether we develop a disease.

**Concept summary: Epigenetics**

The term epigenetics refers to changes in phenotype (appearance) or gene expression caused by mechanisms other than changes in the underlying DNA sequence. This means environmental factors can affect genes, challenging the idea of genetic determination.
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(a gene ‘for’ something). In addition, there is little or no mention of genetic factors being implicated in the development of poor mental health. The risk factors for mental illness in adults include unemployment, low income, debt, violence, stressful life events, inadequate housing, fuel poverty and other adversity (Royal College of Psychiatrists, 2010).

Requirements from the NMC standards

The process of nursing is based on a therapeutic relationship that requires the nurse to have particular skills. The NMC standards (2010) describe four knowledge domains to underpin these skills:

1. professional values;
2. communication and interpersonal skills;
3. nursing practice and decision making;
4. leadership, management and team working.

These standards are used by educational organisations when planning and designing their courses. The book will draw from all four domains and will present the relevant standards at the beginning of each chapter.

The standards also set out what the content of education provision should be. The most pertinent aspects of the standards for this book are:

From requirement 5.6.1:

- professional codes, ethics, law and humanities;
- health and behavioural sciences;
- principles of national and international health policy, including public health.

From requirement 5.6.2:

- communication, compassion and dignity;
- emotional support;
- equality, diversity, inclusiveness and rights;
- identity, appearance and self-worth;
- autonomy, independence and self-care;
- public health and promoting health and well-being.

From EU Directive 2005:

(a) adequate knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;

(b) sufficient knowledge of the nature and ethics of the profession and of the general principles of health and nursing.
Book structure

Chapter 1 looks at why psychology and sociology are relevant for nursing. A contemporary issue of national interest, the Mid Staffordshire NHS Foundation Trust Inquiry (Francis, 2010), is used to highlight many sociological and psychological issues relevant to nursing. These include issues such as occupational socialisation, obedience (‘just following orders’), communications, effect from the individual nurse’s decisions through to the macro-level reasons behind why the problems at Mid Staffordshire NHS Foundation Trusts happened. C. Wright Mills’ (1959) ideas about the relationship between society and the individual are also explored.

Chapter 2 takes a critical look at the notion of professional values. Values can be discussed and listed, as has been done by the NMC. However, what professionals actually do needs critical examination. After all, the issues at Mid Staffs arose within a context of ‘professional’ practice. We need, therefore, to investigate what we mean by ‘professional’ and to consider how professions operate in society. We need to examine the professional–patient relationship and consider what is ethical professional practice. Finally, we have to revisit the meaning of ‘care’.

Chapter 3 explores communication. We begin by examining the fundamentals of verbal and non-verbal communication before looking at ideas around perception and self. This is because communicating with others is based on how we perceive ourselves and how we perceive others. Goffman’s (1963) notion of stigma is covered, along with labelling theory. Finally, the chapter looks briefly at how new communication technologies impact on nursing practice and the way we relate to patients.

Chapter 4 is concerned with nursing practice. In particular, it considers nursing practice as a social activity that takes place within the context of inequalities in health and the social determinants of health approach (World Health Organization, 2008). This balances the individual and biomedical focus of much of nursing practice, which is discussed in many other books.

Nurses are required to undertake practice and make decisions underpinned by the ‘best available evidence’, so Chapter 5 is concerned with decision making. Issues around what is accepted as evidence, and how evidence is accepted and used, are central, and complementary medicine is used as an example of this. International drug policy is used as an example of how evidence gets used and affected by policy decisions. In addition, the chapter looks at national and international guidelines, processes of decision making and the use of errors in thinking, heuristics and mental ‘short cuts’.

Chapter 6 looks at leadership, which is examined in the wider context in which nurses in the UK NHS operate. It picks up the argument of Hewison and Griffiths that although [leadership] is a key area for development, of equal, if not greater importance, is the need for NHS organisations to create the conditions which support and enhance new models of leadership (2004, p. 471). The findings of the Mid Staffs enquiry are considered in this context. We attempt to examine the personal troubles that nurses and patients experience (e.g. low morale and poor quality care) in the context of the public issues (e.g. infection rates, abuse in Mid Staffs and elsewhere) and in terms of the structural transformations faced by society (e.g. reform(s) of NHS organisations, rising public expectations and increasing demands on services, ageing populations). This will help to put
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issues of leadership into some sort of social context, to understand more fully (and hopefully begin to deal with) the current and future (e.g. climate change) issues of our times.

Death will affect everyone, whether or not they work in healthcare, and Chapter 7 helps us to reflect on what this means both for ourselves and for our patients. We begin with an overview of the social nature of death before exploring it from a more individual and personal nature. Nurses will be better able to deal with the various understandings and meanings people attach to death and dying if they realise that dying is not a purely personal and biological event. An understanding of the social nature of death helps to challenge assumptions and taken-for-granted beliefs. The chapter goes on to discuss stress and coping with challenging events, and looks at ways to improve our well-being.

The NMC outlines fields for nursing practice and all nurses have to address fields other than their own. Chapters 8 and 9 outline some psychosocial issues in the fields of nursing that will be useful to student nurses who will need to provide evidence of achieving certain learning outcomes. Chapter 8 concentrates on maternity and child health, while Chapter 9 is concerned with the fields of mental health and learning disabilities as field/patient group-specific issues. This material relates to the European Union requirements for general care in each of these areas.

Finally, a brief conclusion will summarise and address current issues and future directions. We hope that this will stimulate some provocative thinking.

Learning features and activities

Learning from text is not easy. For some it may not feel like learning at all! Therefore to provide variety and to assist with the development of reflective and critical thought, this book contains reflective tasks, case studies and further reading to enable you to participate in your own learning. At various stages within each chapter there are points at which you can break to undertake activities. Undertaking and understanding the activities are important elements of your understanding of the content of each chapter. You are encouraged, where appropriate, to reflect on your practice and consider how the things you have learned from working with patients might inform your understanding of patient assessment and care planning. You will need to develop your own study skills, and ‘learn how to learn’ in order to get the best from the material. In particular, we encourage you to learn how to access and analyse material and to be literate with new digital media.

Other activities will require you to take time away from the book to find out new information which will add to your understanding of the ways in which psychology and sociological concepts impact upon healthcare, as well as the ways in which psychological and sociological understanding can improve your own practice and awareness. Some activities challenge you to apply your learning to a question or scenario to help you reflect on issues and practice in more depth. A few activities require you to make observations during your day-to-day life or in the clinical setting. In some cases, you are encouraged to discuss your thoughts or findings with a mentor or one or more fellow students. All the activities in this book are designed to increase your understanding of the topics under discussion and how they impact upon nursing practice.