

## Social regulation, medicalisation and the nurse's role: Insights from an analysis of nursing documentation

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### Abstract

*Background:* Medicine is recognised as a dominant source of governmentality and social regulation, and although nursing has been implicated in the same process, analytical work in this area has been sparse.

*Objectives:* The article aims to present an analysis of nursing records in order to understand the structural and social processes that mediate the texts.

*Methods:* 45 sets of nursing records drawn from four clinical sites in Ireland were subjected to a discourse analysis.

*Results:* This article focuses on two main themes that were derived from data: (i) the manner in which nurses controlled, regulated and invigilated patients' activities of daily living and (ii) the way in which activities of daily living were mediated by a biomedical worldview in the clinical settings. Through the organising framework of Activities of Daily Living (ADLs), normative social practices relating to hygiene, eating and drinking, sleeping and so forth were surveyed and monitored within clinical settings. We construct qualitative categories around a range of ways that nurses assessed and judged patients' capacities at ADLs. Furthermore, it is argued that the framework of ADLs epitomises the medicalisation of normative social practices, whereupon the most mundane of normal functions become redefined as an actual or potential clinical pathology, legitimating nursing interventions. According to the nursing documentation, biochemical interventions in the form of various medications were the most dominant means through which nurses attempted to restore or improve the functional capacity of an ADL.

*Conclusion:* We conclude by proposing that nurses' invigilation of patients' ADLs is not necessarily a repressive feature of nursing practice, but rather has the potential to be used to advocate on patients' behalf in certain circumstances.

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*What is already known about the topic?*

- That medicine is a traditional source of social regulation and surveillance.

- That nursing can act as a disciplinary mechanism, although knowledge about how this is represented in text is very limited to date.

#### *What this paper adds*

- A nursing–sociological analysis based on a discourse analysis of written records, revealing nursing’s role in the surveying and normalising processes.
- A challenge to dominant interpretations of an established organising framework within nursing.

Medical sociologists have, for a number of decades, presented sociological analyses of the manner in which medical discourses operate to maintain, reproduce and even construct societal norms by medicalizing everyday social activities or categories of subjects (Zola, 1984; Illich, 1984; Lupton, 2003; Fitzpatrick, 2001). Moreover, the charge has been made that aspects of life (having previously been constructed as normative social practices) become surveyed and regulated under medicine’s clinical gaze (Foucault, 1973). A small subset of these analyses have considered how nursing, particularly with the advent of ‘new nursing’, has played its part in this regulating progress (Armstrong, 1983; May, 1992; Porter, 1997). The central argument in this body of work is that the construction of a therapeutic role for nurses in relation to a patient’s psychological care has signaled a new identity for the patient, with the potential for new opportunities for social surveillance and social control by nurses over patients. In this article, we attempt to extend this scholarship by unpacking aspects of nurses’ socially regulating role through an analysis of nursing records.

The paper begins with a brief outline of the medicalisation thesis in relation to medicine’s incorporation of normative social activities into its remit, as contextual knowledge against which to position the directions that nursing has taken in this regard. Since, in our study, nursing work (and records) were officially organised around Activities of Daily Living (ADLs) (constituent of the Roper–Logan–Tierney (RLT) model of nursing) at the hospitals where data for our study were gathered, we present a brief account of this model. The methodology for the study is then outlined, followed by the study’s findings. In presenting the data analysis and discussion, we explore the regulating and invigilating role of nurses in relation to activities of daily living, as suggested in the textual accounts they produced in clinical contexts. We go on to consider how this role reflects, maintains and reproduces the normative social expectations of contemporary culture. In particular, we elucidate how the RLT model gives formal recognition to the medicalisation of ordinary daily activities, and creates a framework for nurses

through which the process of medicalisation is facilitated.

## **1. Medicalisation of everyday life**

The manner in which everyday aspects of life such as death, birth, ageing, sleeping and so forth have been redefined as medical problems that fall within the jurisdiction of biomedicine has been a concern among sociologists since the 1970s. The charge is that medicine has become a powerful institution of social control, influencing societal norms that had hitherto been dictated by religion (Freidson, 1970; Zola, 1972, 1984; Illich, 1984). Zola (1972, 1984) proposed that medicine’s increasing power has emerged, not because of an increase in physicians’ political power, but rather through the medicalisation of everyday life, whereby more and more realms of daily life have come to be related to ‘health’ or ‘illness.’ The medical profession then positions itself to identify what is deemed to be good and evil for individuals and for society as a whole.

Zola (1984) argues that if something can be demonstrated to impact upon the operations of the body or mind, it can be redefined as a medical problem, and fall within the boundaries of biomedicine. As examples, he refers to the previously constructed natural processes of ageing and pregnancy that have been transformed into medical matters. Zola draws attention to the inclusion of comprehensive medicine and psychosomatics, that require patients to divulge symptoms not merely of the body, but also of their daily living habits and anxieties. Medicine, he argues, is intervening in attempting to moderate a person’s life with regard to working, sleeping, playing and eating at an ever increasing pace. Moreover, the focus on prevention means intervening before a disease even begins. Illich (1984) similarly argues that modern medicine has transformed pain, illness and death from a personal challenge to a technical problem, and impedes human beings’ ability to adapt autonomously to their environment.

## **2. RLT model of nursing**

As in Britain, the RLT model of nursing has become the dominant model used in Irish hospitals, including the four hospitals from where the documents for this study were sourced. Since we refer to ADLs at various points throughout the article, a brief outline of the RLT model is presented here.

This model of nursing was developed in Edinburgh by three nursing leaders, Nancy Roper, Winifred Logan and Alison Tierney, and first published in 1980 as *The Elements of Nursing*. Since then, an updated account of the model has been published at regular intervals,

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