



# Desperately seeking sociology: Nursing student perceptions of sociology on nursing courses

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## KEYWORDS

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**Summary** This paper will present the findings of a qualitative study exploring the perceptions of students confronted by a requirement to learn sociology within a nursing curriculum. Those teaching sociology have a variety of explanations (more or less desperate), seeking to justify its place on the nursing curriculum. While there may be no resolution to the debate, the dispute thus far, has largely been between sociology and nursing academics. Absent from this debate are the voices of students 'required' to learn both nursing and sociology. What do students make of this contested territory? When students are trying to learn their trade, and know how to practice safely and efficaciously what do they make of the sociological imagination? How realistic is it to expect students to grasp both the concrete and practical with the imaginative and critical?

Findings from this qualitative, focus group study suggest that students do indeed find learning sociology within a nursing curriculum 'unsettling'. It would seem that students cope in a number of ways. They fragment and compartmentalise knowledge(s); they privilege the interception of experiential learning on the path between theory and practice; and yet they appear to employ sociological understanding to account for nursing's gendered and developing professional status.

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## Background

Aranda and Law (2007), in their analysis of the most recent debate about the value of sociology

to nurse education, point out that it has been going on since at least 1973 (Green, 1973) and has continued unabated to this day, citing a long list of papers.<sup>1</sup> The controversy in the correspondence columns of the Nursing Times that Aranda and Law analyse is only the most recent

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<sup>1</sup> Cox (1979), Cooke (1993), Sharp (1994, 1995, 1996), Balsamo and Martin (1995a,b), Porter (1995, 1996, 1997, 1998), Allen (2001), Holland (2004) and Pinikahana (2003).

manifestation. The debate has become sufficiently contentious for teachers of sociology to clinical disciplines to have their own stream at the annual Medical Sociology Conference.

At root the debate concerns the relative merits of a discipline that perhaps compared to some is eminently suitable for application to the 'real world'. Nevertheless it struggles, even in its own terms, to bridge the theory–practice gap. For sociologists engaged in the process of gathering social knowledge, the emphasis has tended to be on understanding rather than changing. It is then left to practitioners to interpret and 'operationalise' that social knowledge. For practitioners by contrast the emphasis is on changing. In nursing terms the nurse is charged with 'caring' in an effort to restore people to good health. With this *raison d'être* in mind it is not difficult to see why some sociological findings that give *meaning* to 'unhealthy' behaviour are regarded by practitioners as unpalatable at best and obstructive at worst. Within the debates surrounding this 'uneasy marriage' (Allen, 2001), Sharp (1994) concludes that because sociology contests epistemological certainty, debatable findings can never be in a position to inform the action of practitioners. By contrast, for Cooke (1993), sociology generates a potentially emancipatory agenda. Similarly, Pinikahana (2003) argues that sociology alerts students to the significance of the social context that informs health and illness. And for Mulholland (1997) and Allen (2001) sociology assists the nurse in making the familiar look strange, by taking the nurse 'out of nursing'.

While there can be no resolution to the debate, because it will remain 'essentially contested' (Gallie, 1956) territory, the dispute thus far, has largely been between sociology and nursing academics. In other words, the focus had remained within and between those charged with teaching and researching nurses and nursing, respectively. Absent from this debate are the voices of students 'required' to learn both disciplines within an interdisciplinary curricula. It is now some time since Thornton (1997) study of the relevance of biological, behavioural and social sciences, however, Thornton studied a much wider range of subjects than just sociology, so his findings have a limited bearing on our questions. Similarly, one of the few studies to investigate students' opinions is Mowforth et al. 2005. Though they report data about sociology, our study is substantially different from theirs for a variety of reasons. The principal aim of Mowforth, Harrison, & Morris's study was to 'explore the experiences

of students following two different curricula, one where the behavioural sciences are integrated within the curriculum, the other where they are taught in discrete modules' (p. 42). The study we report here was much more specifically aimed at understanding how student nurses make sense of sociology, and how they relate sociology (if at all) to their training as practitioners.

Clearly, those teaching sociology within a nursing curricula do have a variety of explanations seeking to justify what they are doing. But what do students make of this contested territory? When students are trying to learn their trade, in order to know how to practice safely and efficaciously, what do they make of waking up in the 'sociological imagination'? C Wright Mills (1959) argued that the sociological imagination would allow us to think outside our own experience, look at what appears 'mundane' in a new light, depart from common-sense explanations, place events within a social context, both cultural and historical in an effort to understand why social situations are as they are. How realistic is it to expect students to grasp both the concrete and practical with the imaginative and critical? It is anticipated that exploring empirically the student's perspective may also support attempts to make sociology relevant within a nursing qualification.

## Methods

### The students

The research employed a qualitative methodology to explore students' perceptions of the relevance of sociology to nursing. In both the Diploma in Higher Education (DipHE) programme and the degree programme students are taught sociology as a foundation to their study, which is then expected to be applied throughout the remainder of their study. On the degree programme students receive two sociologically focussed modules within the first 18 months of study. On the diploma programme students receive two modules in their first year covering both sociology and psychology. Participants were drawn from first and third years of each programme. It was felt it would be useful to talk to students early on in their study and therefore relatively close to having studied sociology within the context of nursing, as well as those students more advanced in their nursing study. This group should have some distance from having had direct sociological input, but perhaps with more chance for its application.

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