Answer Guidance

# Chapter 37: Introduction to the sociological context of nursing

## Activity answer guidance

### Activity 37.1

Think about an aspect of social life that we take for granted (such as the media, healthcare, or employment):

 What do you think are the main questions we should ask if we want to understand it better? Try to identify some “what,” “why,” and “how” questions.

#### Answer guidance:

*You will have chosen your own area to examine for this activity but the following is offered as an example:*

*In relation to health care we might ask:*

 *What is the aim of healthcare provided by the state?*

 *What should be the aim?*

 *Why is the health service structured in the way it is?*

 *Why are nurses the largest professional group within the health service but have traditionally lacked power?*

 *Who should decide how the health service is run?*

 *Who makes the key decisions in the health service?*

### Activity 37.2

Take one of the perspectives identified in Table 37.1 and try to identify how it might help us to examine the contexts in which nurses work. For example, you might think about symbolic interactionism and consider how people respond to us as nurses because (in some settings) we wear uniforms.

#### Answer guidance:

Again you will have chosen your own perspective for this exercise but the following is offered as an example:

***Feminism***

 *It can help us to understand the gendered nature of care that can impact both the role of nurses and the informal carers that nurses may support.*

 *It can alert us to the ways in which power is often exercised within the family and within wider society.*

 *It can encourage us to question existing structures both within healthcare and more widely and also to challenge their legitimacy.*

## Case study answer guidance

### Case Study 37.1: Rachel

Rachel lives with her husband and two children in a town in the south of England. The family moved there three years ago when Mark, her husband, had to either take redundancy or move with his firm. Two years earlier, Rachel had given up her job as a teacher following the birth of their child, Tom, who suffered anoxia during his birth, leaving him with severe physical and intellectual disabilities. The family felt they had to move when Mark’s firm moved as they were reliant on his wage, but this meant moving away from their supportive parents.

Six months ago, Mark again learned that he was being made redundant, but this time with no possibility of re-employment due to the impact of Covid 19. Rachel then found that she was pregnant. Around the same time, Mark started to become depressed due to the lack of any prospects of work, the family was beginning to have financial worries and they were having to take on additional caring responsibilities with Tom’s school being closed and all respite care being cancelled due to Covid 19.

Recently, Rachel’s mother (who lives in the north of England) has been in hospital following a stroke. Rachel has been telephoned by her brother (who lives close to their mother) to say that the hospital wishes to discharge their mother, but either someone will need to move in to care for her or she will have to move into residential care. He says he cannot help due to his work, so he has told the ward staff that Rachel will help. Rachel feels torn: she can’t leave Tom in Mark’s care, as he is now so depressed that he rarely gets up before lunch.

 Can you identify the social factors affecting Rachel and her family?

#### Answer guidance:

*The social factors affecting Rachel and her family include socio-economic factors (for example redundancy and not being able to work due to a caring role), the social effects of illness and disability (Tom’s disability, Mark’s depression, and Rachel’s mother’s stroke are all impacting on her and her family’s well-being), the role of the family (loss of support due to geographic distance and also requirement for additional support due to aging), gender roles (e.g., the assumption that Rachel will provide care for her mother), stigma (following depression Mark may find it more difficult to get another job if he discloses he has had depression).*

### Case Study 37.2: Lisa

At handover, a ward sister informs her staff team that they are expecting a new admission. She adds that the medical notes say the woman “suffers from Down’s syndrome.” One member of staff says she once nursed someone with Down’s syndrome and that they were really difficult. Another says she wouldn’t know where to start in terms of providing care and hopes a carer is coming to look after her. The sister also admits she doesn’t have much experience in this area and thinks they should put the person in a side room on her own. Having undertaken a placement working with people with learning disabilities, Helen (a first-year nursing student) asks whether she can do the admission as she needs to develop her communication skills.

When Lisa Barton later arrives, with her sister, they are met by Helen and taken to the side room. Helen chats with Lisa and discovers her fears and concerns about the procedure and about her life, as well as her likes and dislikes. Lisa lives independently, although her sister supports her with some things. She works as a carer in a residential home for older people and doesn’t like missing work to come to the hospital. She also says that she likes going out with her friends, reading, and listening to music. She asks why she has been put in a room on her own—she had hoped to be able to talk with other patients.

 What assumptions did the ward staff hold about Lisa before she arrived, and on what did they base these assumptions?

 How might these assumptions impact the way in which they provide nursing care for Lisa?

 What could be done to try and prevent such situations from occurring?

#### Answer guidance:

*The staff seemed to have based their view of Lisa on their (possibly stereotypical) views of someone who has Down’s Syndrome/Learning Disabilities rather than on her strengths and abilities. Therefore they assume that she will be “difficult” and that she will require additional care that they are not equipped to provide.*

*The staff decided that she should be nursed in a side room rather than in the main ward and if Helen (the student nurse) had not been there and spent time with Lisa getting to know her and her needs there is a danger that she may not have received appropriate care and that she may have been very isolated during her stay on the ward.*

*It is important that all staff working in healthcare settings have disability awareness training (preferably delivered by disabled people) so that any stereotypical assumptions they hold can be identified and challenged. It is also important for staff to be supported to work directly with people with learning disabilities so that they can increase their confidence and competence, especially in relation to developing and using appropriate communication skills.*

### Case Study 37.3: Jasmine

Jasmine Jones is 14 years old and has recently moved with her family to a new town. This means that she has had to start a new school which has been difficult. She and her parents have always lived in the UK, her grandparents came to England in the 1960s from Jamaica, and within the school she has just started there are very few children from minority ethnic groups. Jasmine has therefore been subjected to bullying because she is seen as different and this has caused her a great deal of stress.

What the other children didn’t know until today is that she also has epilepsy and that although her seizures are generally well-controlled stress can trigger them. This lunchtime other girls were calling her names and it got too much for her: she had a tonic-clonic seizure. When she came round from the seizure she could hear other pupils making fun of her and shouting loudly that she had wet herself. She recovered well and then was taken home where she said to her parents that she didn’t want to go back to school ever again. This led to a row as her parents place a high value on education and tell her that she has to go if she is ever going to make anything of herself. They say that they were also teased at school because of their ethnicity and that the only thing to do is to stand up to the bullies. They do, however, concede that her epilepsy is a concern and say that they will talk to the teachers to see if she can be watched during break times in case she has another seizure. They stress that she must tell other people so that they can help her.

 What might be the advantages and disadvantages for Jasmine of telling other pupils about her epilepsy?

 If one of the aims of education is to socialise children and young people into acceptable ways of behaving what might the school’s responsibilities be in relation to bullying?

 What does Jasmine’s story tell us about how society responds to some differences?

#### Answer guidance:

*Jasmine may be reluctant to tell other pupils because she does not want to experience stigma around her epilepsy and exacerbate the bullying. However by explaining what epilepsy is* *and the causes of her seizures she may find that pupils are supportive and more conscious of their actions in the future.*

*The school may want to take a lead on teaching their pupils about stigma and bullying, and the intended/ unintended consequences of this, as well as making clear the school’s stance on bullying and how it will be dealt with.*

*It tells us that society can stigmatise those who we view as different, and treat them as one homogeneous group rather than individuals.*