The Social Context of Health and Health Work

The Social Context of Health and Health Work

Linda J. Jones

M
MACMILLAN

**To Charles, and to the memory of Joyce,
my mother.**

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List of useful terms

Standard mortality (death) rate – deaths per 1000 of the population, standardised for age

Standardised mortality ratio (SMR) – compares the standard mortality rate for the whole population with that of a particular region, group and so on, expressing this as a ratio

Potential years of life lost (PYLL) – compares life expectancy of the whole population with that of particular groups, regions and so on, expressing this as a ratio

Infant mortality rate (IMR) – deaths at all ages under one year (per 1000 live births)

Perinatal mortality rate (PMR) – stillbirths and deaths in the first week of life (per 1000 total births)

Neonatal mortality rate (NMR) – deaths in the first 28 days of life (per 1000 live births)

Maternal mortality rate (MMR) – deaths per 100 000 women in the population from complications of pregnancy, childbirth or puerperium

Stillbirths – foetal deaths after 28 completed weeks of gestation

Preface

Many people have contributed to the realisation of this project, not least the health studies students and pre-registration nurses, midwives, health visitors and district nurses I have taught over the years. In particular, the pilot Project 2000 Diploma students of South Birmingham Health Authority in the later 1980s forced me to confront the problems of teaching health sociology and policy perspectives on health work courses. Students on the part-time nursing degree helped me to respond to this challenge and to demonstrate the practical value of social theory and research for health work.

Thanks are also due to the nurse tutors and to lecturers at the (then) Birmingham Polytechnic. In particular, Roswyn Brown, Course Director of the part-time nursing degree, gave me support at a critical time to develop the part-time sociology programme for nurses. Judy Hubbard, Course Director of the health studies degree, a physiologist and a long-standing friend and colleague, stimulated and challenged my thinking about health.

Colleagues in the Department of Sociology and Applied Social Studies gave me much sound advice and valued support over the years. In particular, I want to record my thanks to Peter Tetley, who introduced me to Michel Foucault's work, to Bob Kornreich, with whom I taught a sociology of health elective and from whom I learned a great deal, and to George Smith, for his wide knowledge and uncompromising defence of social policy.

My Open University colleagues have been generous to a fault. In spite of their own pressing deadlines Moyra Sidell and Stephen Pattison have read and commented on various drafts and have done their best to improve them. To Alan Beattie and Moyra Sidell, my fellow course team members on K258 *Health and Wellbeing*, I owe a tremendous debt. Working with them on the making of this course enabled me to review and relocate nursing within the broader context of formal and informal health work and to appreciate more clearly the significance of lay and alternative beliefs about health.

Graham Moon at Portsmouth and Margaret Miers and her colleagues at Bristol gave me detailed comments and constructive advice on every chapter, and undoubtedly improved the focus and flow of the text. Petra Kopp, my copy editor, has remained consistently cheerful and helpful, even when asked to do the near impossible. The book is much easier to read as a result of her efforts.

Finally, my love and thanks are due to Charles, Kate and Ellen for putting up with my tiredness and bad temper and for supporting and encouraging me when the writing was going badly and the deadlines were uncomfortably close. Without their help this book would never have been completed. Needless to say, the remaining mistakes and oddities, and the views expressed, are entirely my own responsibility.

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Introduction

Two main types of experience have helped to shape this book: face-to-face teaching work with nurses and other health students, and developing distance learning materials at the Open University. When the book was first planned it was to be a short text for nurses, harnessing the practical experience of planning and delivering health sociology and policy on a Project 2000 pilot course. So much has happened since then – to nurse education, to health care organisation and to health and welfare in general (as well as to the author) – that the finished book is rather more ambitious: larger, more reflective, more broadly based in health studies and more challenging to students.

Some students will always want a straightforward 'sociology textbook', and for them this book outlines key sociological concepts and theories and applies them to health work. But it also breaks new ground by linking together sociology of health and social policy perspectives, in the belief that students need both to reflect on the nature and meaning of their own practice and to tease out the relationships between social theories and health and welfare policies.

It is clear that the health sector is being transformed by market pressures and neo-liberal ideologies. Nurses and other health workers face new challenges from rapid changes in established training and work patterns. Primary and community care are growing and the hospital workforce is shrinking. Patients' charters, health targets, contracts and skill mix are the buzz words of the 1990s. At the same time relative poverty, health inequality and unequal opportunities are marked features of contemporary Britain. Demand for health care is growing, but so too are disenchantment with modern medicine and interest in alternative therapies.

The book seeks to explain why inequalities persist, why health work is in such a state of flux and why conflicts over welfare are growing. It does so not by narrowly focusing on health care but by encouraging students to understand how they themselves, as well as their patients and clients, are positioned within a broader social context. Debates about health policies are linked to wider conflicts over welfare. Trends in health and disease are explored in relation to contemporary social divisions of class, race, gender, age and disability. Changing practices and relationships in health work are also related to these broader patterns of social change.

Chapter 1 sets health in a social context, exploring how concepts of

health, illness, disease and sickness have been shaped by lay beliefs and expert discourse. It introduces central themes in the book: the complexity and shifting basis of health itself, the scope and significance of inequalities in health, and possible uses of the 'social model of health' in contemporary health work.

Chapter 2 outlines major perspectives and theories in sociology and social policy which have influenced our thinking about health and health work. It introduces the main perspectives in social policy, in particular the influence of Fabianism and of the New Right in the 1980s. It briefly explores how the ideas of Marx, Weber and Durkheim have influenced current thinking about health and illness, reassesses the contribution of Talcott Parsons and outlines the work of social action and feminist theorists. The rise of social constructionism in medical sociology is set within a wider framework of postmodernist thought.

Chapters 3 and 4 focus on the family and on community, institutions which have become the focus of intense social and political pressure. Chapter 3 explores the changing structure and character of the family, relating this to broader economic and social change and reflecting on the implications for health work practice. It outlines the growth of state welfare provision for the family and the main structures of the welfare state. Chapter 4 examines the concept of 'community' and explores the scope and character of community health work, in particular the growth of community care.

Chapters 5–9 explore various dimensions of power and inequality in contemporary society. Theoretical insights from sociology and social policy are used to illuminate current features of health work organisation and practice. Class, race, gender, age and disability are examined both in terms of their relationship to health status and their impact on health work. Chapter 6 investigates why poverty persists in the affluent UK and why it has had such a profound impact on health.

Chapter 10 develops the analysis of health beliefs and health action begun in Chapter 1. It notes the wide range of official ideas about health, from non-Western as well as Western cultures. Theories of health behaviour are reviewed and the role of the 'patient' within different health work systems is assessed.

The final three chapters explore in greater detail various aspects of health care organisation and delivery. Chapter 11 looks at power and control in health work, charting the rise to dominance of the medical profession and its influence over the division of labour in health care. Together with Chapter 13, it considers the establishment and growth of the National Health Service and changes in its structure and organisation.

Chapter 12 discusses the work of nursing, drawing on the analysis of class, race and gender offered in earlier chapters. Nursing is explored

as a complex and ever-changing activity, influenced by both a medical and a social model of health, by new ideas about holism and empowerment and by changes in nurse education and training.

Chapter 13 reviews the contemporary politics of health care, the rise of managerialism, of contractualism and of the purchaser–provider split in health. The book concludes by reviewing prospects for health and health work in the future: for promoting health rather than treating disease, for broader evaluation of health care interventions, for increasing user participation and for the reformulation of health work itself.

How to use this book

The range of material in this book means that it can be used in several ways. Some students will choose to work through it chapter by chapter; others will dip into the book for particular purposes, to learn more about poverty and health, sociological theories or contemporary health policies. Those who have a grounding in sociology and social policy should find Chapter 2 a useful summary of perspectives and theories. Those who are coming new to these fields may find it more helpful to read Chapter 2 after having studied some of the other early chapters, such as those on the family and community.

However you use the book you will find help and guidance in every chapter. They all have summaries of major themes and issues at the start, together with learning outcomes so that you can check your progress through the text. Within each chapter there are comments, questions and ideas to set you thinking about what you are reading. You can, of course, ignore these and read on – the ‘answers’ are always provided for you – but the hope is that you will become an ‘active reader’ who reviews and evaluates the material presented. At the end of each chapter there are self assessment questions to enable you to check your understanding of the text. Frequent cross-references help you to review earlier sections of the book, and separate subject and author indexes enable you to track down ideas and references.

However you choose to use this book, I hope you find it as enjoyable and valuable to read as I found it stimulating and challenging to write.

Linda Jones, Moseley, Birmingham, May 1994