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Sociology in UK nurse education curricula. A review of the literature from 1919-2019

Abstract

Student nurses are required to learn about sociology during pre-registration nurse education within the United Kingdom. This literature review explores the key developments which led to the introduction and gradually increasing presence of sociological theory and concepts within nurse education. Historically, there was an early desire to increase nurses' social awareness as nurse education was further professionalised following the passing of the Nurses Registration Act, 1919. It was not until the radical changes of the 1970s that these early ambitions were realised, culminating in sociology becoming part of the nurse education curriculum in 1977. The landscape changed as nurse education moved into universities and, more recently, as nursing became an all graduate profession. The increasing presence of sociology has been accompanied by an impassioned debate regarding its relevance to nursing and the extent to which it should feature within curricula. These issues have parallels with the education of other professional groups, and it is incumbent upon educators to draw upon the experiences of the past to think deeply about how sociology can be meaningfully embedded within future curricula.

Introduction

Nurse education prepares future registered nurses to work in a wide variety of roles across a vast range of health and social care contexts. Caring remains at the centre of nursing work although the profession has become increasingly technical and scientific over time (Wall, 2010). The World Health Organisation (WHO) (2019, p.1) offers the following definition: 'Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health,

the prevention of illness, and the care of ill, disabled and dying people'. This definition is extended by the International Council of Nurses (2019) who add aspects of the nursing role such as advocacy, research, shaping health policy and education. In preparing to undertake these roles student nurse are required to undertake a degree level programme which has been approved by the Nursing and Midwifery Council (NMC). During their studies they spend 50 percent in practice and 50 percent in theory, and they must be taught sociology during their theoretical instruction (NMC, 2010).

It is now more than forty years since the discipline of sociology was introduced to the UK pre-registration nurse education curricula (General Nursing Council (GNC), 1977). This followed a long period during which sociology was largely disregarded by the United Kingdom (UK) nursing profession, contrasting with the United States (US) where it was embraced from a much earlier stage. Since entering curricula, sociology has enjoyed an increasing presence within nurse education programmes, putting pressure on more established disciplines such as the biosciences. These changes have stimulated debates which centre on the relevance of the discipline to nursing practice and the extent to which student nurses should to be taught sociological concepts and theories. This literature review identifies several key developments between 1919 and 2019 which have gradually increased the presence of sociology in nurse education. It uncovers the tension between those who advocate for increasing focus on sociological theories and concepts and those who resist this changing emphasis within curricula. The review also highlights that there has been a lack of research exploring the inclusion of sociology in UK nurse education, finding that there are few published papers exploring educational approaches and the student experience of sociology within their studies. This review will be of particular interest to

nurses, sociologists involved in the education of nurses, and those responsible for sociological content within the education of other professional groups.

Aims and Methods

Sociology and psychology are required content in UK nurse education (NMC, 2010). de Vries and Timmons (2012) carried out a review of literature published between 1906-2011 related to psychology in nurse education. To date, there has not been an equivalent paper exploring the presence of sociology in nurse education. This review aims to address this gap by examining, and reflecting upon, scholarly literature related to sociology in nurse education from 1919-2019. It considers the UK context, with some comparisons made with the US to highlight fundamental differences in the way sociology has been embraced on either side of the Atlantic, particularly before the 1970s. The focus of this review is sociology *in* nurse education and it concentrates on the inclusion of sociological theory and concepts within pre-registration nurse education. Sociological perspectives on the nursing profession, the sociology *of* nursing, are only drawn upon to give context to the main discussion.

To identify relevant articles CINAHL, ScienceDirect, EBSCO, SocINDEX and MEDLINE databases were systematically searched using the terms socio* AND nurs*. The date range was left as wide as possible with results limited to those written in English. Abstracts were read to identify research and discussion papers that focussed on sociology in nurse education and enable unrelated papers to be dismissed. The search yielded a total of 223 individual papers and of these 18 have been included in the review. Most of the papers from the search were published in nursing journals particularly the Journal of Advanced Nursing and Nurse Education Today, although there were some from non-nursing specific

journals such as *Sociology of Health and Illness*. Using this 'start set' of 18 papers a second search was undertaken using 'backward snowballing' (Wohlin, 2014). This involved hand searching the reference lists of the included papers to identify new journal articles, reports, textbooks and curricula documents which did not appear in the initial literature search. A significant number of sources, particularly those that were published before 1980, were not readily available and were therefore acquired from the RCN archive or purchased from specialist second-hand bookstores.

While a systematic approach was taken during the initial literature search, the latter stages were broader and generated a wide range of documents. This allowed for a broader interpretive approach to be taken and meant that less well known papers could be identified and discussed. Each document was reviewed and included or excluded based on the authors' shared judgement as to its relevance. The included papers were then read by each author to identify emergent issues. As key developments related to the presence of sociology in the nurse education curricula came to light these were discussed by the authors to establish agreement. Eventually the following were settled upon: the early syllabi produced by the GNC; the Briggs report (1972), the implementation of Project 2000 and the establishing of nursing as an all-graduate profession. Each development and its impact were given a title and used to structure the discussion presented below.

The GNC increases nurse's social awareness

During the latter stages of the 19th Century and early 20th Century there was a significant expansion in the number of nurses required within healthcare settings, driven by growing demand for care away from home and the provision of increasingly complex medical care (Abel-Smith, 1960). The nursing occupation was still unregulated, encompassing both those

who had undergone an extended period of training at a recognised nursing school and others who had received little or no formal training (Abel-Smith, 1960). The standards between nursing schools varied widely, with large London hospitals tending to have the resources to deliver high quality training while smaller and more impoverished establishments often had limited training opportunities in place. With the passing of the Nurses' Registration Act, 1919 and the resultant formation of the GNC, there was optimism that conditions could be improved (Fenwick, 1920). The newly established GNC quickly set about standardising nurse training and published a draft syllabus. It ambitiously aimed to foster a 'wider outlook than usually obtained within the four walls of the institution' (Lloyd Still, 1921a, p.266). With unmistakable similarities with the aims of current nurse education, the GNC sought to bring broader social and economic factors into focus alongside other established aspects of nurse training. The new syllabus also brought with it a desire to reduce the extensive roles that 'medical men' had previously taken within formal aspects of nurse training. There was also an emphasis on the value of the nursing profession as an independent profession distinct from medicine. This is evident in the following quote referring to those responsible for delivering the syllabus: 'teachers and examiners should bear in mind that it is not desired that a nurse should be an inferior kind of medical practitioner' (Lloyd Still, 1921b, p.269).

Despite the vision of a syllabus which would improve education and status for nurses, it was met with resistance by some. Leadership within organisations which employed nurses, particularly the large infirmaries, desired to maintain the status quo by continuing to focus on replenishing the nursing workforce at the cheapest possible cost (White, 1976). These institutions perceived the new syllabus as a threat which would increase costs and they therefore set about lobbying to lessen the impact of the syllabus. This led to a downgrading

of the syllabus from a mandatory requirement to an 'advisory instrument'. In addition, the GNC was not granted the authority to inspect training schools, reducing its ability to monitor the implementation of the syllabus. Together, these factors diminished the ability of the GNC to achieve its aims for standardised and significantly broadened nurse training. It would be almost half a century before sociology would formally enter UK curricula. This contrasts with the US where the relevance of sociology to nursing practice was promoted from the 1930s onwards. Its rising status in US nurse education and practice is evident in the publication of several sociology *in* nursing textbooks (for example Kulp, 1937; Bogardus and Brethorst, 1945; Koos, 1950). These texts attempted to show how an understanding of sociology can contribute to a nurse's understanding of patients' circumstances and needs.

The recommendations of the Goodenough Committee (1944) included greater consideration of social factors in UK medical education. In the period that followed nurse training also began to broaden its focus, as apparent in the GNC's 1952 syllabus which adopted two additional subjects: human behaviour in illness and social aspects of disease (Jolley and Darling, 1982). The GNC (1959, p.1334) later expressed the aim of this new focus: 'teaching should bring home to the student the fact that the patient with whose care she is participating or contributing is an individual, with family, economic and social problems contributing to or resulting from his illness, and not merely an example of a certain disease being nursed in a bed in the hospital'. It is clear from this quote that a greater emphasis was now being placed on how a person's circumstances influence their health. This can be traced through subsequent approaches within nurse education and more widely within nursing practice, as evident in current patient-centred approaches. Despite these changes within the GNC syllabus, it was within the US that sociology continued to be most influential, as evident in research and scholarship of the time. This

includes sociological inquiries exploring US nurse education (sociology of nurse education) and those which sought to demonstrate how sociology could inform nursing practice. Examples include the *Nursing Profession: Five Sociological Essays* (Davis, 1966) and *A Sociological Framework for Patient Care* (Folta and Deck, 1966) which brought together many US essays and papers from the period.

An inquiry by Becker and Geer (1958, p.63) explored the loss of idealism during US nurse training. The authors found that the 'novelty' of early exposure to nursing work quickly dissipated, with any pre-existing ideals swiftly being replaced by the reality of routinised practice. A longitudinal study by Simpson (1979), commenced in the late 1950s, collected data from US student and registered nurses for six years. When data was analysed many years later it showed that students gradually shifted away from the ideal of the nursing faculty towards a bureaucratic conception of nursing which emphasised a 'technical, task-orientated' form of nursing reinforced as the nurse's career progresses (Simpson, 1979, p.136). Corwin (1961) presented similar findings with student nurses discovering that the professional ideals stressed in nursing school are often not achievable on the wards due to bureaucratic restraints. This conflict between students' preconceptions of the nursing role and exposure to the actual work was later labelled by Olsen and Whittaker (1968) as "reality shock". Routinised and bureaucratic nursing approaches were also evident in a seminal inquiry by the psychoanalyst Isobel Menzies' (1960) which explored nursing practice in the UK. She exposed a ritualised, depersonalised, and detached form of nursing. Perhaps in partial response to the impact of this inquiry, the 1962 syllabus included a greater focus on the social and psychological aspects of nursing care (GNC, 1962). There was more focus on the circumstances and needs of the patient, bringing with it the possibility of addressing some of the concerns raised in Menzies' study.

Sociology gains a greater foothold following the Briggs report

It was the Report of the Committee on Nursing chaired by Asa Briggs (1972) which brought the next major shift in direction within nurse education. The report found wide variation in educational quality and subject coverage across nurse education. It recommended that individual nurse education providers developed their own curriculum and brought greater emphasis on the importance of theoretical learning alongside practical skills (Bradshaw, 2001a). This controversial change was the beginning of the end of the apprenticeship model, a move which continues to inspire debate today. Theoretical knowledge associated with sociology was one of the areas to benefit with the report making recommendations for sociological content differentiated according to the level of study: students on the *Certificate in Nursing Practice* (p.86) were to be introduced to some of the main problems of social change, the *Higher Certificate* (p.92) included an introduction to the social sciences and the *Degree* (p.96) featured sociology with reference to changing patterns of health needs and health care. These recommendations were reflected in the GNC (1977) syllabus which brought sociology into the curriculum for the first time. Bradshaw (2001b) identifies this as a key moment when the focus in nursing shifted away from disease and sickness towards the social sciences, which from her perspective was part of an unwelcome departure from the underlying value system of nursing.

Despite the requirements of the new syllabus, sociology was not uniformly adopted within the nursing curriculum and took many forms which were often adjunctive in nature (Dingwall and McIntosh, 1978). UK sociology *in* nursing textbooks were absent until 1974 when *Nursing in Contemporary Society* by Una MacLean was published. This marked the beginning of greater recognition that sociology offered nurses considerable insight into the

circumstances and needs of their patients (Connolly, 1975; Jones and Jones, 1975; Smith, 1976). It was also acknowledged that sociology provided an alternative to the narrow focus on biological functioning still prevalent in nursing practice at the time (Armstrong, 1983). Connolly (1975) and Smith (1976) both made strong cases for sociology in nursing. They also acknowledged negative attitudes towards the discipline amongst some of those with a background in the physical sciences: that sociology painfully elaborates the obvious or that its claims to be science are a bit hard to swallow, for example. Cox (1979) argued that sociology provided an opportunity for nurse education to produce nurses who think critically and are therefore able to challenge the status quo in the interests of patients and the public.

The rising stock of sociology in nurse education faced resistance by those who perceived it as outside interference (Iphofen and Poland, 1997). This perspective was not unique to nursing and can also be found among those who saw sociology's 'intrusion into the medical curriculum' as an aggressive intervention (Turner, 1992, p.137). These views were also reflective of a wider resistance to sociology, something Bryant (1970, p.95) expresses most succinctly: 'Defending sociology's right to exist is as old as sociology itself'. Resistance among those in the medical professions may be partly attributable to the critical analysis of medicine's role in society provided by several prominent sociologists during the 1970s. Zola (1972, p.487) warned that medicine was becoming a major institution of social control, insidiously assisted through the 'medicalizing' of daily living. He expressed concern about medicine's expansion into the workings of society as it shifted from a specific etiological model of disease to a multi-causal one, bringing with it increasing necessity to intervene to 'change permanently the habits of a patient's lifetime' and a greater expectation on patients to divulge more about their daily lives (Zola, 1972, p. 493). He emphasised that health and

illness 'are social phenomena' (Zola, 1973, p.687) and highlighted inequalities in the way medicine focussed on diseases of the rich while ignoring those of the poor. Berlant (1975) provided a new perspective on the professional advancements that had been enjoyed by the medical professions. He believed these had risen out of a desire for legal privileges rather than public interest, assisted by the re-purposing of ethical rules to resist bureaucratic evaluation.

Meanwhile, Illich (1976) highlighted the damage done by medicine to health at both an individual and societal level. He emphasised the potential of medicine to engender helplessness and disease, with professional dominance completed through the power of illusion (Illich, 1977). Pain, illness and death were transformed from a personal challenge into a technical problem (Illich, 1974, p.918). While the searing critiques of this period shone light into the dark corners of medicine and nursing, it also illuminated opportunities for new thinking. A more openly critical perspective on the medical professions was also emerging in government, most apparent in the Black Report (Department of Health and Social Security, 1980). Poststructuralist understandings of power provided new ways for nurses to conceptualise their role within healthcare and society more widely (Purkiss and Ceci, 2017). A fresh interest in nursing theory emerged, heavily influenced by work in the US, which aimed to assert nursing's unique contribution and challenge assumptions about its subordination to medicine (Salvage, 1990).

Project 2000 provides new opportunities for sociology in curricula

Following publication of the influential Judge report (RCN, 1985) a fundamental change to the nature of nurse education was implemented. These changes came under the banner of Project 2000 which resulted in the wholesale movement of pre-registration nurse education

into higher education. Prior to these changes pre-registration nurse education was primarily delivered at schools of nursing located within hospitals where student nurses were paid employees. Project 2000 meant that student nurses were now based within university and had supernumerary status when attending placements. In 1983 the GNC had been replaced with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting's (UKCC). In driving Project 2000 forward, the UKCC (1986, p.40) aimed to ensure the registered nurse would be 'politically aware and have a grounding in the policy issues which surround practice'. Developing this awareness would require nurse education to draw upon the social sciences more heavily than it had done to date. At the same time there was increasing emphasis on the individuality of the patient (Chapman, 1987). This led to the development of a new 'person-centred' nursing model which placed emphasis on caring for the whole person and represented a shift away from established 'disease-centred' approaches (Buckenham and McGrath, 1983, p.15). The term patient-centred has continued to gain momentum over time, becoming a dominant feature of current policy and practice discourse, albeit with added emphasis on patient choice. The nursing process, a five-stage nursing method, also gained ground during the 1980s and as the impetus moved away from the medical disease-orientated approaches, there was increasing emphasis on nurses' understanding of the complexity of individual health and its social determinants (Webb, 1981). This incorporated greater recognition of patients' social and psychological needs (Cox, 1982, p.6), helping to reaffirm the place of social and behavioural sciences alongside biologically based subjects within nursing curricula (Webster, 1991). However, sociologists contributing to nurse education during this period found relations with student nurses and educators uneasy due to the challenges they posed to nursing's knowledge and assumptions (Gomm and McNeill, 1982). It might be argued that the converse was also true

as some nurses explicitly rejected conventional sociological critiques of nursing and their paternalistic assumptions. This is most evident in Benner's (1984) work, in which she criticises the explanations of power apparent in 'descriptive sociology'. These often assume feminine values have kept nurses in a subservient position, thus requiring them to abandon what they value and learn instead to play men's 'power games' (Benner, 1984). This placed fault at the door of nurses whilst simultaneously distracting from the real source of the problem: society's devaluing of women and nursing.

Project 2000 meant that nurse educators and nursing students were now based within the same institutions as sociology the other academic disciplines that featured in the curricula. This proximity seemed to offer the potential for greater disciplinary input with respect to the design and delivery of sociology within curricula. Greaves' (1987) text on curriculum development during this period promoted the development of a nursing curriculum which integrates sociology into nursing subjects as opposed to being combined with them.

However, the shape of the relations between the established higher education disciplines, and nurse education was an area of concern. There was a fear among some that qualified nurses would be marginalised as social scientists or life scientists took control of curricula (Dingwall *et al*, 1988). Ferguson (1984, p.204) warned that a 'theoretically informed nursing practice which merely incorporates theories drawn from the biological and social sciences is guilty of taking a superficial approach'. She suggested that nursing should resist university patterns of organisation and instead develop its own social space in which nursing knowledge can flourish. This was not going to be easy within a higher education system that was perceived as oppressive and antagonistic towards nursing's basic essence and belief system (Lynaugh and Fagin, 1988). The transition from hospital-based nurse training to higher education institutions occurred over many decades in the US (Mumford, 1983),

whereas in the UK Project 2000 was implemented over a few years and brought with it greater resistance and criticism. This is apparent in complaints that 'universities remained male-dominated and had deep-seated prejudices against nursing', apparent in fears that nursing would dilute academic esteem, research metrics and performance (RCN, 2012, p.14). Despite this resistance, nursing 'represented too good a business opportunity for university managers to miss' (Traynor, 2013, p.29).

With the move to higher education sociology became more influential in nurse education (Joseph, 1994; Taylor and Field, 1993) and the resultant broader-based theoretical preparation of nurses was identified as a critical benefit of the new place of nursing within universities (UKCC, 1999). Cooke's (1993) paper set out the relevance and potential benefits of sociology to nurse education, a position criticised by Sharp (1994, p.392) who argued that 'even if sociology can contribute to understanding in areas relevant to the nurse, it may not be necessary or even desirable for the nurse to be acquainted with it'. Sharp's (1994) critique, along with his position on the relevance of sociology to nursing, was rebutted, with Porter (1996) among those arguing that sociology has much to contribute to the development of nursing. Meanwhile, sociology of health and illness was going through a period of change. Conventional critiques of the biomedical model were being questioned with Kelly and Field (1994, p.35) highlighting that 'medicine tends to be much more holistic than medical sociology traditionally gives it credit for'. It was also becoming increasingly clear that the absence of the body within sociological discourse was problematic (Turner, 1992). The development of a social conceptualisation of the body influenced Brown and Sneddon's (1996) inquiry which sought to understand if the social and biomechanical body could co-exist in nurse education. The authors conclude by calling for greater integration of

both models to provide a complete account of the body, although most nurse education curricula continued to be aligned with content-focused approaches (Uys and Gwele, 2005).

As Project 2000 progressed, Balsamo and Martin (1995) raised concerns that the form of sociology being offered to students in curricula was simplistic and uncritical. Nursing's focus on the micro-social level of individual interactions created tension with the form of macro-social understanding offered by sociology (Miers *et al*, 1998). These observations were made in the context of increasing resistance to nurse education becoming more academic and theory based. This included accusations that a false academicism had been applied to nursing (Wake, 1998) and continuing fears that the move into higher education was diminishing the control nursing had over its knowledge-base (Allen, 2001). By the end of the 1990s these issues were being dwarfed by mounting public and political concern that Project 2000 was not adequately preparing nurses for the roles they were expected to take. The greater emphasis on social sciences within nurse education was viewed as part of the problem, with some arguing that the change in focus was producing a generation of nurses who lacked technical skills in important areas (Taylor and Field, 2007). This led to a political response, with the Department of Health (1999) prioritising practical skills and placing the requirements of the NHS back at the centre of curriculum planning. These priorities were reflected in Latimer's (2000, p.123) exploration of the 'technologising' of nurses, where new forms of nursing accountability and demands for greater efficiency meant nurses had become 'half-human, half-machine'.

Aranda and Law (2007) analysed correspondence from individual nurses published in the Nursing Times during 12 weeks in 2004. The letters all considered aspects of the role, utility and value of sociology for nurse education. Aranda and Law's (2007) analysis exposed deep-

rooted epistemological and ontological tensions stemming from nursing's insistence that it is like medicine, regarding its claims to professionalism and scientific knowledge, while at the same time asserting its difference and distinctiveness from medicine. This paradox is apparent in nursing's attempts to circumnavigate the intellectual hegemony of medicine by aligning itself with social science (Rafferty, 1996), while at the same time questioning the relevance of sociology to nursing practice (Aranda and Law, 2007). In her editorial on sociology and nursing curricula, Holland (2004) underlined a lack of research into student perspectives on their experiences of sociology during their studies. Two important papers in this area were published in the years that followed. In the first paper, Mowforth *et al* (2005) contrasted the inclusion of biology, psychology and sociology across an integrated curriculum and a non-integrated curriculum. Their study highlighted the complexity of an integrated approach and the risk that it dilutes science input, leaving students less able to discuss and debate related issues relevant to their practice. Regardless of which curriculum was followed, the authors found that students recognise sociology as providing the context of health that can prompt them to question their values and prejudices. In the second paper, Edgley *et al* (2009) focus exclusively on student perceptions of encountering sociology during their nurse education. The authors found that most participants believed sociology had some relevance to their practice but perceived that 'biology, by and large, was uncontested whereas sociology was burdened by competing perspectives' (Edgley *et al*, 2009, p.20). These epistemological uncertainties made it more difficult for students to identify how sociology should guide their practice, potentially leading to anxiety. This issue is not unique to nursing students, with social science students also reporting that they find the partiality of sociology particularly challenging which in some cases can lead to withdrawal from the course (Ashwin *et al*, 2014).

The move to an all-graduate nursing profession

The Willis Commission (RCN, 2012) paved the way for nursing education to become degree only with the aim of producing nurses who demonstrate both intellect and compassion. It placed patient-centred care as the 'golden thread' that runs through all pre-registration nursing education, in alignment with recent health care legislation, policy and clinical guidelines (e.g. Patient Rights (Scotland) Act 2011, Department of Health, 2015, National Institute for Clinical Excellence, 2013). The Willis Commission (RCN, 2012, p.36) recommended that 'practical learning must be underpinned with relevant knowledge from clinical and social science disciplines'. This invites one to question *how* these disciplines underpin practical learning and the development of professional knowledge. Eraut et al. (1995) present one of the few analyses into the development of nurses' professional knowledge which includes explicit reference to the role of the biological, behavioural and social sciences. Drawing on work by Benner (1984) and the Dreyfus model (1986), the authors explain that professional knowledge gradually develops into a form of expertise displayed through intuitive decision making. This is a form of autonomy that is partly driven by the professional's personal ideals, often resulting in the dismissal of the contributions made by others. This form of knowledge is primarily developed experientially and is influenced by the context and conditions within which the individual is working (Eraut, 1994). Lave and Wenger (1991) and Wenger (1998) emphasise the situated nature of knowledge development, providing insights which have resonance with the social environments within which nurses often practice. Their theory of communities of practice diminishes the belief that nursing practice is based on autonomy, as emphasised by the Eraut et al. (1995) and the WHO (2019) definition of nursing provided in the introduction. Instead, they accentuate the role of the community in establishing and protecting accepted

norms and practices. When applied to nurse education, Lave and Wenger's (1991) theory shows how a newcomer on the periphery of the community may be facilitated to move towards the centre through sponsorship from a mentor and conformity with the norms of the group. This gradually leads to greater participation but can also lead to marginalisation, particularly if the individual is not sponsored effectively or challenges established norms (Molesworth, 2017). Sociology as an academic discipline can seem distant from settings where these forms of professional knowledge are developed. Those who point this out when questioning the relevance of sociology to nurses are overlooking the important role the discipline can take in counter-balancing these powerful professional influences. Indeed, sociology offers nurses the opportunity to critique and challenge established social norms and values which may in themselves perpetuate health inequalities.

The relationship between sociology and nurse education is also influenced by the broader rise in bureaucracy and managerialism within higher education over the past couple of decades. This emphasises the requirement for knowledge to have applied and measurable use (Shields *et al*, 2012), something which does not sit comfortably with the intuitive and socially constructed forms of nursing knowledge discussed in the previous paragraph. Goodman (2011, p.427) asserts that nursing curricula often seem uncomfortable with anything other than instrumental, vocationally orientated 'outcomes led' professional practice. This is part of a wider assumption that 'the critically minded products of universities, including nursing graduates, will be just critical enough to help their managers' organisations to work more efficiently but not so critical that they ask questions about why we need that industry or whether things could fundamentally change' (Traynor, 2013, p.30). Power and cultural differentials between disciplines, schools and even campuses (Trowler, 2008) also influence sociological content and delivery within nursing programmes. These

issues have the potential to present further challenges to those attempting to meaningfully embed sociology into nurse education curricula. These factors vary widely from institution to institution, contributing to a lack of consistency regarding the role of sociology in nurse education (McPherson, 2008).

Conclusion

This review has illuminated the convoluted and contested ways in which sociology has become an increasing presence within nurse education. It has tracked the desire for a more socially aware nurse at the start of the 20th Century through to the continuing debate regarding the place of sociology in present day curricula. Four key developments have been explored, each marking a shift with respect to the presence of sociology in the nurse education curricula within the UK. The first development begins with the GNC's vision of a more socially aware nurse which accompanied increasing professionalisation of nurse education following the passing of the Nurses Registration Act, 1919. These early ambitions for nurses to improve their social understanding did not lead to greater consideration of the role sociology might play in nurse education and practice, as was the case in the US. During the 1970s several developments dramatically changed the relationship between sociology and nurse education, the Briggs report (1972) being by far the most significant of these. The landscape changed again with Project 2000, a phased programme developed to facilitate the wholesale transfer of UK pre-registration nurse education from hospital-based nursing schools into university faculties. This brought new possibilities for a closer relationship between nurse education and the discipline of sociology, not least because it meant they were now often based within the same higher education institutions. The increasing presence of sociological concepts and theory within nurse education inflamed the ongoing

debate about the relevance of sociology to nursing, part of a wider argument about whether there is now too much emphasis on the social sciences at the expense of other aspects of curricula. The final development that emerged during the review encompasses nursing's transition an all-graduate profession, from the impetus brought about by the Willis Commission (RCN, 2012) through to the current day. Each development uncovers a step towards greater inclusion of sociology in nurse education, invariably followed by resistance to its increasing presence within curricula.

While there has been much discussion and debate, very few research papers exploring the presence of sociology in nurse education have been published (Koch *et al*, 2016). This contrasts sharply with the volume of papers on other aspects of nurse education, such as the inclusion of bioscience or the use of simulation within curricula. This suggests a pernicious form of apathy among those with responsibility for ensuring student nurses learn sociological theories and concepts, perhaps a hidden manifestation of the argument that sociological theory lacks relevance to nursing practice. There is also a scarcity of research exploring student nurses' experience of sociology despite the available inquiries showing that it is a difficult topic for many students and can be a source of anxiety. The issues uncovered in this review have parallels with the debates regarding the role of sociology in other professional groups, including social work, teaching and medicine. Doherty *et al* (2013) argue that the sociological lens is more relevant than ever to the work of teachers and yet at the same time is beginning to lose disciplinary space within teacher education curricula. In contrast, sociology has found its status heightened in medical education in recent years, driven by a recognition that sociological theory and concepts enhance a student's ability to think, observe and interpret a rapidly changing world (Forrest, 2016).

There are many who would like to see similar changes in nursing, as reflected in the chorus calling for nurses to become more sociologically aware (e.g. Atherton and Kyle, 2014; Davies, 2012; Goodman and Grant, 2017; Koch et al, 2016; Lipscomb, 2017; Matthews, 2015). The recently published future nurse proficiencies and standards for nursing and midwifery education (NMC, 2018a) provide an opportunity to revisit the role of sociology within approved programmes. The new standards emphasise that the future nurse will have a central role in reducing health inequalities and is required to work in partnership with people to develop responsive and tailored care in accordance with the preferences and unique circumstances of the individual (NMC, 2018b). Sociology provides theoretical and conceptual frameworks which offer student nurses the opportunity to develop the intellectual skills necessary to achieve these requirements. Meaningfully embedding sociology during curriculum design will help to ensure the future nurse is able to interrogate and challenge the social influences and inequalities which impact upon the health and wellbeing of the people and communities they care for.

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