CHAPTER 13: Theories From the Sociologic Sciences

Grace Bielkiewicz

Simon Brown is a school nurse who is currently working in a school-based clinic located within a high school in a disadvantaged, inner-city neighborhood. In his practice, Simon sees a number of students who are sexually active as well as some who are already parents. Although teen pregnancy and childbearing rates have dramatically dropped over the last few years elsewhere, they have remained disproportionately high at his school. Simon has conducted sex education classes, but he speculates that the key to a more effective intervention lies elsewhere.

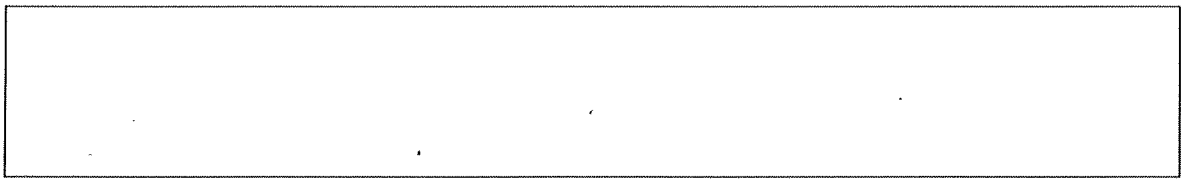
A literature review reinforces what Simon suspected—that abstinence and contraception-focused programs for adolescents have had only modest results in reducing teen pregnancy rates and minimal impact on teens in disadvantaged inner-city communities. He confirms that patterns of adolescent sexual-risk behaviors are shaped by social class, position, race, and gender. He also learns that in the United States, young motherhood is increasingly concentrated in disadvantaged groups, both White and non-White, but that the role of mother is not the typical first choice of young women who perceive themselves as having options.

From his review of the literature, Simon identifies a sociologic perspective, role theory, which he believes will help him develop a relevant and culturally sensitive intervention model for the adolescents in his school. He understands that roles are deeply embedded in social structures and are not easily changed. Young people in inner-city neighborhoods typically have a scarcity of role models and often lack appropriate adult supervision and meaningful job networks.

The reproductive role is one area over which poor, inner-city adolescents have control. Young men can validate their masculine role by biologically fathering a child, and young women can demonstrate their capacity for love in the maternal

role. It is sometimes perceived that postponing childbearing will not improve their circumstances and becoming a parent may elevate their personal status.

Armed with the information gathered from his literature searches, Simon is seeking to learn even more about cultural variations in role expectations. His goal is to use this knowledge to develop interventions that will promote adolescent health and facilitate developmentally appropriate and productive role behaviors among the students in his school.



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Historically, nursing has been responsive to society's needs. Early nurse leaders such as Nightingale, Barton, Wald, Sanger, and Staupers were, to varying degrees, social activists. They observed and understood the historical and social forces that affected large aggregates of individuals. Their understanding was demonstrated through their population-focused nursing interventions. C. Wright Mills (1959) coined the term "*sociological imagination*" to refer to this process of looking at social phenomena to discover the unseen and repetitive patterns that govern individuals' social existence.

Beginning in the early 1900s, as Americans became increasingly focused on the ideology of individualism and as cures were discovered for dreaded infectious diseases, the emphasis of health care shifted from populations and social factors that affect health to the individual and personal lifestyles. Consideration of the influences of social forces became almost obsolete. An understanding of theories from sociology and related disciplines that focuses on the interaction between human society and individuals is important for nurses, however, because sociologic issues have a dramatic impact on the health and well-being of individuals, families, groups, and society. Thus, advanced nursing practice and research must consider the social factors and issues that constrain and shape health behaviors.

This chapter reviews selected sociologic concepts, theories, and frameworks for their relevance to nursing practice, research, administration, and education. Three major sections are presented: exchange theories, interaction theories, and conflict theories. These are followed by an overview of chaos and postmodern social theories. Each section begins with a brief historical overview that is followed by a discussion of basic assumptions, central concepts, and differing theoretical viewpoints. Examples of nursing practice or research application of the theory are included where available.

Exchange Theories

Theories that have become known as "exchange theories" have their basis in the philosophical perspective called *utilitarianism*. Utilitarianism developed between the late 18th century and the mid-19th century and is a legacy from both moral philosophy and classic economic theory. The moral philosophy component considers the satisfaction of an individual's desires or utility. Philosophically, maximization of each individual's satisfaction automatically leads to maximum satisfaction of the wants of all. Translated into more familiar terms, "the greatest good for the greatest number" is an underlying principle of utilitarianism.

Three basic assumptions about individuals and exchange relations are added from classic economic theory. First, individuals are purposive and motivated to maximize material benefits from exchanges with others in a free and competitive marketplace. Second, as agents in a free market, individuals have access to all the information needed to weigh alternatives and calculate costs for each alternative. Third, based on their own calculations, individuals are able to rationally choose the activities that will maximize their profits (Turner, 2013).

Modern Social Exchange Theories

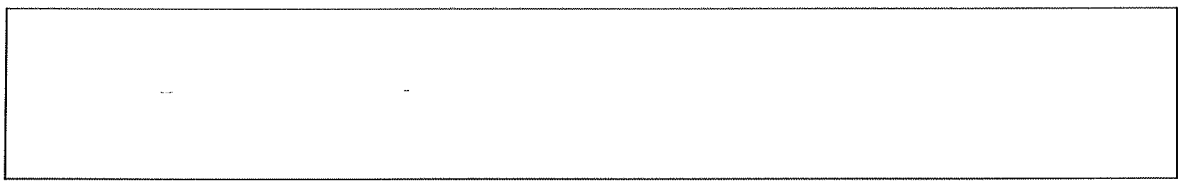
The influence of utilitarianism is evident in modern exchange theories to varying degrees. Utilitarian principles were reformulated for modern exchange theories in an attempt to explain human interactions in all social contexts and without the limitations imposed by a pure economic framework, hence the label "social" exchange theory. Assumptions of social exchange theories as outlined by Turner (2013) are listed in **Box 13-1**.

Box 13-1: Assumptions of Social Exchange Theories

1. Humans do not seek to maximize profits but attempt to make some profit in their social transactions with others.
2. Humans are not perfectly rational, but they do engage in calculations of costs and benefits in social transactions.
3. Humans do not have perfect information on all available alternatives, but they are usually aware of at least some alternatives, which form the basis for assessment of costs and benefits.

4. Humans always act under constraints, but they still compete with one another in seeking to make a profit in their transactions.
5. Humans always seek to make a profit in their transactions, but they are limited by the resources that they have when entering an exchange relation.
6. Humans engage in economic transactions in clearly defined marketplaces in all societies, but these transactions are only special cases of more general exchange relations.
7. Humans pursue material goals in exchanges, but they also mobilize and exchange nonmaterial resources, such as sentiments, services, and symbols.

Source: Turner (2013).



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The *social exchange* perspective emerged in American sociology in the 1960s with the work of Homans (1961) and Blau (1964) and later with Nye (1979) and Emerson (1981), and in social psychology with Thibaut and Kelley (1959). Modern exchange theories emphasize the social and psychological motivation of individuals. There are two major divisions of social exchange theories: the individualistic or microlevel theories and the societal/collectivist or macrolevel theories.

Within the *individualistic social exchange* framework, the central focus is motivation; human beings are motivated by self-interest to act. Relationships are deemed successful and continue when each party feels that the nature of an exchange is fair and beneficial. Beneficial or rewarding relationships require commitment to sustain them. When *reciprocity* is absent or unrewarding within the relationship, or costs exceed rewards, individuals tend to withdraw from further exchanges. This premise applies to all social groups, including the family. Divorce is an example of withdrawing from an unsatisfactory exchange relationship.

In contrast to the individualistic or microlevel perspective are the macrolevel theories. This second broad division of social exchange theories is derived from a *collectivist* tradition and gives greater weight to society. Collectivism has its roots in the perspective of French anthropologist Levi-Strauss (1969), whose work emphasized the integration of exchanges from larger social structures. In this perspective, the focus is on reciprocity from an institutional level.

Three fundamental exchange principles relate to the concept of integration as proposed by Levi-Strauss (1969). First, individuals incur costs in all exchange relations, but costs are attributed to the customs, rules, laws, and values of society, as opposed to the individual motives found in economic or psychological explanations of exchange. Second, social norms and values regulate the distribution of all scarce and valued resources. Third, the norm of reciprocity governs all exchange relations (Turner, 2013). An example of costs associated with customs is the money dance conducted at some wedding receptions in the United States. During the designated dance, currency is "pinned" on the bride and groom in exchange for a brief portion of the dance. This ritual signifies a socially sanctioned way for guests to give cash to the newlyweds and for the young couple to reciprocate.

Rational choice theory (Coleman, 1990; Hechter, 1987) is the most recently proposed exchange theory. Rational choice theory attempts to explain the macrolevel behavioral processes of both small and large social systems. Rational choice theory has a systems focus, but the psychological needs and motives of individuals are removed.

Three major sociologic concepts, *agency, rationality,* and *structure,* are evident in the assumptions and propositions of contemporary social exchange theories (**Table 13-1**). The individualistic perspective emphasizes agency and considers that individuals actively shape their social lives, rather than being passive recipients. Individuals affect their own lives by adapting to, negotiating with, and changing social structures.

Table 13-1: Central Concepts in Social Exchange Theories

Concept	Meaning
Agency	Individuals actively create or construct their social world, and as thinking, feeling, and acting beings, they are motivated to control or to condition the situations that affect their social lives to maximize their advantage.
Rationality	Individuals are acquisitive and success oriented, and motivated for immediate rewards. Therefore, to gain the most benefit, individuals calculate costs and the probabilities of receiving rewards or avoiding punishments in social interactions.
Structure	Social and cultural influences that constrain and shape an individual's behavior and conscious experiences are assumed to be located in the unconscious mind, in material relationships, in the symbolic relationships of myth or language, or in repetitive patterns of permanent interactions.

Source: Waters (1994).

Concept	Meaning

Source: Waters (1994).

Inherent in the concept of rationality is the assumption that every individual has control over a supply of socially valued resources, either material or psychological, that serve as bartering tools. Individuals barter these resources in the social "marketplace" to maximize rewards by enhancing the valuables they control. Homans (1961) attempted to "soften" the more utilitarian or calculative perspective by emphasizing the influence of personal values on determining what individuals view as rewarding. The last concept, *structure*, is highly abstract and not directly observable. Social structure generally refers to the enduring and recurring patterns of behavior in groups and society.

Subsumed in these concepts (agency, rationality, and structure) are related issues of *inequality, **power***, and *conflict*. A generation or so prior to its appearance in exchange theorizing, Karl Marx (1977) noted that inequality exists in hierarchical class structures where those who have control of resources with high economic value also have the power to exploit those with fewer such resources. Conflict, according to Marx, is inevitable with oppression, and resolution of conflict requires emancipatory actions. Factors associated with positions of privilege and power include gender, age, ethnicity, and socioeconomic status. Conflict theories are discussed in detail later in this chapter.

Application to Nursing

Recent nursing studies that used social exchange theory as their conceptual framework were identified in the literature. For example, Hamrin, McCarthy, and Tyson (2010) used social exchange to explore initiation and adherence to psychotropic medication in children and adolescents. Picot, Youngblut, and Zeller (2011) combined social exchange

theory with equity theory to develop the *Picot Caregiver Rewards Scale* (PCRS) in order to obtain a more holistic view of the caregiver experience and to plan health promotion interventions for caregivers. Similarly, Carruth (2011) found that social exchange and equity theory provided a conceptual framework for studying reciprocal intergenerational exchanges of assistance and support and for developing a caregiver reciprocity scale (CRS). Finally, Ihlenfed (2011) used the *Arizona Social Support Interview Schedule* (ASSIS) to assess nurses' perceptions of social support from their administrators.

Related Theories

There are many theories, principles, and concepts derived from, or related to, exchange theories. Exchange theories that are commonly used by nurses include systems theory and social networks.

General Systems Theory

General systems theory (GST) is one type of exchange theory. GST or, more specifically, *open systems theory* (OST) (von Bertalanffy, 1968), is regarded as a universal grand theory because of its unique relevancy and applicability (Johnson & Webber, 2010).

The GST was initially introduced in the 1930s by von Bertalanffy. In GST, systems are composed of both structural and functional components that interact within a boundary that filters the type and rate of exchange with the environment. Living systems are open because there is an ongoing exchange of matter, energy, and information. The following elements are common to systems (**Figure 13-1**):

- Input—matter, energy, and information received from the environment
- Throughput—matter, energy, and information that is modified or transformed within the system
- Output—matter, energy, and information that is released from the system into the environment

- Feedback—information regarding environmental responses used by the system (may be positive, negative, or neutral) (Kenney, 1995)

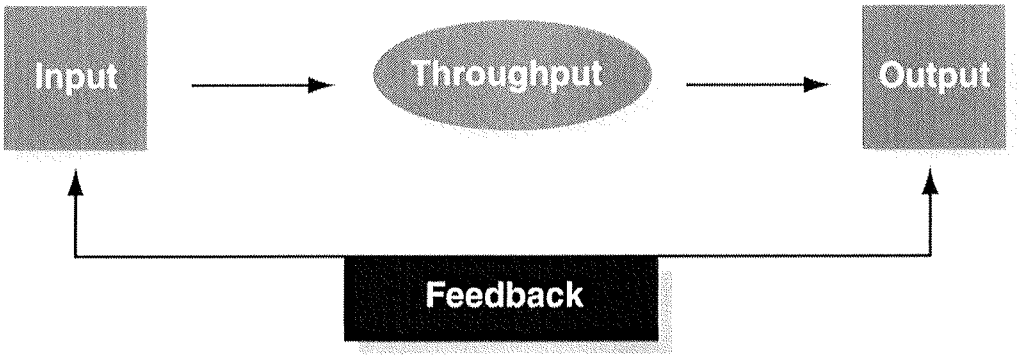

Figure 13-1: Elements of a system.

Basic tenets of GST are that (1) a system is composed of subsystems, each with its own function; (2) systems contain energy and matter; (3) a system may be open or closed (open systems exchange energy and closed systems have clearly defined boundaries); and (4) open and closed systems reach stationary states (Mason & Attree, 1997).

For survival, a system must achieve a balance internally and externally (equilibrium). Equilibrium depends on the system's ability to regulate input and output to achieve a balanced relationship of the interactive parts. The system uses various adaptation mechanisms to maintain equilibrium. Adaptation may occur through accepting or rejecting the matter, energy, or information or by accommodating the input and modifying the systems responses (Kenney, 1995). Several OST principles that are purported to be applicable to all systems are shown in Box 13-2.

Box 13-2: Open Systems Theory Principles

1. A system is a unit that is greater than the sum of its parts (wholeness is a major premise of both GST and OST).
2. A system comprises subsystems that are themselves part of suprasystems (hierarchically "nested").
3. A system has boundaries (i.e., abstract entities such as rules, norms, and values) that permit exchange of information and resources both into (inputs)

and out of (outputs) the system (boundaries can also hinder or block exchange processes).

4. Communication and feedback mechanisms between system parts are essential for system function.
5. A change in one part leads to change in the whole system (*circular causality*).
6. A system goal or end point can be reached in different ways (*equifinality*).

Application to Nursing

Systems theory has been frequently applied to nursing practice, generally in the areas of management and administration. Meyer and O'Brien-Pallas (2010) for example, applied open systems theory to large-scale organizations and from their data developed the "Nursing Services Delivery Theory." Reviewing the literature Myny and colleagues (2011) identified five categories of nondirect patient care factors related to nurses' workload in acute care hospitals. Guided by systems theory, a conceptual model was built from the data. Kitson (2009) found that to hasten the application of research and new knowledge to practice, there must be a purposeful integration of systems theory with knowledge translation theories.

In direct-care clinical research, major tenets of family systems theory, a derivative of systems theory, was applied to patients in palliative cancer care to provide optimal care to them and their families (Mehta, Cohen, & Chan, 2009) and to family members caring for adult children with mental illness (Fujino & Okamura, 2009). Finally, Jordan, Lanham, Anderson, and McDaniel (2010) suggested that complex adaptive systems theory, another derivative of systems theory, could enhance interpretations of research observations of health care organizations.

Social Networks

The study of *networks* can be a productive approach to understanding systems in nursing. In terms of the health and well-being of individuals, *social support networks*, as actual or potential resources, are especially relevant. Among members of social support networks, reciprocity and commitments are shaped by culturally mandated norms. This particularly relates to family networks (Logan & Spitze, 1996).

Social networks should examine the underlying patterns of social relationships; this is done irrespective of their content or substance (Turner, 2013). The units to be examined can range from individuals to positions, such as those found in health care organizations (e.g., nurses, physicians, pharmacists, and administrators). In

network analysis, these units are referred to as *points*. Ties link points and represent the directional flow of resources. **Figure 13-2** illustrates the exchange process in a simplistic diagram. In this figure, A, B, C, D, and E represent points, and arrows indicate ties. In the illustration, B has reciprocal ties to all other points, but A, C, D, and E have ties to only three other points. In the social world, resource exchanges can be instrumental, as in the exchange of information or materials, or *affective*, as shown by respect, approval, or an empathic ear.

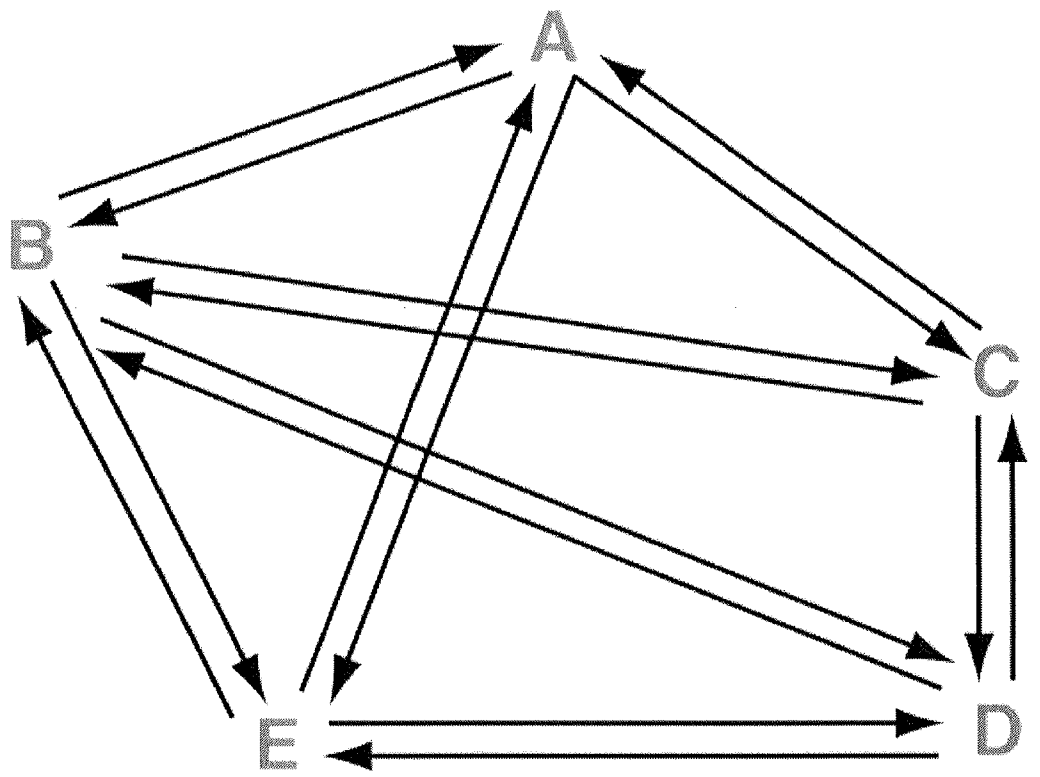

Figure 13-2: Example of resource flows in a noncomplex network.

Examples of techniques or tools for capturing and mapping network patterns include Moreno's (1953) *sociograms*, which plot the patterning of sentiments among