NURSING THEORY AND CONCEPT DEVELOPMENT OR ANALYSIS

Bourdieu’s theory of practice and its potential in nursing research

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Aims. This paper seeks to consider the utility of Bourdieu’s Theory of Practice in nursing, and considers specifically its use as a framework for research exploring nurses’ conceptualizations of illness and the patients in their care. Bourdieu’s work uses the concepts of field, capital and habitus to explain interactions within the social world. This paper describes these concepts and their relationship with nursing is discussed using dementia care as an example.

Background. The work of French scholar Pierre Bourdieu has contributed to debates throughout the social sciences, but has had relatively little attention in the nursing literature. Pierre Bourdieu’s work developed against a backdrop of change in the academic world. The emergence of the social sciences and the debate around objective and subjective styles of research were influential in the development of his Theory of Practice.

Discussion. The importance of the conceptualization process is discussed, and the considerable potential influence of conceptualization on patient care is highlighted. Reflexivity is a cornerstone of Bourdieu’s work, and is an important feature of nursing research. Examples of health care research using his work as a framework are discussed, and some of the challenges of the approach are outlined.

Conclusions. The use of Bourdieu’s Theory of Practice as a research framework could allow nurse researchers to explore the interactions of nurses with the structures, agents and symbols of illness within the field of care. This work could enhance understanding of how nurses view and react to patients in their care, and promote the development of practice innovations and policy change. The theory may, therefore, have much to offer future nursing research.

Keywords: conceptualization, modernism/postmodernism, nurse–patient interaction, qualitative approaches, Bourdieu, dementia care

Introduction

People conceptualize in order to explain or describe things that happen or what they observe in the world. This process allows them to make sense of and relate to the world around them. Conceptualization takes place in all walks of life but may be particularly important in nursing, as nurses may conceptualize conditions in specific ways. Exploring these conceptualizations and how they relate to nurses’ practice may help nurses to explain and potentially change patterns of care. In this paper I will consider the utility of the French scholar Bourdieu’s work for nursing. I will outline his concepts of field, capital and habitus, and consider how his theory of practice could be used to explore how nurses conceptualize specific conditions. To achieve this, I will explore Bourdieu’s vision for research and consider some of the challenges that his ideas raise. The divide between subjectivity and objectivity in nursing research, importance of reflexivity and application of his theories in the research setting will be discussed as specific challenges. His work explores interactions between structure, power and agency in the social world. I will consider the utility of this approach
both in understanding the relationships between nurses and the wider field of health care, and in the development of nursing research.

Theoretical framework

Conceptualization

The term ‘conceptualise’ is defined in the Oxford English Dictionary (Oxford English Dictionary Online 2003) as ‘to form an idea or concept of something’. This suggests an active process in which an individual will deliberately develop the concept in question. While the complex process of conceptualization may incorporate some active components, it must be recognized that other, less deliberate, components also have an important contribution to make. Initial perception, learning, cultural background, experiences, context and expectations all contribute to the overall conceptualization. The development of our initial perceptions of a person or event has been described as a dynamic process (Asch 1946), which selectively categorizes the ideas used to understand the encounter (Hollander 1981). The formation of perception is an important stage in conceptualization; however, other factors are also influential. It is only through interpreting the world that we can interact with it. Symbols play an important part in that interpretation, as they hold certain meanings for the individual and represent specific thoughts and ideas (Blumer 1969, Meltzer et al. 1975). Symbols contribute to conceptualization as we interpret them against our specific cultural and experiential backgrounds to form our individual concepts of the world around us.

Understanding conceptualization is important in nursing. Carper (1978) suggests that it is only by exploring the way in which particular fields of study are conceptualized that it becomes possible to determine what kind of knowledge is appropriate within that field and how that knowledge can be developed and tested. An example that illustrates the importance of this discussion for nursing is the changing conceptualization of health. The move from understanding health as simply the absence of disease towards a more dynamic understanding of it as a process that can vary with time and circumstance has transformed research in this area. This new conceptualization has led to research that gauges variations in health and explores its psychosocial aspects (Carper 1978).

Nursing conceptualizations can be found in all areas of practice; for example, diabetes mellitus may be understood as a chronic condition with which individuals can live full and active lives. Nursing interventions are intended to promote this independence, while seeking to reduce the potential for long-term complications. Conceptualizations vary between individual nurses and can change over time, as new experiences or understandings contribute to the person’s overall view. For example, cancer is increasingly being seen as a chronic illness as treatment options develop and people are able to live with cancer for longer periods of time (Department of Health 2001, Tritter & Calnan 2002). Nurses’ views and understandings of cancer change as they see people experiencing new treatments and learn about advances in the management of cancer. It is through reflection on practice and literature that they change their way of thinking about situations and disease processes (Mezirow 1994, 1998), and ultimately change their own conceptualization of their patients’ conditions.

Conceptualization is a complex process, but one that should be explored more fully in nursing, where it may be an important determinant of the care given by nurses. We now explore the utility of Bourdieu’s theory of practice in developing nursing research in this area.

Pierre Bourdieu

Pierre Bourdieu has been a dominant figure in French social science since the 1950s, enjoying a high profile in academia throughout the 1960s and 1970s but coming to public prominence in France during the late 1990s (Lane 2000). He has written on a wide range of subjects, covering diverse topics and influencing many academic disciplines. His work took a more political turn in the years before his death in 2002, as he raised the profile of some of France’s most impoverished groups. Despite his considerable academic influence, he has had relatively limited influence in the sociology of health and illness (Williams 1995, Virtanen et al. 2000) and in nursing research.

Bourdieu was born in the Béarn region of France in 1930. Educated in Paris, he became an anthropologist, studying Algeria during its colonial struggle and later studying his own Béarnaise people. Through his studies of these groups, he developed an interest in how people act and started to formulate his theory of practice. His work focussed on the relationships between people, social structures and the influences present in individual interactions, moving away from the philosophically-based abstraction of his research training to a more empirically-informed sociological perspective.

Much of Bourdieu’s writing took place during a time when sociology was undergoing considerable change as an academic discipline. From its emergence in the immediate postwar period to its heyday in 1960s America, sociology has been a dynamic area of study. Bourdieu’s work was
Initially on the periphery of the discipline, but became increasingly integrated following its widespread translation in the late 1970s (Robbins 1991). More recently there has been a transatlantic shift in power in sociology, with a decline in the influence of American sociology and an increase in the dominance of European scholars such as Bourdieu, Beck, Luhmann and Giddens in the field of theoretical sociology (Giddens 1996).

The debate between objective and subjective approaches to social study has characterized much of its history (Postone et al. 1995). Bourdieu’s work challenges the utility of both objective and subjective approaches, exploring the extent to which these two separate approaches address issues in the social world. He suggests that objectivism often uses subjective observations and understandings that it does not make explicit. Conversely, subjectivism often neglects to take account of objective structures and social conditions that contribute to subjective decision-making. Bourdieu suggests that it is potentially damaging to use either of these approaches to social research in isolation. He argues that ‘of all the oppositions that artificially divide social science, the most fundamental, and the most ruinous, is the one that is set up between subjectivism and objectivism (Bourdieu 1992, p. 25)’. This divide is challenged by his theory of practice, which incorporates both objectivity and subjectivity to create a theory that represents the practices and experiences of a social group.

Theory of practice

The theory of practice seeks to understand and explain individual and group actions in the social world. Bourdieu recognizes that the actions of social groups cannot be explained simply as the aggregate of individual behaviours, but rather as actions that incorporate influences from cultures, traditions and objective structures within the society (Jenkins 1992). These influences are incorporated into his theory through the concepts of field, capital and habitus in order to ensure that the theory is fully representative of the social world. These concepts will now be outlined and the relationships between them discussed in order to explain the theory of practice.

Field

The field provides the frame of analysis for the study of any aspect of social life. It can be described as a series of structures, institutions, authorities and activities, all of which relate to the people acting within the field. It is not a static entity, but changes as practices or power dynamics challenge the boundaries of the field. Every person acting within the field is capable of producing effects on it (Bourdieu & Wacquant 1992), and competition between people is important in determining the future direction of the field. The field, as described by Bourdieu, should be the primary area of study in any research project as it is relationships within the field that are important, rather than the individual actors. For example, the hospital care of patients with dementia will be influenced by the organizational structures of the hospital, environmental factors and personnel. However, the wider structures of society will also influence the way in which dementia and old age more generally are conceptualized. Education, science, the arts and the media all play a part in this process and are influential in shaping the field of dementia care. Within this field nurses, patients, medical staff, allied health professionals, family members and many others interact with its structural aspects. Relationships and interactions between individual actors and the structures of the field have the potential to alter the nature and future direction of that field. The field is dynamic and changes over time as the sometimes conflicting, structures and authority of the hospital organization, legislative programmes and society at large challenge its boundaries. Bourdieu’s concept of the field allows relationships between individuals and structures to be made explicit and may be useful in the development of both research and practice.

Capital

Capital can take a variety of different forms. The appropriate forms of capital are determined by the field in which they will be used. Capital represents the power of a person and can be exchanged or used in order to improve their position within the field. Bourdieu did not intend capital to be understood in Marxian terms or purely as an economic mechanism. However, his writing does recognize the importance of economic capital and the resultant class structure in modern society. Symbolic and cultural capital are also important, and their exchange is key to the reconfiguration of the field as authority changes hands and groups strive to maximize their capital.

In an elder care setting, it is evident that there are differences between the assignment of capital to those who are thought to be cognitively intact and those who live with dementing illness. A patient with dementia will usually have less opportunity afforded to them for contributing to decisions about their care, reducing their power to influence their situation. Furthermore, contributions made by patients with dementia often do not carry as much weight as those of other individuals, as their choices are thought to be limited by the confusion or lack of insight accompanying the dementia. This example suggests that a patient with dementia, by virtue of their disease, has less capital within the care setting than...
patients who are thought to be cognitively intact. However, research in Israel has suggested that cognitively intact older people living alongside residents with dementia in a care centre identified some benefits associated with the label of dementia in the culture of the care setting. The ‘demented role’ was seen as legitimizing withdrawal from social responsibilities without incurring any sanction from the community and, therefore, some cultural capital could be identified with the label of dementia (Golander & Raz 1996). These examples from dementia care highlight the insights that could be gained from exploring the concept of capital more fully in order to explain and potentially improve practice in this field.

Habitus

Habitus represents Bourdieu’s ambitious attempt to incorporate cultural and traditional aspects of life into his theory of practice (Webb et al. 2002). It is used to explain some features of social life that he suggests cannot be explained simply by understanding the combined actions of individuals, but rather are influenced by history, tradition, customs and principles that people do not make explicit. Habitus is an embodied reality that is often unquestioned because of its inherent nature. It is developed by imitation as people unconsciously incorporate behaviours into their lives, imitating other actors within the field through a process of iterative learning (Lane 2000). Cultural, religious traditions and history may be explicit examples of habitus. However, implicit examples, such as modesty, ways of walking and manners, are as important. This transmission or socialization of habitus is important and differentiates it from behaviours learned through explicit teaching (Jenkins 1992).

Bourdieu’s habitus can be related both to nursing research and practice. For example, student and newly qualified nurses are socialized in their workplace and learn ways of interacting with specific groups of patients. They observe their colleagues demonstrating attitudes to specific conditions and ways of interacting with patients. These observations shape the interactions that they themselves choose to have in the future. Much of this process is unconscious, as principles and customs of the care setting are transmitted into the mind of the new nurse.

In dementia care, nurses might observe colleagues’ attitudes to dementia specifically and older people more generally. Demonstrations of respect for people who have dementia, attitudes to confusion, the value attached to confused discourse and methods of alleviating distress may all form part of an overall impression of dementia from a nursing perspective. People will also use their personal history and experiences to shape their responses and feelings within the workplace. Personal experiences of dementia might be directly influential, but more general opinions about the position of older people in society, the nursing role and attitudes towards care and cognitive impairment might also shape a response. These factors contribute to a nurse’s habitus. Many of the features of the habitus might not be explicit, but could be influential in determining both nursing practice and some of the research questions raised by nurses.

Understanding the theory of practice and its relationship with nursing practice

If the theory of practice is to be understood, it is important to understand how the concepts outlined interact. Bourdieu (1984, p. 101) explains this interaction in terms of an equation:

$$[\text{habitus}][\text{capital}] + \text{field} = \text{practice}$$

Habitus interacts directly with capital as individual actors work in pursuit of capital but are ‘internally regulated’ by their habitus. However, the influence of the field is crucial, as the action is both constrained and given meaning by the context in which it takes place. This can also be understood in terms of structure and agency, with the capital and field forming the structure within the relationship and individual practice, or agency, being regulated by the habitus.

Interpreting the theory of practice in this way shows that it has much to offer the exploration of nursing practice. The field of health care incorporates hierarchical, legislative and organizational structures. Different types of capital are displayed within the field. The exchange of economic capital determined by paid employment, the symbolic and cultural capital of status, uniform and decision-making capability all influence practice. It is the habitus of individuals and occupational groups, however, that could be worthy of further examination. Habitus is the final and, as yet undetermined, factor in the equation. It is individual, involving personal values, traditions, cultures and beliefs; however, it is also developed through socialization and through personal understandings and learning. It influences how nurses, both individually and as an occupational group, understand and interpret their patients’ conditions and care needs. This process of conceptualization may not be explicit but may be a key determinant of nursing practice and may, therefore, be a worthy focus of future research. If Bourdieu’s theory is applied to nursing practice, the interactions of habitus with the structural aspects of the field and with capital are crucial in determining how the agency of nurses is discharged.
Reflexivity

Bourdieu claims to take a ‘scientific’ approach to his studies of the social world and claims that, through reflexivity, it is possible to be objective in determining practice. The emphasis on reflexivity in his work is important and potentially beneficial to nurse researchers as they study nursing practice. He clearly states the importance of identifying the researcher’s own position within the field of study, understanding the researcher as a product of the social world in which the research is based. However, it is problematic to assert that objectivity can be reached through a reflexive approach to research. As products of the social world, Bourdieu recognizes that individuals will bring subjective meanings to the field of study. Despite reflexivity and explicit recognition of the place of the researcher within the field of study, it makes little sense to consider his work in classically scientific terms.

Despite the potential deficiencies in Bourdieu’s claims to scientific methods, the concept of reflexivity in research is useful, particularly when qualified nurses themselves return to the care setting to undertake research. They must be acutely aware of their own experiences and recognize that, as nurses and researchers, their presence may alter the research setting or the responses elicited from participants (Robson 2002). Bourdieu (1992) stresses the importance of addressing the relationship between researcher and research participant. While he stressed the importance of this approach in terms of maintaining scientific practice, a concept that may be problematic, readers should not allow this deficiency to undermine the importance of reflexivity in the process of research in nursing.

Issues and challenges to Bourdieu

The work of Pierre Bourdieu could be useful in developing nursing research, particularly in exploring how nurses conceptualize patients and their conditions. However, the work is not without criticism and there are a number of challenges that have to be faced if the theory of practice is to be used to inform research. The first is of reading and interpreting Bourdieu’s work. The translated texts are inaccessible because of both their complexity and the wide range of subject areas covered. Bourdieu himself was reluctant to simplify his work for fear of undermining the complex meanings of his writing (Bourdieu & Wacquant 1992). He was also keen that his work remain detached from any one academic discipline in order that the theories could be used widely and not be interpreted in a single academic field. These challenges have been recognized by many commentators (Robbins 1991, Calhoun et al. 1993); however, there are growing numbers of commentary texts and sociological accounts of his work which, in conjunction with the original texts, allow it to be interpreted effectively.

Bourdieu highlighted the importance of context, noting that it is important to recognize this when interpreting an author’s work. His own work has been criticized for failing to take adequate account of context, particularly the differences between the fields of production and reception. This criticism is particularly levelled against his work on Heidegger (Philipse 2002). It has also been noted that the way in which his work has been marketed and translated has led to possible decontextualization of the material (Robbins 1991). These criticisms serve to highlight the importance of recognizing differences between the fields of production and reception, a dichotomy that should not be underestimated by researchers and users of research alike.

Using Bourdieu in research

If nursing research aims to build theory about nursing, it is important to understand what theory can be developed from the research in question (Benzies & Allen 2001). Understanding how nurses conceptualize their patients’ conditions may offer valuable insights into care practices and care planning behaviours. However, it is only through the development of theory that such insights can be taken to a wider nursing audience. Bourdieu’s theory of practice offers nurses a framework through which to develop nursing research and to develop theory from their explanations and descriptions. In the final section of this paper I consider previous uses of Bourdieu’s work in social and health care research and suggest how the theory of practice may be used in future nursing research.

The objective/subjective research debate has developed in nursing as it has in other areas of social study. Nursing has at times found itself caught between the worlds of biomedical objectivity and the more subjective notions of care and compassion. In developing a knowledge base of its own, nursing has incorporated research from both objective and subjective traditions, taking in aspects of practical nursing care and developing theoretical understandings. Bourdieu’s work may provide a theoretical framework on which to base research. His work allows the structures of society to be considered alongside individual responses to those structures, and has the potential to facilitate exploration of how nurses act within specific fields of care and against the background of specific service demands.

Bourdieu’s work is based on relationships and the interplay between individuals and structures within a field. These relationships, made explicit by Bourdieu, have long been
studied by epidemiologists and public health researchers as they try to make causal links between social contexts and disease (Frohlich et al. 2001). In recent times context and relationships between individuals have taken on greater importance in the social research setting more generally. If the work of Bourdieu is to help with research of this type, the broad context of relationships must be considered during the research process:

The notion of field reminds us that the object of social science is not the individual, even though one cannot construct a field if not through individuals, since the information necessary for statistical analysis is generally attached to individuals or institutions. It is the field which is primary and must be the focus of the research operations. (Bourdieu & Wacquant 1992, p. 107)

Studying the field rather than people within it allows patterns of behaviour to be identified. This is evident in a study of sickness absence in which a multitude of health-related, socio-economic and collective behaviours contributed to the overall understanding of the field (Virtanen et al. 2000). Similarly, the complex field of welfare has been successfully analysed by use of Bourdieu’s theories (Peillon 1998). However, studying the whole field may be challenging for researchers. In a recent Finnish study of older people’s use of medication, only older people were asked to participate in the research (Lumme-Sandt & Virtanen 2002). The authors acknowledge their move away from Bourdieu’s suggested approach and make extensive reference to other actors within the field, for example doctors and pharmacists, in the analysis of data. The work is successful in describing how older people view their own position in the field of medication, but can make little comment on the field as a whole because of the limited perspective adopted in data collection.

The Finnish study also demonstrated the challenges brought by the distribution of capital within the field itself in carrying out a study of the whole field. The older people questioned chose not to criticize the doctors prescribing medication, despite being given opportunities to do so. This included one case when a prescribing error might have justified criticism (Lumme-Sandt & Virtanen 2002). This example demonstrates the difficulties encountered by research contributors when asked to challenge the authority of the field. Researchers must take time to reflect on the distribution of capital and the positions of actors within the field in order that the research takes account of the relationships between contributors.

Bourdieu’s theories do not prescribe the use of any one particular method of research. The research already produced using his theoretical framework has used a variety of methods of data collection, including narrative analysis (Crossley & Crossley 2001), focus groups (Lumme-Sandt & Virtanen 2002) questionnaires, documentary analysis and interviews (Virtanen et al. 2000). Participant observation was not favoured by Bourdieu (1992), as he maintained that it was not possible to observe a situation objectively because a researcher will always interact with the situation. Indeed, the researcher’s interaction with data through data collection, analysis, interpretation and writing up the study is hugely significant. Bourdieu stated clearly that researchers should be reflexive about their own positions in the field and discuss this openly in reports. The importance of this reflexivity in nurse research was highlighted earlier in this paper.

Bourdieu’s theory of practice can, therefore, be used as a theoretical framework for research with a wide variety of methods of data collection. It is important that researchers use the methods most appropriate to collect data encompassing the whole field of study. This will be an important consideration when planning research that uses Bourdieu’s work as a theoretical basis.

Conclusion

The language and complexity of the work of Pierre Bourdieu have disguised the great potential that it has to help nursing. His work is challenging and has touched many disciplines, contributing to debates in the wider social sciences. However, he has had limited influence in nursing thus far. This paper has outlined some of his theories and has sought to highlight how some of these relate to nursing research.

Bourdieu’s writing seeks to develop a vision for research which goes beyond the objective/subjective divide. He accepts that both subjective and objective research approaches are useful and proposes a framework through which researchers can look beyond the traditional debates to consider the social world in a new and informative way. As a theoretical framework for nursing research, the theory of practice has much to offer. It has the potential to allow nurse researchers to develop valuable insights into the interactions of nurses with the structures and agents within the field and the symbols of specific illnesses. Through this exploration, his work could facilitate deeper understanding of how nurses view and react to patients in their care, and how their work relates to the field of care.

Reflexivity forms the cornerstone of Bourdieu’s theories. A person’s own position in terms of education, employment, status, background is vital to the way in which they see the world. According to Bourdieu, people must recognize their own positions and power within the field in order to report
What is already known about this topic

• Bourdieu’s *Theory of Practice* has been widely used in social science research and his work is well known in disciplines outside nursing.
• Bourdieu’s view and interpretation of the social world has proved useful in social research and may also be useful in a nursing context.
• Bourdieu’s work has been considered inaccessible.

What this paper adds

• An accessible description of Bourdieu’s Theory of Practice, pointing out its potential relevance in the context of nursing research.
• Presentation of some studies using Bourdieu’s work as a research framework, using the example of dementia to show where his *Theory of Practice* might be usefully applied in nursing research and practice.
• A contribution to the debate on criticisms and challenges of Bourdieu’s writing.

accurately. This reflexivity is an important aspect of any social research work and is already recognized as an important aspect of nursing research. However, Bourdieu formalizes the use of reflexivity, questioning commonly-used research approaches and challenging researchers to make reflexivity a priority in social research.

The use of Bourdieu’s ideas in nursing research would allow a more detailed reflexive understanding of the position of nurses, taking into account education, learning, culture and status, and the way in which they view their patients. This reflexivity is vital if the theory of practice is to inform nursing research. It is only through a reflexive approach to all of these aspects that the full relationships between nurses, disease, patients and care can be understood. Bourdieu’s work may, therefore, offer much in terms of how to develop approaches to nursing research.

Bourdieu’s vision of social research may be beneficial in the development of nursing research in the future. It offers a series of explanations that can contribute to an individual’s view of the world. His focus on reflexivity raises questions about approaches to research, as well as about methodological issues and epistemology. The theory of practice takes into account both objective and subjective aspects, while concentrating on symbols, power and structures. This vision has the potential to help nursing and to plot a new and interesting course for nursing research in the future.

References


