

INTRODUCTION

Medical culture teaches doctors ways of negotiating their identities within the medical hierarchy and structure. This is theorised throughout these chapters as the construction of what I here term the ‘medical habitus’. The concept of medical habitus suggests that junior doctors are learning more about and how to navigate within medical culture through their professional development than previously thought. This book develops the concept of medical habitus, through observation and documentation of which is developed in the ‘hothouse’ effect in the first years of junior doctor practice in a hospital. The argument here is that this knowledge should be incorporated into an explicit professionally orientated program of teaching to ease the transitions of medical interns to their work as fully registered medical practitioners. At the same time, however, it is recognised that the experiences of junior doctors reflect the powerful hierarchies of the medical field, and as such, they will be difficult to challenge and change, as the following chapters will demonstrate.

Chapter Structures

I begin with a conceptual starting point in the first chapter “Examining medicine with new lenses” which discusses previous research that examines medicine in terms of professional socialisation. Much of this work leads us to examine medicine from a sociological perspective in terms of professions and professional development. Literature is reviewed on psychological and physical stress, workplace training, coping, medical educational issues such as improving training and understanding junior doctor development. In considering the role of doctors, it is necessary to look succinctly at how traditional sociology conceptualised the social. Chapter one also explains my methodological strategy and incorporates how knowledge of the medical culture was central to entering the field of inquiry which, in turn, developed strategies of access to data. I conclude by proposing a sociological case study, describing the process of a sociological case study with description of the hospital research site, wards and doctors. Through the description of study procedures I explain how my own standpoint and knowledge of the medical culture allowed me particular access.

In chapter two, “Theoretical dissection of medicine: Practice” I investigate traditional sociological perspectives, and more relevant work in sociology specifically focused on the fields of medicine and medical education. For instance, the work of Nicholas Fox (1994b) on surgical practice and ward rounds is used to focus on reproduction of values and behaviours within graduate medical training. This analysis enables the identification of structural hierarchies of the medical profession. Much of Fox’s work suggests that modernist sociology places human beings in the centre stage as constructors of the social. It is with this grounding in traditional, modernist medical sociological literature, that we turn to explore potential explanations by pursuing a sociological theory of practice, drawing upon the work of Pierre Bourdieu. In this second chapter, we examine Pierre Bourdieu’s

theory and three main concepts: capital, field and habitus. This chapter maps how the habitus constructs the social, which, in turn, provides us with the theoretical and conceptual framework for the fieldwork from which to begin my methodological endeavours. Bourdieu has given significant validity to sociological analysis of culture through habitus as a systematic and structuring phenomenon that organises and surrounds social actors. By this account, therefore, it is the suggestion following Bourdieu that the habitus is the means by which a particular way of 'being' is produced, enacted and negotiated in interactions between social structure, and action within practice.

In chapter three, "Putting it all together: Culture of junior doctors", much of the doctor's voices from the interviews are discussed following along the line of five principal fundamental themes derived from the data. The categories were themes and concepts generated by the data. Devising categories is largely an intuitive process, but it is also systematic, informed by the study's purpose, theoretical orientation and knowledge, and the particular meanings were made explicit by the participants themselves. The main themes I describe are: issues surrounding the training program, the doctor mould, medical hierarchy (consultants and registrars), medical culture (cynicism, ward rounds, paperwork, stress, critical incidents, patients and women in medicine); and finally reflections on the junior doctor years.

This leads us to chapter four, "Medical habitus", where we theorise and discuss medical habitus in the context of junior doctors. Also provided is an analytical discussion of the data and normative application of medical habitus in the medical field. As this volume is a description of a qualitative study of junior doctors' professional development, we find that the use of the Bourdieuan concept of habitus useful and the previous assumptions about junior doctors extended. Here I describe and analyse how doctors' personal characteristics and ways of behaving are influenced by the medical culture through the hospital as an institution of certain (medical) practices and cultural outcomes. In chapter five, "Future of medical habitus: Medical identity", I conclude with a more normative commentary provided for reflection, outlining future directions for research and for rebuilding medical cultures and the habitus itself.

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