

SOCIAL JUSTICE IN PRACTICE

Consider the following scenarios:

- Tara, a public health nurse in a rural community, has just learned that the town's hospital is slated for closure. Losing the hospital would be a real blow to the community, which is already experiencing various health-related issues and social problems.
- Shakira, who works in a nursing home, begins to notice the frail condition of some of the elderly spouses who regularly visit their loved ones. It occurs to her that many of them are low-income persons who lack social supports.
- Gordon works in an emergency department where he observes student nurses being treated poorly, and he sometimes experiences oppressive behaviour himself. He feels that such events are abusive and that his work environment is rapidly becoming "toxic."

"The 2008 revision of the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses reflects nursing's interest and involvement in social justice."

CNA, 2009, p. 1

INTRODUCTION

The above scenarios highlight some of the experiences relating to the issue of social justice that nurses may encounter in their everyday practice. What can these nurses do to address the situations in which they find themselves? How can the *Code of Ethics for Registered Nurses* support and guide them?

The 2008 revision of the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* reflects nursing's interest and involvement in social justice. The code is now presented in two parts, with dimensions of social justice reflected in each. Part I sets out the seven primary values and corresponding ethical responsibilities that registered nurses in Canada are expected to uphold. Part II contains 13 statements describing ethical endeavours that nurses may undertake to address social inequities affecting health and well-being (see Box 1). As the code states, "Although these endeavours are not part of nurses' core ethical responsibilities, they are part of ethical practice and serve as a helpful motivational and educational tool for all nurses" (CNA, 2008, p. 2). Nurses who have little familiarity with the concept of social justice may not have a clear vision of the relevance of part II of the code to their own practice. The purpose of this paper is therefore to enhance nurses' understanding of social justice and to help raise their awareness of how the code can guide them in social justice endeavours.



In the following paragraphs the concept of social justice is explained and its importance to nursing outlined. A brief discussion of reasons for the growing interest in social justice and the determinants of health follows. Finally, three scenarios are offered as examples of how these ideas might translate into concrete nursing actions. It is recognized that not all nurses will take leadership roles in addressing social justice issues; however, many can be involved in other ways, as demonstrated in the scenarios. These scenarios have been developed to demonstrate how nurses might act locally, given that many nurses are not involved in international efforts related to social justice. The scenarios are meant to reflect everyday practice and to show how small changes can have large effects.

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WHAT IS SOCIAL JUSTICE?

Social justice means the fair distribution of resources and responsibilities among the members of a population, with a focus on “the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them” (CNA, 2006, p. 7). When the concept of social justice is applied to health and health care, the term *resources* is taken to mean not just direct services but also other facets of life that can have a positive effect on health, such as food security, adequate housing, gainful employment and acceptable working conditions, adequate income, adequate education, social inclusion and the presence of a social safety net (Ervin & Bell, 2004; McGibbon, Etowa & McPherson, 2008; Raphael, 2004; World Health Organization, 2008). Collectively, these are known as the social determinants of health, defined in the CNA code of ethics as “factors in the social environment, external to the health-care system, that exert a major and potentially modifiable influence on the health of populations” (CNA, 2008, p. 28). Taking action for social justice means attempting to reduce system-wide differences that disadvantage certain groups and prevent equal access to determinants of health and to health-care services.

Understandings of social justice are largely influenced by feminist and critical social theories, which focus on the negative effects of oppression of any kind. By extension, then, social justice in health care also means working to prevent oppressive practices such as discrimination against individuals on the basis of gender, sexual orientation, age or any other social factor that might affect health and well-being (Boutain, 2005; McGibbon et al., 2008). From that we can see that social justice (or injustice) can arise in one-to-one interactions between a nurse and a patient or client and among health-care providers themselves. These ideas will be explored in the following paragraphs.

WHY IS SOCIAL JUSTICE A NURSING CONCERN?

In its publication on social justice, CNA (2006, p. 7) noted that “all societies suffer from broad, systematic inequities and oppression” that can have a negative impact on the health of individuals and communities. According to Boutain (2005, p. 404), “If societal relationships based on racial, ethnic, gender and economic status are more equal, population health indicators between diverse groups become more stable, nationally and globally,” potentially resulting in more positive outcomes.

Canada is not immune to unequal social relationships. The Canadian Council on Social Development (n.d.) reports that as of 2004 about 3.5 million Canadians were living in poverty, including 865,000 children under the age of 18, with rates highest among female lone-parent families. Poverty rates were highest overall in British Columbia (14.2%), and lowest in Prince Edward Island (6%). In 2005 about 5 per cent of the Canadian population relied on welfare. There were important regional differences in welfare income across provinces: in 2005 a single employable person in New Brunswick received \$3,201, while in Newfoundland and Labrador payments were \$7,189. That same year, only British Columbia increased welfare income for those with disabilities. And according to Campaign 2000 (2007), one in four First Nations children living in First Nations communities lives in poverty, while one in two children in recent immigrant families lives in poverty.

These Canadian statistics are shocking, but global data reveal an even more disturbing picture. Tables on the Global Issues website show that at least “80 per cent of humanity lives on less than \$10 a day” and “over three billion people live on less than \$2.50 per day” (Shah, 2008). In a recent report on social justice and determinants of health, the World Health Organization (2008) concluded that because of social inequities, it will take international efforts and massive

political will to improve the health conditions of much of the world’s population.

What, then, is nursing’s role with regard to social justice? It is becoming apparent that social justice should play a significant role in nursing practice (Bekemeier & Butterfield, 2005; Fahrenwald, Taylor, Kneipp & Canales, 2007). As Falk-Rafael (2005, p. 222) has pointed out, “Nurses practice at the intersection of public policy and personal lives; they are, therefore, ideally situated and morally obligated to include sociopolitical advocacy in their practice.” This may certainly be reflected in international efforts, but it is important to note that social justice does not always present as a broad socio-political activity. It is also part of daily practice. Striving to overcome oppression and discrimination wherever they are encountered in the health-care system is important in nursing (Varcoe, 2004). The nursing values of “providing safe, compassionate competent and ethical care,” “promoting health and well-being” and “preserving dignity” outlined in part I of the *Code of Ethics for Registered Nurses* support this belief. Since fostering the health and well-being of patients or clients requires creation of a healing environment (Marck, 2004), it follows that nurses should endeavour to ensure that no individual receiving care feels discriminated against or oppressed in any way. In particular, “promoting health and well-being” (CNA, 2008) requires nurses to ensure that those who need nursing care are treated with respect and that disparities arising as a result of background and social status are acknowledged and minimized to the extent possible. Promoting social justice thus becomes foundational to every nursing encounter.

WHY NOW IN NURSING?

Social justice has been considered central to public health nursing since its beginning (Ervin & Bell, 2004; Krieger & Birn, 1998) and has long been a core tenet of mental health nursing as well. In the early 1900s nurse activists such as Lillian Wald and Lavinia Dock were vocal in their insistence that societal inequities had to be addressed if the mental and physical health of the population were to improve. They promoted a vision of health as a societal concern (Bekemeier & Butterfield, 2005). However, as individualism and autonomy became more important in North America, health came to be understood as a matter of individual responsibility (Boutain, 2005). At the same time the bulk of health-care dollars was being directed toward institutionalized illness care rather than health promotion. Most nurses in Canada were educated in hospital schools, where the focus was on caring for the sick, and issues of population health and social justice were seldom, if ever, discussed, except in university courses on public health.

Now, however, the focus in Canadian health care is shifting. The report of the Commission on the Future of Health Care in Canada (2002) (widely known as the Romanow Report) and that of the Premier's Advisory Council on Health in Alberta (2002) (also known as the Mazankowski Report) recognized that the current system places a great deal of emphasis on technology and illness care, which does not necessarily increase the overall health of the population. Both reports suggested that more attention must be paid to the social determinants of health. Although the reports were criticized for continuing to place too much responsibility on the individual rather than society, they did acknowledge that inequities in access to health care exist and that population (and individual) health is strongly influenced by societal structures and the social determinants of health. As a result, health-care reform is now paying more attention to social justice issues (Butler-Jones, 2004).

Another change has been in nursing education, which in Canada now takes place primarily in universities and colleges. A vital feminist influence has been evident in much nursing research and scholarship, and there is consequently a growing recognition, both nationally and internationally, of the influence of oppression, marginalization and social exclusion on health and well-being (Fitzpatrick, 2003). Globalization, defined as "a process of closer interaction of human activity" (Davidson, Meleis, Daly & Douglas, 2003, p. 163), is increasing rapidly and has resulted in a greater awareness of the ways in which socio-political disparities can affect each of us. Nurse scholars have suggested that nurses can and should be involved in seeking solutions to social justice problems because their knowledge and numbers (Davidson et al., 2003; Falk-Rafael, 2005) make them ideally suited to take both individual and collective action. World problems such as climate change and natural disasters point to important links between health and environment and the need for directed action. Issues of violence and hunger are present in Canada and across the globe. As a result of these various forces there has been a strong call to increase attention to social justice in undergraduate nursing curricula (Fahrenwald et al., 2007; Reimer Kirkham, Van Hofwegen & Hoe Harwood, 2005; Schim, Benkert, Bell, Walker & Danford, 2006; Vickers, 2008).

It is becoming increasingly clear that social justice matters. The Canadian health-care system is poised for change, with more emphasis to be placed on determinants of health and primary health care (Health Canada, 2004). CNA's publication on social justice states that "social justice is a means to an end as well as an end in itself" (2006, p. 2). It is a means to an end because social justice is necessary for individual and population health, including the health of nurses themselves, and to the health-care system as a whole. It is an end unto itself because a just society is a better society. Consequently, Canadian nurses are being called more urgently to the pursuit of social justice.

SOCIAL JUSTICE AND ETHICAL PRACTICE

Both parts I and II of the code of ethics (CNA, 2008) contain statements about social justice. In part I, values such as “preserving dignity” and “promoting justice” speak to the importance of safeguarding human rights and having a non-judgmental, non-discriminative stance toward those receiving care. Part II, the ethical endeavours, suggests aspects of nursing that “relate to the need for change in systems and societal structures in order to create greater equity for all” (p. 20), both nationally and internationally. It draws nurses’ attention to broader, global issues such as war, violence and hunger, and encourages nurses to consider taking action individually and collectively, to the extent of their ability, to address social injustice wherever it arises.

In the following paragraphs three scenarios are presented as examples of how a nurse in everyday practice can work for social justice. The first example describes a situation in which a nurse has a concern about health-care services in a rural community. The second scenario involves a nurse’s actions with respect to access to services for a vulnerable group. The third example involves social justice within an acute care organization. Each scenario is followed by reflections on how the nurse might respond, using the *Code of Ethics for Registered Nurses* for guidance. It is important to recognize that a nurse may not feel able, for a variety of reasons, to take the lead in these types of situations. However, all nurses should recognize the importance of joining in to whatever extent they can.

SCENARIO 1:

RURAL HEALTH AND ACCESS TO SERVICES

As a public health nurse, Tara was starting to feel overwhelmed by some of the health-related problems in her rural community. The town itself was experiencing growing problems of domestic violence and substance abuse, apparently precipitated by the closure of the town’s sawmill and widespread

unemployment. As well, health statistics from the neighbouring aboriginal reserve were truly shocking. Access to clean water on the reserve was limited, as contamination had been discovered in a number of water wells. Infant mortality was much higher than the national average, there had been a startling number of youth suicides over the past year, and the incidence of type 2 diabetes was reaching epidemic proportions. The local aboriginal council had made several attempts to draw government attention to their plight, but despite some promises, nothing had been done. To top it all off, the town’s hospital was slated for closure. The hospital in the next town, 70 kilometres away, was to become the care centre for the community.

Losing the local hospital would be a real blow to the community, especially to low-income elderly persons without transportation, who made up a large part of the community’s population.

Tara felt angry just thinking about how unfair it was that those living in rural areas did not have the same access to health care or the same attention to their health needs as those living in cities. Here, the ratio of health-care providers to population was dismal. A variety of identified health concerns were not being addressed, and now things would get even worse. As a nurse, Tara felt that she should take some kind of action. The whole situation was simply not acceptable!

The Code of Ethics for Registered Nurses offers support for Tara in taking action on her concerns. The code says that part of ethical practice is “working with individuals, families, groups, populations and communities to expand the range of health-care choices available, recognizing that some people have limited choices because of social, economic, geographic or other factors that lead to inequities” (p. 21, item vii). As a public health nurse, Tara would have the skills to help build the community’s capacity to take action on what are effectively social justice issues.

She could start by establishing what nurses, other health-care providers and members of the community think about the problem. She could point out some of the inequities that she has observed: the lack of services for health promotion, the environmental problems such as water quality, the social issues arising because of lack of employment opportunities, the health statistics for the reserve and the existing and impending restriction of access to health care. She could also point out that those most likely to be harmed by the government's decision to close the hospital are the more vulnerable members of society who, for reasons that often also arise from social injustice, are reluctant or incapable of expressing their views and therefore may benefit from nurse advocates. In this way, Tara would be helping others in "recognizing the significance of social determinants of health" (p. 20, item v). Tara could also point out to her nursing colleagues that the *Code of Ethics for Registered Nurses* suggests that "in collaboration with other health-care team members and professional organizations, [nurses advocate] for changes to unethical health and social policies, legislation and regulations" (p. 20, item iii).

Nurses and members of the community who are also concerned about the issues could then work with Tara to create an action plan for engaging more community support, which would coincide with the code's statement about "maintaining awareness of major health concerns ... [and working] individually and with others for social justice" (p. 21, item x). They might start with a community forum to identify general concerns and possible courses of action. Other community health service providers might be encouraged to become involved, as they would have the credibility to "advocat[e] for a full continuum of accessible health-care services to be provided at the right time and in the right place" (p. 20, item iv). Nurses could offer to work with the community members in whatever strategies they might devise. For example, they might want to meet with government officials to request reversal of the decision to close the hospital. The

code urges "advocating for policies and programs that address [social] determinants [of health]" (p. 20, item v), so the nurses might collaborate with aboriginal leaders to create more political awareness of health issues on the reserve. Together, they could host community presentations on health-related topics to raise public awareness, and they could organize a letter-writing campaign. They might decide to alert local and regional media, such as newspapers and radio, to the disparities in health and health care on the reserve and in the rural community in general. Framing the problems as social justice issues might help to gain the attention of decision-makers.

Nurses living and working in a community have the skills and knowledge to improve the health of that community and to help build its capacity to take action. Taking political action is one way in which to make a difference. The code suggests that "Nurses work individually and with others for social justice and to advocate for laws, policies and procedures designed to bring about equity" (p. 21, item x). Reforms in health care are expected to lead to greater emphasis on primary care (Health Canada, 2004), which may radically change the role of nursing. In preparation for such change it is essential that nurses embrace the idea that "advocating for health-care systems that ensure accessibility, universality and comprehensiveness of necessary health-care services" (CNA, 2008, p. 21, item ix) is a nursing concern. "As the largest group of health professionals in Canada, nurses have the power to promote and lobby for equity in the health-care system" (McGibbon et al., 2008, p. 27).

The next scenario describes a situation that might be more familiar to nurses working in long-term care. Here, a nurse is challenged to address issues arising from inadequate services to support healthy aging.

SCENARIO 2: SUPPORTING HEALTHY AGING

Shakira was administering medications to Mr. Yanitsky, a long-term resident in the Berryville Nursing Home, when his wife of 66 years came into the room. Shakira noticed that Mrs. Yanitsky was looking increasingly frail and seemed to be losing weight. When she inquired about Mrs. Yanitsky's health, she was told, "I'm fine, dear, but I had a little fall yesterday and I'm feeling a bit bruised and sore today."

Shakira took a closer look and noticed a large bruise on Mrs. Yanitsky's hand and a bump on her forehead. She asked, "Do you mind showing me your bruises? I'm a little worried about you." Mrs. Yanitsky responded by pulling up her sweater and showing Shakira her back, which was, indeed, bruised and sore-looking, and she seemed to have pain each time she breathed. Shakira suspected broken ribs. Even more startling was how thin the woman was. Her ribs and spine stood out plainly under her skin.

Shakira asked Mrs. Yanitsky if she had visited the doctor after the fall and was told, "Oh no, dear. I haven't had time, have I? And it's such a bother to try to get to the doctor. I'm not as spry as I used to be. It's hard to make the appointment because I don't hear very well on the telephone, and I don't drive any more so I have to take the bus. It's hard enough to get here to visit my darling husband. I'm fine, though. Really. Don't worry about me. I'm a tough old bird!"

Later in the afternoon Shakira spoke to the doctor and asked if it would be possible to organize an x-ray for Mrs. Yanitsky. The doctor replied that there really wasn't any mechanism to do that through the long-term care centre; instead, the patient would have to go to the emergency department. That got Shakira thinking. She knew that Mrs. Yanitsky would never go to emergency on her own. She also thought about some of the other elderly persons who were regular visitors and recalled that she had often seen signs of

increasing frailty in those who visited their loved ones regularly. It occurred to her that many of them were lacking support. She broached the subject with Marlene and Anita, the other nurses who regularly worked the day shift. They, too, had made the same kinds of observations and had worried about their visitors. Most were elderly, and many had reduced financial circumstances, so were less able to arrange for access to services they might need. As they talked, the nurses began to speculate on what, if anything, they should do about the situation.

Part II of the *Code of Ethics for Registered Nurses* encourages the nurses in this scenario to take action, "understanding that some groups in society are systematically disadvantaged, which leads to diminished health and well-being. Nurses work to improve the quality of lives of people who are part of disadvantaged and/or vulnerable groups and communities, and they take action to overcome barriers to health care" (p. 21, item viii). In this scenario, the vulnerable are those low-income elderly persons who have difficulty accessing health-care services. With the growing emphasis on primary care and health promotion, working to help this group is part of nurses' ethical practice.

There are many actions that Shakira and her colleagues might take. To start with, they could get together with their manager to identify any community supports with whom they could partner. If none exist, they might suggest a monthly health clinic to be run out of the long-term care centre. If the community is interested in establishing such a clinic, the nurses could assist in organizing a "citizen's action group" to act as a steering committee for the initiative, with the objective of developing and submitting a funding proposal to government. Involving patients and family members, such as Mr. and Mrs. Yanitsky, would be an important step in identifying needs and generating ideas. From the patients and visitors themselves, the nurses might well obtain useful ideas for establishing the clinic; they might also identify

people with skills in raising public awareness and funds. An important part of the proposal would be to emphasize the cost-effectiveness of the initiative: in helping to prevent illness, such a clinic could save money over the long term. Some features of the clinic might be assessment by a gerontological nurse practitioner; home follow-up by a registered nurse for such things as falls prevention, living conditions and social supports; assessment of nutritional status by a dietitian; mobile x-ray services; provision of blood test services by a laboratory technician; and assessment of social circumstances (such as finances) by a social worker. The nurses might even suggest starting a program like Meals on Wheels or a dining club through the long-term care centre. Such a proactive stance would go a long way to reducing the health inequities of this vulnerable population.

In considering their options, the nurses would be drawing on their experience in long-term care, their nursing knowledge about the determinants of health, their awareness of the importance of illness prevention and their skills in facilitating community action. Like Tara, the nurse in scenario 1, they can make a difference. Undertaking the ethical endeavour of “advocating for a full continuum of accessible health-care services to be provided at the right time and in the right place” (p. 20, item iv) could extend their practice in an interesting and challenging way and might enhance their work life. Addressing social justice concerns can be personally satisfying, as well as ethical.

In the next scenario, one nurse decides to take action toward creating a healthier work environment by recognizing that social justice affects students and staff, as well as patients.

SCENARIO 3: CREATING A MORAL COMMUNITY

Gordon had been working in the emergency department for about a year. He had just had a disagreement with the medical head of the

department, who had ordered what Gordon thought might be an incorrect dose of a medication. He understood that unusual doses are sometimes required, but as a professional he felt he had to check. When he asked the physician about the dose, she glared at him and asked sarcastically, “And when did you complete medical school?” She then walked away without answering his question. Gordon felt that his query should not have elicited rudeness on the physician’s part. However, he had observed that she frequently acted disrespectfully toward nurses.

Later, Gordon was working with Charlie, a young man who had been involved in a motorcycle accident and who required removal of the gravel embedded in his skin. It was an uncomfortable procedure, and Gordon offered Charlie some analgesic, which was refused. Gordon had just gotten started when Charlie cursed and took a swing at him, connecting with the side of his head and almost knocking him off his feet. Gordon advised Charlie that his actions were unacceptable and left the cubicle to seek assistance. This was not the first time that Gordon had been hit by a patient while working in this emergency department. The incident reinforced for Gordon the fact that the issue of physical violence against nurses in his department needed to be addressed.

At the end of his shift, walking through the unit, Gordon heard another nurse yelling at a student, “I don’t know what it is with you people. Don’t you know anything? Get out of my sight. You’re just useless.” The student’s eyes filled with tears, and she turned away. It was the second time on this shift alone that Gordon had seen this particular nurse treating a student with contempt. Gordon decided that something had to be done. His workplace was rapidly becoming a “toxic” environment.

In this scenario, the primary issue is one of social justice because the practices that Gordon has observed are oppressive and/or violent, with the result that the work environment is becoming negative and unhealthy. The

code of ethics has much to say about the issues identified. Part I states that “Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document ... in what they do and how they interact with persons receiving care ... and other members of the health-care team” (p. 8). Part I also requires nurses to “prevent and minimize all forms of violence” (p. 9). An ethical endeavour described in part II is “Working collaboratively to develop a moral community. As part of the moral community, all nurses acknowledge their responsibility to contribute to positive, healthy work environments” (p. 21, item xiii). Gordon is justified in taking action about his concerns as part of practising ethically.

If Gordon were to go to the literature, he would discover that what he has observed has been termed “lateral violence,” a form of bullying aimed at dominating or silencing nurses (Center for American Nurses, 2008; Griffin, 2004). It has been suggested that nurses who have experienced oppression may go on to oppress others because they lack self-esteem (Vickers, 2008). In one Canadian study, nurses admitted that how they felt about themselves influenced the degree to which they practised ethically; they also reported that they sometimes treated patients, students and colleagues “in ways that were not supportive and at times were even demeaning” (Rodney, Hartrick Doane, Storch & Varcoe, 2006, p. 26.) Another form of oppression experienced by nurses is physical violence against them, which has become an international concern (Luck, Jackson & Usher, 2008) and is increasing in incidence (Whelan, 2008). Nurses have been reported to be at greater risk of physical violence in the workplace than even prison guards or police (St-Pierre & Holmes, 2008). Devising strategies to counter this violence is of concern to nurses and managers alike and is one way in which social justice can be enacted.

In the scenario described above, the behaviour of both the physician who was rude to Gordon and the nurse who was hard on the student could be considered examples of lateral violence, although some authors

have suggested that lateral violence occurs only among nurses themselves, with bullying or domination by physicians being a common cause (Sheridan-Leos, 2008). Charlie’s (successful) attempt to hit Gordon is also a form of bullying. The escalating level of both kinds of violence toward nurses and students is a symptom of an unhealthy workplace.

Gordon has several options and selecting among them will require an analysis of the situation using the values and ethical endeavours set out in the code of ethics. First, he might consider what it is that makes a physician feel justified in treating a nurse badly. He might turn to the literature for insights into how to manage power relationships in nursing. He could also explore ways in which conflict situations might be managed. He might then approach the physician to discuss how they can improve their professional working relationship, with the shared goal of safe patient care. This requires considerable moral courage, because challenging another, particularly within a hierarchical structure, can be difficult. Moral courage means having the courage or strength of will to act on one’s beliefs. Gordon can support his actions by referring to the code of ethics, which encourages him to work toward a more healthy work environment.

Similarly, Gordon may want to talk to his nursing colleague about her behaviour toward students. The code is very precise about the need for nurses to treat students in a respectful manner and to provide them with mentorship and guidance (p. 14, item D10, and p. 19, item G9). The code also specifies that “nurses refrain from judging, labelling, demeaning, stigmatizing and humiliating behaviours toward persons receiving care, other health-care professionals and each other” (p. 17, item F2); this principle should be extended to students, who also deserve to be treated with respect. In this way Gordon would be encouraging his colleague to reflect on her actions and would be “advocating for the discussion of ethical issues among health-care team members,” as the code of ethics suggests (p. 21, item xii).

It might also be necessary to consider whether the problem is more systemic. From the scenario, it appears that the culture of the emergency department may permit, and even implicitly support, oppression of nurses and students, as no one has openly criticized the physician and nurse for their behaviour. If this is the case, Gordon may wish to approach his unit manager about his concerns. It may be advisable for the unit manager to address the problem in a more public forum such as a staff meeting, indicating that there will be no tolerance for such aggression. The actions of the staff could also be addressed through quality assurance processes. In addition, the unit manager could work through the hospital's administrative structure for development and approval of policies against lateral violence. The clinical ethics committee could also act as a resource in clarifying values and beliefs at individual and institutional levels. If no action is taken on the issue, and if the situation does not improve, Gordon could be justified in taking his concerns to senior hospital management. If the seriousness of the situation escalates and no measures are taken, Gordon could make inquiries to the appropriate provincial or territorial regulatory bodies, which might choose to investigate the inappropriate behaviour as unethical practice.

Gordon could similarly approach his unit manager about the incident with Charlie, the patient, suggesting that the issue of physical violence against nurses needs to be addressed. Such aggression is unacceptable, and institutions should have in place zero-tolerance policies that protect the safety of nurses. If the institution does not have such a policy, then Gordon might ask the unit manager to take the concerns forward. If there is a policy and it is not being enforced, then again, this becomes an issue for those at higher levels of authority. In the past, many nurses have accepted that some level of violence is to be expected in their jobs (Whelan, 2008), but acts of violence such as that demonstrated by Charlie are simply unacceptable. A strong awareness of social justice as a right not just of patients but also of nurses

will help the nurses in Gordon's department to be strong in demanding support for a secure, safe work environment. The *Code of Ethics for Registered Nurses* indicates that one ethical endeavour that nurses might undertake is "recognizing and working to address organizational, social, economic and political factors that influence health and well-being within the context of nurses' role in the delivery of care" (p. 21, item ii).

Gordon should not expect to address his concerns alone but could exhibit ethics leadership by encouraging his nursing colleagues to oppose violence and bullying in any form; he could also enlist the aid of the clinical educator. She or he could be asked to develop educational sessions to help nurses become more alert to these issues – that is, to recognize them as instances of unacceptable behaviour or unethical practice and to devise strategies to work against them (Griffin, 2004). Gordon and his colleagues could also work on ways to change what Daiski (2004, p. 43) has called "dis-empowering relationships." A concerted effort on the part of nurses, who greatly outnumber other health-care providers, could have a great effect on the moral community in the unit and throughout the institution.

Social justice should not be the responsibility of a single individual; it must also be reflected in the ethos or ethics environment of health-care structures and institutions. All staff members should be included in discussions as a way of promoting a positive culture of collaboration in the workplace.

CONCLUSION

Social justice plays a significant role in nursing and nursing education. The *Code of Ethics for Registered Nurses* emphasizes the importance of social justice in everyday nursing practice, as well as in socio-political action at national and international levels. In this paper, three scenarios have been used to demonstrate how nurses might work within their communities, their institutions and their departments to enhance attention to social justice for patients and staff. Whether they are involved in direct care, administration, education, research or policy development, it is useful for nurses to reflect on how social justice issues relate to their daily practice. The questions in Box 2 may prove helpful to nurses in this respect.

The scenarios in this paper offer just a few examples of how nurses might take action at the local level, but the code also suggests that nurses consider taking whatever opportunity they can, individually and collectively, to address issues occurring within a global context, such as violence, hunger and poverty (CNA, 2008, p. 21, item xi).

Many opportunities exist for nurses to learn about social justice issues. The websites of provincial, territorial, national and international nursing organizations offer helpful resources. Attending nursing conferences, such as those organized by CNA and the International Council of Nurses, is another way to strengthen awareness of social justice issues. The International Centre for Nursing Ethics also sponsors an annual conference where nurses can learn about some of the issues arising in other parts of the world and ways in which nurses have taken action to reduce social inequities. Canadian Nurses Interested in Ethics, an affiliate of CNA, is another forum where nurses can share information and discuss issues (<http://cniethics.ca>).

Considerable information related to social justice is also available from the Internet. The following are just a few examples of these sources:

- Information about the World Health Organization's Commission on Social Determinants of Health can be found at www.who.int/social_determinants/en/.
- The Public Health Agency of Canada has a social determinants of health department, and a search of the agency's website (www.phac-aspc.gc.ca/index-eng.php) yields over 1,600 articles, position statements and other documents, with links.
- The Canadian Council for International Co-operation (www.ccic.ca/e/home/index.shtml) has considerable information on social justice initiatives.

Clearly, the nursing profession is becoming more aware of the importance of social justice issues at all levels, from global health to population health, individual care and nurses' rights. This awareness of social justice as an important part of ethical nursing practice is essential as we move toward a more enlightened, more just and more sustainable health-care system and a more humane and equitable world. Canadian nurses can be part of this movement for change and, with knowledge and determination, can make a difference. Health for all is a goal that nurses can understand and a goal toward which they should be prepared to work as part of everyday ethical practice.

BOX 1: ETHICAL ENDEAVOURS FROM THE *CODE OF ETHICS*

Part II of the *Code of Ethics for Registered Nurses* is reproduced here. To download a free copy of the complete code, visit www.cna-aicc.ca.

PART II: ETHICAL ENDEAVOURS

There are broad aspects of social justice that are associated with health and well-being and that ethical nursing practice addresses. These aspects relate to the need for change in systems and societal structures in order to create greater equity for all. Nurses should endeavour as much as possible, individually and collectively, to advocate for and work toward eliminating social inequities by:

- i. Utilizing the principles of primary health care for the benefit of the public and persons receiving care.
- ii. Recognizing and working to address organizational, social, economic and political factors that influence health and well-being within the context of nurses' role in the delivery of care.
- iii. In collaboration with other health-care team members and professional organizations, advocating for changes to unethical health and social policies, legislation and regulations.
- iv. Advocating for a full continuum of accessible health-care services to be provided at the right time and in the right place. This continuum includes health promotion, disease prevention and diagnostic, restorative, rehabilitative and palliative care services in hospitals, nursing homes, home care and the community.
- v. Recognizing the significance of social determinants of health and advocating for policies and programs that address these determinants.
- vi. Supporting environmental preservation and restoration and advocating for initiatives that reduce environmentally harmful practices in order to promote health and well-being.
- vii. Working with individuals, families, groups, populations and communities to expand the range of health-care choices available, recognizing that some people have limited choices because of social, economic, geographic or other factors that lead to inequities.
- viii. Understanding that some groups in society are systemically disadvantaged, which leads to diminished health and well-being. Nurses work to improve the quality of lives of people who are part of disadvantaged and/or vulnerable groups and communities, and they take action to overcome barriers to health care.
- ix. Advocating for health-care systems that ensure accessibility, universality and comprehensiveness of necessary health-care services.
- x. Maintaining awareness of major health concerns such as poverty, inadequate shelter, food insecurity and violence. Nurses work individually and with others for social justice and to advocate for laws, policies and procedures designed to bring about equity.
- xi. Maintaining awareness of broader global health concerns such as violations of human rights, war, world hunger, gender inequities and environmental pollution. Nurses work individually and with others to bring about social change.
- xii. Advocating for the discussion of ethical issues among health-care team members, persons in their care, families and students. Nurses encourage ethical reflection, and they work to develop their own and others' heightened awareness of ethics in practice.
- xiii. Working collaboratively to develop a moral community. As part of the moral community, all nurses acknowledge their responsibility to contribute to positive, healthy work environments.

BOX 2: REFLECTING ON SOCIAL JUSTICE, THE SOCIAL DETERMINANTS OF HEALTH AND INEQUITIES IN ACCESS

Practice

- Does my practice area offer sessions on social justice, the SDH [social determinants of health] and inequities in access (e.g., the relationship between postnatal outcomes and unemployment or between seniors' health and the cost of home heating)?
- Do I routinely associate client “non-compliance” with the possibility that the client has no money for transportation or prescribed treatments?
- Is lack of action on my part a form of discrimination?

Education

- Do I incorporate social justice, the SDH, and inequities in access in my teaching of the specialty areas (e.g., the relationships between cardiac outcomes, race, gender)?
- Does my institution offer faculty training on social justice and health?
- Is lack of action on my part a form of discrimination?

Research

- Am I encouraged to ask research questions that address the issues of marginalized peoples?
- What steps do I take to ensure diverse participants and perspectives are included in my sample?
- Do I use appropriate research methods (e.g., participatory engagement) to study inequities in health care?

Management and Policy

- Does my workplace implement policies that explicitly address social justice, the SDH and inequities in access? Are these policies reviewed regularly?
- What happens when I apply the CNA social justice gauge (2006) to the policy documents of my workplace? Of my political party?
- How does my political party perform on social justice issues such as child poverty and homelessness?

(McGibbon, Etowa & McPherson, 2008, p. 26)

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