SOCIAL JUSTICE

... a means to an end,
an end in itself.

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CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

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1. INTRODUCTION

Social Justice: a means to an end, an end in itself

Social justice is a means to an end as well as an end in itself. This policy discussion paper is intended to assist the CNA in harnessing social justice as one means to achieve its policy goals in the national and international health-care arenas. In addition, this paper is intended to help CNA in the pursuit of social justice as a goal in its policy-making process that will be reflected in all of its position papers and subsequent promotional activities. Both of these purposes are important because social justice as an objective is key to the advancement of global health and equity,[1] which is one of the association's six goals.

In considering social justice as both a means to an end and an end in itself, this policy discussion paper contains four major sections:

- ***Social Justice and CNA*** discusses briefly how social justice has become part of CNA's policy environment. The second section of this paper also considers how and why the association is pursuing social justice as a means and an end.
- ***Social Justice: Understanding the Means to Achieve an End*** provides an introduction to the concept of social justice. This third section also presents a decision tree model on health status and health determinants in order to understand the possibilities and the limits of social justice in addressing inequities and inequalities.
- ***Social Justice: Ten Defining Attributes*** describes the defining attributes and goals of social justice and situates them in a conceptual framework.
- The fifth section of this paper presents the ***CNA Social Justice Gauge***. This gauge is intended to assist the association in the development of its positions and policy statements. The defining attributes of social justice are set within a gauge along with the principles of recognition and responsible action. When applied to a document review, the gauge indicates gaps or omissions for review.

[1] CNA's fifth goal is: CNA advances international health policy and development in Canada and abroad to support global health and equity.

In presenting these sections, this policy discussion paper is intended to serve the varying needs of five different target audiences:

- The ***CNA Board of Directors*** can use this paper to foster discussion, inform voting and help ensure that the policy positions they approve support social justice.
- The ***CNA general membership*** can use this paper to elicit input and foster discussion about social justice among registered nurses.
- This paper can assist ***CNA staff*** in the development and review of policy proposals, so that social justice is reflected in all CNA positions and documents.
- This paper can help ***consultants working for CNA*** to ensure that their work is in line with the ideals of social justice.
- ***Others in and outside Canada*** can use this paper to assist in the development of other organizational social justice tools and activities.

SOCIAL JUSTICE

2. SOCIAL JUSTICE AND CNA

CNA meets a new challenge

In June 2002, the CNA Board of Directors signaled the organization's commitment to advancing social justice. This led the International Policy and Development department to host an educational workshop with a series of guest speakers addressing the theme of social justice. This workshop was an important first step in clarifying social justice as an organizational priority and identifying the role it plays in CNA's national and international work. As a result of these events and upon the suggestion of stakeholders, CNA started to investigate the adoption of social justice as an applicable policy means as well as a valid and achievable policy goal.

These investigations have led to an important conclusion. ***As both a means to an end and an end itself, social justice complements the mission, vision and values that support the CNA policy-making process. In addition, social justice as a means provides one valuable and essential avenue for the association to fulfill its policy goals.*** Why is this so? The answers lie in CNA's orientation and decision-making process:

- CNA sets its policies with due consideration to the association's purpose, values and resources as illustrated in Figure 1: CNA Policy : Program Screen. Social justice forms a key element of the values lens.
- CNA's purpose is outlined in its mission and vision. In addition, the association has defined its values in its governance principles as well as in its *Code of Ethics for Registered Nurses* (CNA, 2002). These organizational purpose and value statements mirror the social justice values and principles as defined in section 3 of this policy discussion paper.
- CNA's priorities are new models of health service delivery, health human resources and the Canadian Nurses Portal. In turn, the association's policy directorates (i.e., Public, Nursing, Regulatory and International Policy and Development) pursue these priorities, and CNA's resources, membership support and revenue generation inform CNA direction. Policy and program issues are filtered through the CNA policy lenses to ensure consistency with the association's purpose, values and resources.

- The attributes of social justice outlined in this discussion paper are consistent with the values expressed in CNA's *Code of Ethics for Registered Nurses.* For example, the code lists justice, guided by principles of equity and fairness, as one of eight different nursing values. In addition, the code defines the "ethical behaviour expected of registered nurses in Canada," thereby outlining the ethics and core values intended to guide individual practice. By design, the code provides guidance to nurses who must make decisions on ethical matters that will influence individual care. As a result, the code serves as an "ethical basis from which to advocate for quality practice environments" (p. 2).

As we shall see in the next section, social justice focuses on the health of the general population. It defines the determinants of health as being societal in nature. Furthermore, social justice as a means to achieve an end holds that these societal determinants should form the foundation of policy decisions. In doing so, social justice clarifies the conceptual differences between health inequities and health inequalities so that it can define principles and attributes that CNA should incorporate into its policy-making process.

Figure 1: CNA Policy : Program Screen

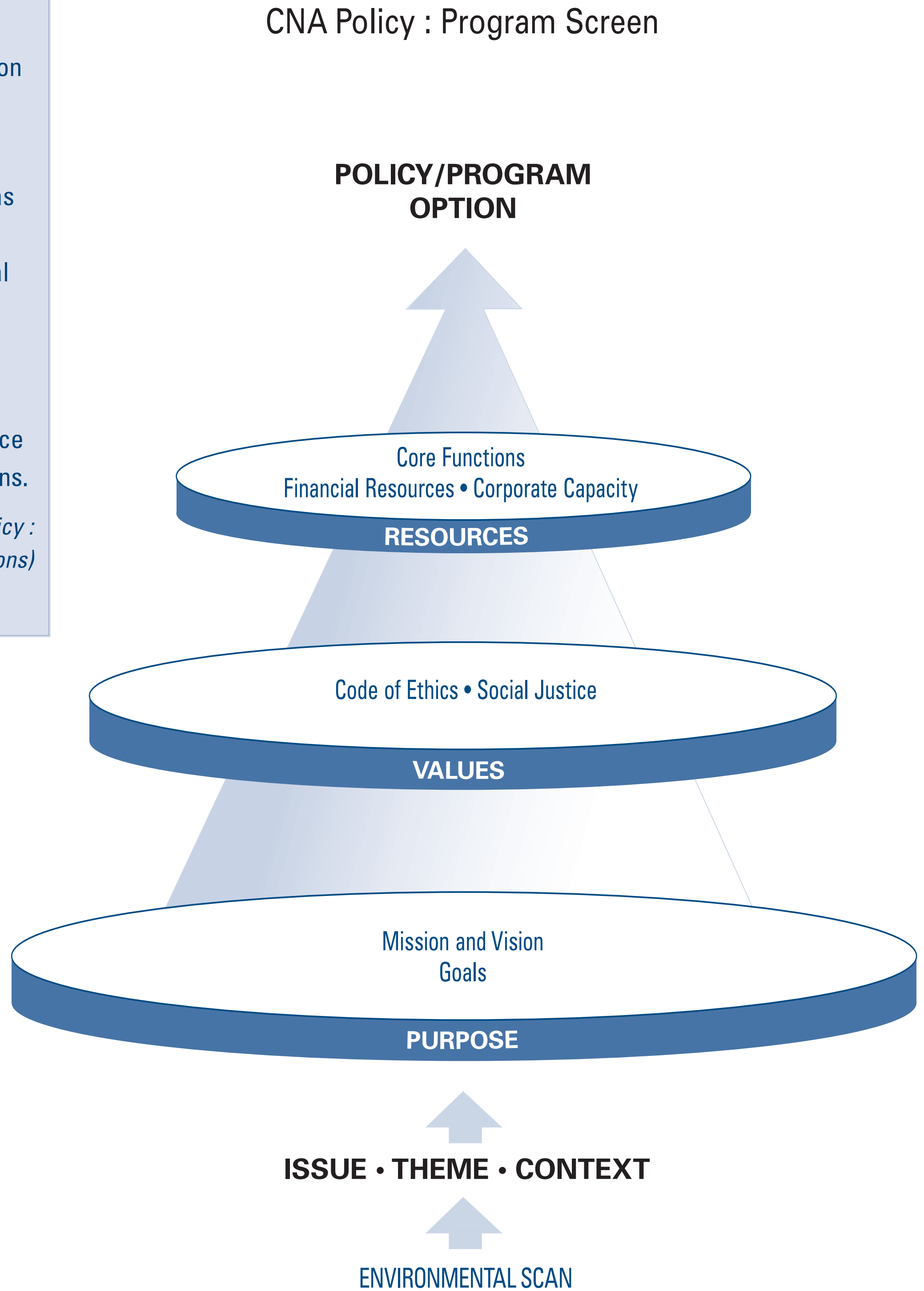
What is the policy : program issue in question?

Is the issue relevant to the profession of registered nursing in that it:

1. Fits with the CNA mission, vision and goals.
2. Aligns with the CNA values lenses: executive expectations and parameters, governance policies, code of ethics, social justice gauge.

Also, consider how it affects and relates to core functions; specifically the financial resource and internal capacity implications.

(See Appendix A for CNA Policy : Program Screen Guiding Questions)



SOCIAL JUSTICE

3. SOCIAL JUSTICE: UNDERSTANDING THE MEANS TO ACHIEVE AN END

a) A Conceptual Overview

Social justice has been identified as one of the most important goals of social progress. Since the United Nations General Assembly adopted it as a goal in 1990 many social, humanitarian and health organizations have chosen to pursue social justice as a key objective.

The guiding assumptions of social justice are as follows:

- All societies suffer from broad, systematic inequities and oppression that, due to their uneven and unfair nature, impose themselves on some people more than others.
- Every individual (and therefore every profession) is inevitably, if unintentionally, a part of these circumstances.
- Every individual (and therefore every professional field) has an obligation to take responsible action to eliminate forms of systematic inequity and oppression inherent to diverse social groups such as racism, sexism, hetrosexism and classism.
- Dominant cultural values and mores shape social concepts.
- Inequitable distribution of power, resources and individual access to these resources is part of the current status quo.
- We as members of society are part of the status quo who contribute in part, if unintentionally, to its maintenance.
- We are obliged to help contribute to social, political and economic parity (Smith et al., 2003).

At its most generic level, social justice means the fair distribution of society's benefits and responsibilities and their consequences (Rawls, 1985; Kass, 2001; Morris, 2002; De Cock et al., 2002). As a result, defining and applying social justice means determining the extent to which disparities exist among various sub-groups of a population, evaluating their root causes and then proposing what can be done to eliminate them (Aday et al., 1999). This means that the concept of social justice is founded on the idea of *fair distribution* (Morris, 2002). Essentially, when we ask about social justice we are asking one overarching question: Is our society just?

Social justice means the fair distribution of society's benefits, responsibilities and their consequences. It focuses 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.

Despite significant advances, humanity continues to confront unacceptable disparities in levels of economic and social development, health and well-being. These injustices have moral and legal ramifications. They can lead to conflict that threatens peaceful relations between and within countries (Economic and Social Council of the United Nations, 1998).

Canada is not immune to the difficulties posed by a lack of social justice. However, as a society Canada has taken measures to pursue social justice in both the national and global realms. With the ratification of the *United Nations International Covenant on Economic, Social and Cultural Rights,* the *Universal Declaration of Human Rights* and the *Canadian Charter of Rights and Freedoms,* Canadians have accepted a vision of social justice that supports the principle that all peoples, without discrimination, have the right to live in dignity and freedom and to enjoy the fruits of social progress and should, on their part, contribute to it (Office of the High Commissioner for Human Rights, 1969). Canada's universal health-care system and wide ranging social programs speak to our national senses of fairness and community as well as our support and interest in social justice ideals[2] (Axworthy & Spiegel, 2002).

This conceptual overview demonstrates that authors generally agree that *social justice relates to fair distribution as well as to the relative position of one social group in relation to others in society.* However, this does not deal with the questions of how to define fairness, how we should put fairness into practice and for whom fair distribution should be considered. These questions continue to exist in no small measure because social justice is a normative, contextually based idea that must be defined within a particular place and time and in relation to a specific issue.

b) Equity

In order to try to answer these fairness questions that are implicit in social justice, let us now consider the concept of equity. Put simply, equity is the *just* treatment of individuals within their own social context (CNA, 2003). If overall equity is to be achieved, each individual's needs must be met and every individual must have the opportunity to reach full potential as a human being. Equity and social justice are linked inextricably via the concept of fairness as well as the assumption that many crucial social problems such as poverty, racism and homophobia are rooted in institutional structures and the socio-economic order (Reeser & Leighninger, 1990).

This growing clarity of the definition and purpose of equity has led many organizations around the world to start to work toward social justice (Peter, 2000; Braveman & Gruskin, 2003a; Braveman & Gruskin, 2003b; Peter & Evans, 2001). For example, the *Universal Declaration of Human Rights* has been a pivotal document in the initiation of human rights legislation and rights-based approaches to global development. In many cases advocates have used human rights to provide the legal framework for the pursuit of social justice (Fitzpatrick, 2003; Braveman & Gruskin, 2003b; Gruskin & Loff, 2002; Easly et al., 2001; Van Soest, 1994). Indeed, rights defined in international conventions –

[2] The term *social justice ideals* is used throughout the document and reflects the underlying principle that "all peoples, without discrimination, have the right to live in dignity and freedom and to enjoy the fruits of social progress and should, on their part, contribute to it" (Axworthy & Spiegel, 2002, p.4).

including the important right to health – not only have value in themselves, but also power and political overtones because nations have agreed upon these rights in a formal context (Wolfensohn, 2002).

Despite the growing clarity of its definition and purpose, equity represents only one side of the social justice coin. To gain a complete understanding of social justice, we must also consider how it relates to inequity and inequality.

c) Inequity Versus Inequality

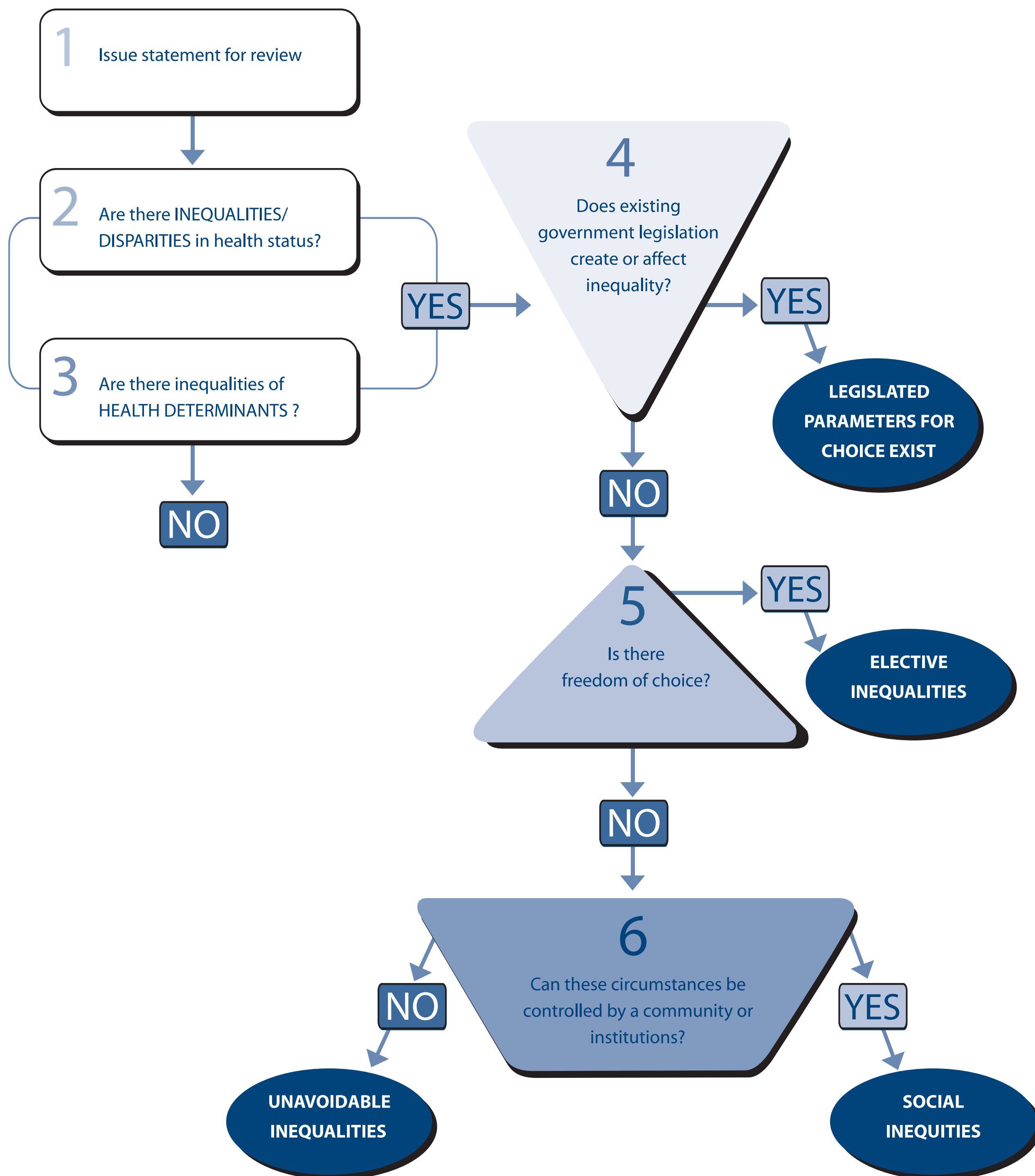
Making assessments about social justice means making moral and ethical judgments about fairness and equity. However, this is not the case for inequality or disparity, which are empirical concepts that can be measured. Whitehead (1992) says that in order to describe a certain situation as inequitable "the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society" (p. 5). According to Whitehead, although these judgments will vary from country to country and from time to time, disparities that are avoidable or unnecessary are inherently unfair. These observations serve as the foundation for current thinking on measuring inequality.

To describe a certain situation as inequitable the cause must be judged unfair in the context of what is going on in the rest of society. Although judgments will vary from country to country and from time to time, disparities that are avoidable or unnecessary are inherently unfair.

Stronks and Gunning-Schepers (1993) provide a graphic representation of Whitehead's ideas. CNA has adapted their decision tree model to illustrate how government legislation and the individual's freedom of choice shape the nature of inequalities in health status and in health determinants (Figure 2).

Figure 2: Decision Tree Model – Which Inequalities are Inequitable?

Adapted from Stronks and Gunning-Schepers (1993)
(See Appendix C for Decision Tree Model Guiding Questions and Examples)



The adapted model starts with the review of a health-care issue by an individual, an organization or a government. Then the model poses a series of systematic questions:

- Are there inequalities in health status and health determinants that shape the health-care issue? If so, we should consider the impact of government legislation on these inequalities.
- Does existing government legislation create or affect inequality? If so, we should consider this legislation to evaluate the legislated parameters for individual (and collective) choice. If not, we should consider the impact of individual freedom of choice.
- Is exposure to health determinants and health inequalities due to free, individual choice?[3] If so, we should consider the resulting disparities as *elective*. Examples of elective inequalities include health outcomes that are a result of chosen unhealthy lifestyle behaviors (e.g., making a free, individual choice to smoke or participate in high-risk sports). Disparities that are not due to free and individual choice may be further categorized by looking at whether human beings acting as a community or in groups or institutions can control the circumstances behind them.
- Can individuals acting together as a community or in smaller groups or institutions control inequalities in health status and health determinants? If so, the results are *social inequities*, for example, disparate access to clean water, unequal immunization rates or different educational outcomes among sub-groups of a population. *Unavoidable inequalities* cannot be controlled, for example, differential health outcomes that are the result of a genetic predisposition to disease.

Whitehead (1992) discusses making a judgment about which health disparities might be inevitable and unavoidable (i.e., fair) and which are unnecessary and unfair. In this discussion, the author defines seven main determinants of health disparities:

1. natural biological variation;
2. health damaging behavior if freely chosen, such as the participation in certain sports and pastimes;
3. the transient health advantage of one group over another when that group is first to adopt a health promoting behavior (as long as other groups have the means to catch up fairly soon);
4. health-damaging behavior involving a severe restriction of degrees of lifestyle choice such as smoking;
5. exposure to unhealthy, stressful living and working conditions;
6. inadequate access to essential health and other public services such as that faced by aboriginals and those who live in rural and remote regions; and

[3] It should be noted that "free and individual choice" continues to be a contentious concept because lifestyle choices are not made in isolation from the context of social structure.

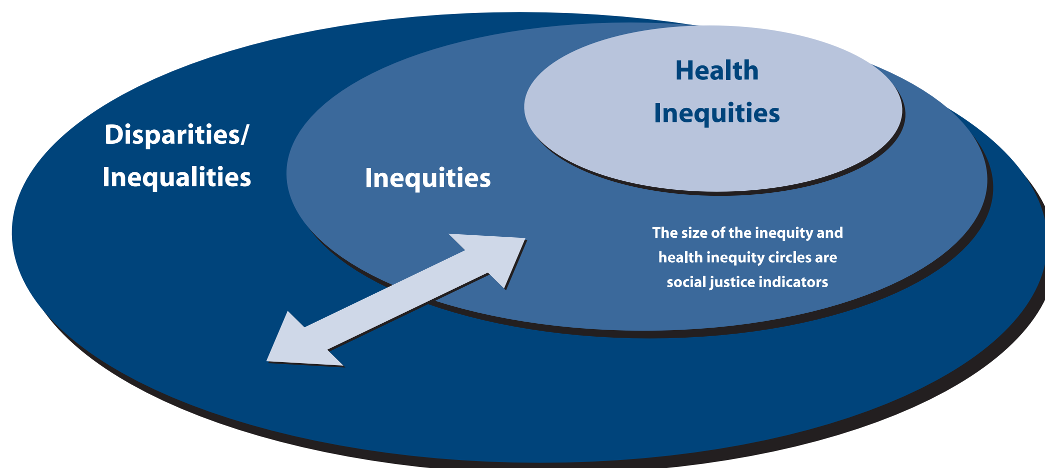
7. natural selection or health-related social mobility involving society's tendency to ostracize sick people – such as those who suffer from leprosy, AIDS or a mental disability – so that they eventually lose their employment, their housing and thereby move down the social scale.

Whitehead states that we should not consider inequalities resulting from the first three factors as being unfair because they are the result of free, individual choice or circumstances beyond human control. In contrast, Whitehead defines the last four factors as being unfair because they are avoidable factors within human control.

To provide further clarity, Figure 3 offers a visual depiction of the relationship between inequality, inequity, health inequity and social justice (Davison et al., 2004).

Figure 3: The relationship between inequality, inequity and social justice (Davison et al., 2004).

The largest circle represents inequalities or disparities. These inequalities are empirically evident differences that exist across different social groups in a society (Peter, 2000). Among all inequalities there is a subset of disparities that are, as Whitehead described above, avoidable and therefore unfair and inequitable. This subset includes health and health-care inequities. The double-sided arrow represents moral and ethical judgments that must be made in order to determine which inequalities are inequitable/ unfair. These are the judgments addressed in Figure 2. The size of the inequity and health inequity circles depicted in Figure 3 is an indicator of a society's degree of social justice.



SOCIAL JUSTICE

4. SOCIAL JUSTICE: TEN DEFINING ATTRIBUTES

a) Defining the Attributes of Social Justice

Understanding social justice in terms of inequity and inequality is important for understanding its normative and empirical elements. For the nursing profession, understanding the interaction among inequity, inequality and the normative and empirical elements of social justice is essential for evaluating the direction of health-care policy and health-care decision-making as it affects individuals and collectivities. However, nurses must also be aware that any understanding of social justice cannot stop at this point. Social justice is more than a means to an end or a framework for evaluating existing circumstances; it has attributes as a goal or end.

For the nursing profession, understanding the interaction among inequity, inequality and the normative and empirical elements of social justice is essential for evaluating the direction of health-care policy and health-care decision-making as it affects individuals and collectivities.

Studies of social justice as a goal or desired result have defined its attributes as equity, democracy, fairness, empowerment of individuals, poverty reduction, advocacy, just economic, social and political institutions, respect for human rights and dignities, concern for civil rights, multi-agency partnerships and supportive environmental measures (Peter, 2000; Tisdell, 2003; Middleton, 2003; Fitzpatrick, 2003; Reeser & Leighninger, 1990). In essence, this means that for the nursing profession putting social justice into practice involves working towards ten specific attributes:

1. ***Equity (including health equity):*** Equity is founded on the just or fair treatment of all individuals, including equitable access and opportunity for all people to meet health needs and potential (CNA, 2003).
2. ***Human Rights (including the right to health):*** The *United Nations Universal Declaration of Human Rights* and the *Canadian Charter of Rights and Freedoms* defines these rights.
3. ***Democracy and Civil Rights:*** Democracy and civil rights define a social state in which all have equal rights and where sovereign power resides in the people, without hereditary or arbitrary differences in rank or privilege (Oxford University Press, 2004). Canadian civil rights are outlined in the *Canadian Bill of Rights.*
4. ***Capacity Building:*** Capacity building refers to the strengthening of individual and institutional core skills, capabilities, insight, knowledge and experience through means such as coaching, training, technical support and resource networking (The California Wellness Foundation, 2004).

5. ***Just Institutions:*** Just institutions engage in fair institutional practices as well as the just treatment of all individuals in institutions and institutional systems.

6. ***Enabling Environments:*** Physical, social and political spaces and situations form enabling environments that support positive, sector-wide change, policy development and community empowerment.

7. ***Poverty Reduction:*** Projects, programs and/or structural reforms of an economic, political or social nature that reduce poverty, increase the overall standard of living and/or increase the participation of the poor in social and political life (Weidnitzer, 1996).

8. ***Ethical Practice:*** Ethic review boards and the CNA *Code of Ethics for Registered Nurses* (2002) define ethical practice for nurses.

9. ***Advocacy:*** This means the active pursuit of support for the rights of a person, including oneself, or a cause by means such as policy or system change (Adapted from Thomson, 2004).

10. ***Partnerships:*** Partnerships are based on the equitable sharing of rights, roles and responsibilities among institutions and individuals in private, public, government, education, community or the non-governmental organization sectors (Canadian International Development Agency, 2002).

Overall equity is based on the fulfillment of each individual's needs as well as that individual's opportunity to reach full potential as a human being.

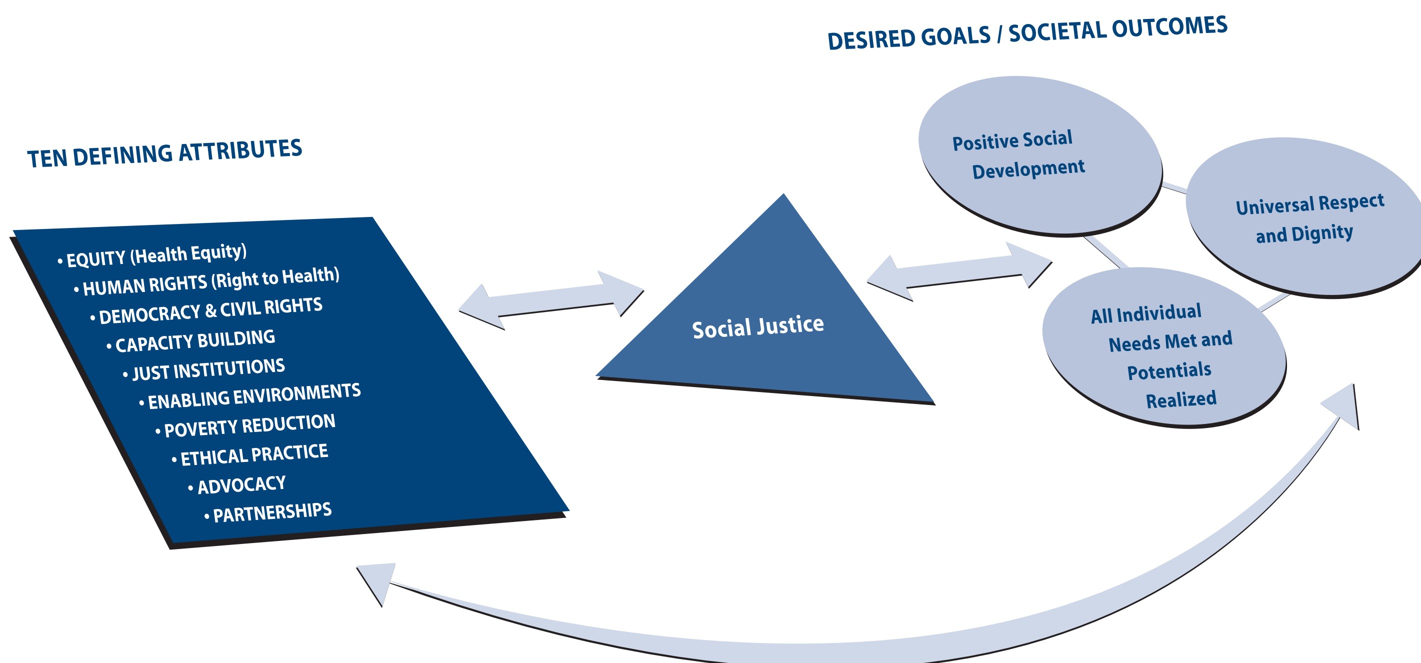
Each of these ten defining attributes goes beyond a unidirectional, cause and effect linkage to form a reciprocal relationship with social justice. For example, creating equitable hiring practices within an institution is an action that contributes to social justice. However, this practice is also enhanced by taking place in a just society where there is already some degree of interest in fair distribution among all its members.

Admittedly, our list of social justice's ten defining attributes is by no means exhaustive. New concepts emerge and existing concepts evolve. In addition, the contextual nature of social justice means that its defining attributes take on different meaning and importance as settings, populations, issues and time-periods change.

b) A Social Justice Framework: Linking Defining Attributes to Ends

Based on studies of social justice, CNA has created a conceptual framework (Figure 4). This social justice framework includes the ten defining attributes mentioned in the previous section as well as a series of desired societal goals or outcomes.

Figure 4: Social Justice Framework



Each defining attribute on the left side of Figure 4 contributes to social justice. In addition, each defining attribute is enhanced as a result of being a characteristic of a society that has already achieved some level of social justice. The double facing arrow in Figure 4 denotes this reciprocal relationship. The oval shapes to the right of the triangle are examples of goals or societal outcomes that we are striving to obtain by achieving some measure of social justice. In a completely just society, all individual needs and potentials would be realized, and there would be positive social development and universal respect and dignity. As is the case for the defining attributes, the list of social justice goals in Figure 4 is not exhaustive. To demonstrate this, we need only to apply our social justice framework to CNA.

CNA is a federation of 11 provincial and territorial nursing associations representing more than 126,000 registered nurses. The association speaks for registered nurses on nursing and health issues with the public, governments and other organizations through regulation, political action, representation and leadership. CNA's vision is one of registered nurses as leaders and partners working to advance health for all. The mission is to support nurses in their practice and advocate for healthy public policy and a quality, publicly funded, not-for-profit health system (CNA, 2005). To do this, CNA pursues the following goals:

- CNA advances the discipline of nursing in the interest of the public.
- CNA advocates for public policy that incorporates the principles of primary health care (access; interdisciplinary, patient and community involvement; health promotion, including determinants of health; and appropriate technology/roles/models) and respects the principles, conditions and spirit of the *Canada Health Act*.

- CNA advances the regulation of Registered Nurses in the interest of the public.
- CNA works in collaboration with nurses, other health-care providers, health system stakeholders and the public to achieve and sustain quality practice environments and positive client outcomes.
- CNA advances international health policy and development in Canada and abroad to support global health and equity.
- CNA promotes awareness of the nursing profession so that the roles and expertise of Registered Nurses are understood, respected and optimized within the health system.

CNA's stated mission, vision and organizational goals represent desired societal outcomes that are specific to the nursing profession and which reflect the ideals of social justice. They speak to all nurses and the nursing profession achieving their full potential. They support social development through the provision of primary health care and attention to the social determinants of health that ensure public protection as well as global health and equity. In essence, these desired outcomes form both ends and means. When these goals are to some degree achieved, this success feeds back into social justice and its defining attributes. Figure 4 uses three double-faced arrows to denote the inter-connectivity and reciprocity of the components. Based on the outcomes that CNA may seek in advancing its work, this framework can help CNA determine the attributes of social justice that will lead to those goals.

CNA is now ready to build on a solid foundation composed of a clear conceptual picture of social justice and how it relates to association work. The next section of this policy discussion paper will take social justice beyond its conceptual framework in order to apply it as a concrete tool to help CNA achieve its goals. This section will present a social justice gauge that the association can employ to evaluate its positions and policy documents so as to maintain its commitment to social justice.

5. THE CNA SOCIAL JUSTICE GAUGE

a) Developing a Social Justice Gauge: Tools for Measuring a Means to an End

As is the case in defining social justice, choosing the right tools to measure organizational success in achieving social justice ideals is a process that is continually evolving. Currently, there are only two examples of organizations that use a mechanized tool (such as a gauge or lens) to assess their alignment with social justice goals or ideals:

- Laura Smith and her colleagues at Barnard College in New York (2003) have developed and applied a social justice framework to the work of their college counselling centre. In doing so they have focused on the implications of counselling for individual practice and self-awareness, practice within the college community and the centre's relationship with the civic community. Ms. Smith and her colleagues claim that although the project is still in its early stages, the process of producing and implementing a social justice framework has already been useful for organizational development.
- Tisdell (2003) provides the only other example of a mechanistic approach to social justice. The author describes the assessment of fairness in the institutional management of natural resources in the United States and Australia. This assessment focuses on how well three conventional water doctrines meet social justice principles as outlined by theorists Rawls, Bentham and Nozick. However, this work does not deal directly with the question of organizational development.

Fortunately, several academic papers do provide examples of organizations using scorecards (Arah et al., 2003), assessment frameworks (Arah et al., 2003; Peiro et al., 2002; Aday et al., 1999; Kass, 2001; March et al., 2004), grids (March et al., 2004; Kamien et al., 1999; Hunt, 2000), benchmarks (Daniels et al., 2000; Caplan et al., 1999), report cards (Magistretti et al., 2002; Brownell et al., 2001; Smith, 1998; IDRC, 2003) and gauges (Evans et al., 2000; Tugwell et al., 2004; Global Equity Gauge Alliance, 2004) to determine if their goals and activities reflect quality, equity, efficiency, social responsiveness, gender equality and fairness. As we shall see, these examples have proven useful in developing the CNA Social Justice Gauge.

b) Developing a Social Justice Gauge: Principles for Measuring a Means to an End

A CNA Social Justice Gauge requires more than just means to measure organizational goals and activities. Social justice involves organizational *recognition* that broad, systematic inequities and oppression are found in all societies. It also involves an inherent obligation to *act responsibly* in order to replace inequities with parity. As a result, these principles of recognition and responsible action are essential for the creation of a CNA Social Justice Gauge that will help the nursing profession determine where it is going and how to get there.

The **recognition principle** requires that:

- practising nurses, nursing associations, society at large and others working in the health-care system are vigilant in determining inequities;
- the nursing profession conducts research and discusses its results so as to understand the underlying factors and structural forces that contribute to inequities;
- the profession brings program design, policies, regulatory frameworks and other social structures that create inequities to the attention to those who can change them; and
- the nursing profession pursues data and indicators for measuring, monitoring and reporting on inequities.

The **responsible action principle** requires that:

- action plans include conditions for change;
- direction and guidance are given for effective action; and
- nurses and nursing organizations exercise pro-active leadership.

This principle also calls for nurses and the nursing profession to:

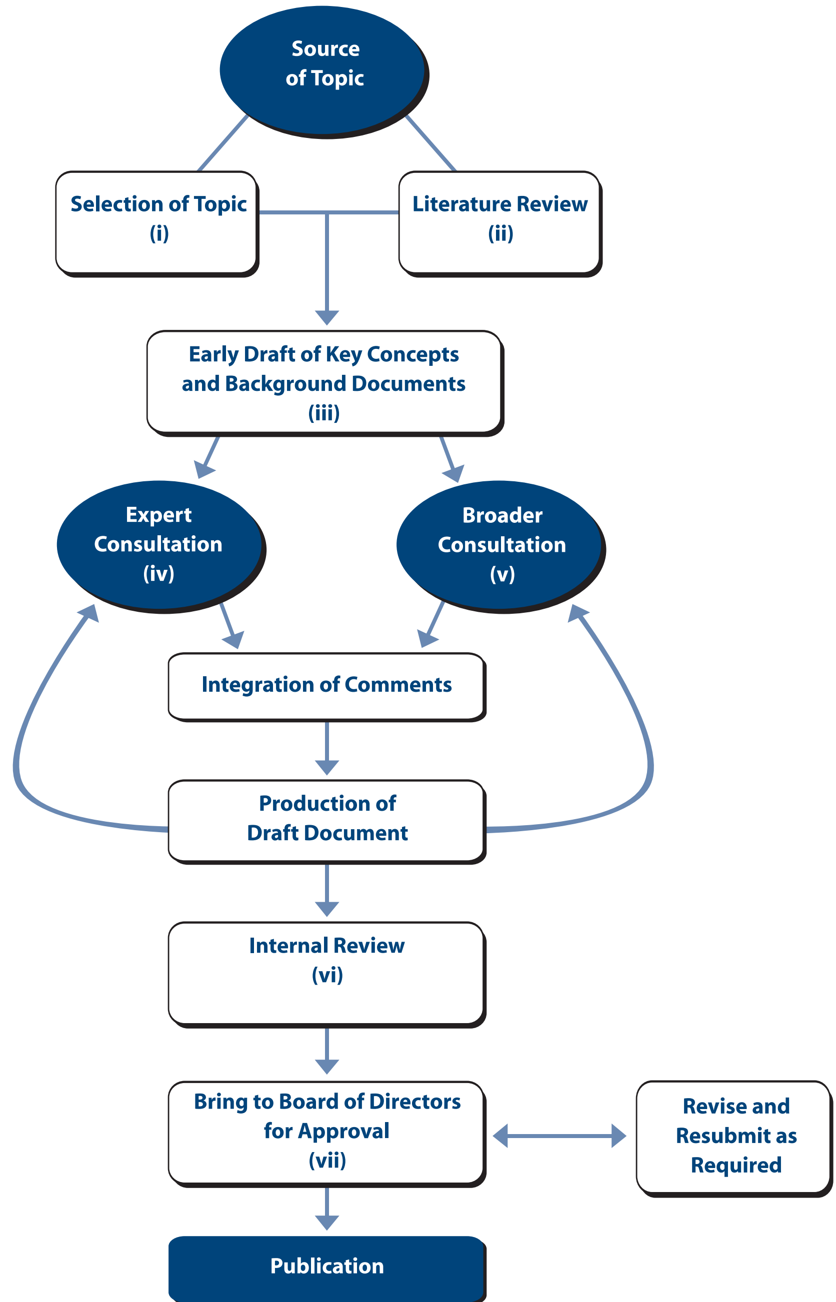
- pursue roles in advocacy, partnering and policy change;
- conduct research to determine which changes in the provision of nursing care are most effective;
- act to create enabling environments and reduce poverty;
- advocate for change and human rights;
- create partnerships for change;
- establish equitable hiring practices that are supported by a just system;
- protect civil rights and build supporting institutional structures; and
- align with social responsiveness, gender equality fairness and equity.

c) Policy Development and the CNA Social Justice Gauge

Social justice should be considered at all stages of policy development and all levels of work within an organization. The CNA Social Justice Gauge will allow the association to evaluate whether policy proposals and their supporting documentation reflect the attributes of social justice. As a result, CNA may use the gauge retroactively in the review of existing position papers and policy documents as well as proactively in the development of policy proposals and supporting documentation.

CNA's process of developing position papers and policy documents is illustrated in Figure 5. The social justice gauge sets out guiding questions that CNA might ask about social justice throughout the entire process of document development. Figure 5 outlines these questions and shows their relationship to each step of the position paper and policy document development process. In addition, Appendix B describes these questions in more detail.

Figure 5: CNA's Process of Position Paper and Policy Document Development



With CNA's position paper and policy development process in mind, a social justice gauge has been developed based on two fundamental social justice elements. These elements are the guiding principles of *recognition* and *responsible action* outlined earlier in this section as well as the ten defining attributes described in section 4 (a) of this policy discussion paper. The guiding principles serve as column headings at the top of the CNA Social Justice Gauge, while the defining attributes are included as row headings on the left-hand side of the gauge.

Canadian Nurses Association Social Justice Gauge

The Canadian Nurses Association is committed to the advancement of social justice.

	SOCIAL JUSTICE GUIDING PRINCIPLES	
	1. RECOGNITION: Broad, systematic inequities and oppression are present in all societies, and these inequities are unevenly and unfairly distributed. Interpretation: The position statement describes inequities that exist, the reasons for their presence and how they affect population sub-groups, including nurses.	**2. RESPONSIBLE ACTION:** There is an inherent obligation for responsible action towards the elimination of systemic oppression and the development of social, political and economic parity. Interpretation: The position statement describes action CNA, the profession and stakeholders must take on inequities, advocates for the reduction of sources of inequities and works towards parity/ fairness.
Social Justice Defining Attributes: Does the document recognize and/or suggest responsible action related to the following:		
A. Equity (including health equity): The just or fair treatment of all individuals (including equitable access and opportunity for all people to meet health needs and potential).		
B. Human Rights (including the right to health): As proposed in the United Nations *Universal Declaration of Human Rights* and the *Canadian Charter of Rights and Freedoms.*		
C. Democracy and Civil Rights: A social state in which all have equal rights and where sovereign power resides in the people, without hereditary or arbitrary differences in rank or privilege. Canadian civil rights are outlined in the *Canadian Bill of Rights.*		
D. Capacity Building: Strengthening individual and institutional core skills, capabilities, insight, knowledge and experience through coaching, training, technical support and resource networking.		
E. Just Institutions: Fair institutional practices and the just treatment of all individuals by institutions.		
F. Enabling Environments: Physical, social and political spaces and situations that support positive, sector-wide change, policy development and community empowerment.		
G. Poverty Reduction: Projects, programs and/or structural reforms (economic, political and social) leading to the reduction of poverty, increased overall standard of living, and/or increased possibility for the poor to participate in social and political life.		
H. Ethical Practice: As outlined by ethic review boards and the *Code of Ethics for Registered Nurses.*		
I. Advocacy: Actively seeking support for the rights of a person, including oneself, or a cause by means such as policy or system change.		
J. Partnerships: Private, public, governments, education, community and NGO sectors working collaboratively to share resources and meet goals.		

d) Three Steps for Applying the CNA Social Justice Gauge to Policy Review

There are three steps to reviewing policy using the CNA Social Justice Gauge:

Step 1:

Obtain and read a copy of the position statement or policy proposal you wish to review. Obtain a copy of a blank CNA Social Justice Gauge in electronic or paper format.

Step 2:

Insert statements from the policy document into the corresponding cells of the social justice gauge. This would include statements that support or contradict the defining attributes and guiding principles of the social justice gauge.

Step 3:

Once the statements have been placed, the reviewer should ask the following questions about the results:

1) Look at the cells without any statements:

- Are empty cells relevant to the topic? They will not be in every case.
- Are these omissions significant in that they indicate potential weaknesses in the policy document's alignment with the attributes of social justice?
- What kinds of words, statements and ideas should be added to the policy document to strengthen its social justice links?

2) Look at the cells with at least one statement:

- Are the statements a positive reflection of social justice? If so, are they clear or do they require re-wording, clarification or emphasis?
- Are there negative statements that should be omitted? Statements of particular concern should be copied in italics or highlighted.
- Are the statements sufficient in quantity, quality and effectiveness? If not, how could the wording be strengthened or revised?

3) Look at the entire policy document:

- Are assumptions expressed that should be clarified?
- How could the document be strengthened overall in relation to social justice?

The CNA Social Justice Gauge is a guide for policy review and a springboard for reflection and discussion, rather than simply a cookie-cutter formula to break down the wording of policy documents.

e) The Gauge and "Real Policy": ICN's Position on Universal Access to Clean Water

In order to demonstrate the application of the CNA Social Justice Gauge to "real" policy, let us consider the International Council of Nurses (ICN) position statement entitled *Universal Access to Clean Water* found at: http://www.icn.ch/pswater.htm. Table 1 shows how statements could be taken from the ICN statement and placed in corresponding cells of the social justice gauge.

Table 1: Review of ICN Position Statement Using the CNA Social Justice Gauge

Social Justice Defining Attributes: Does the document include recognition of, and/or suggest responsible action, related to:	SOCIAL JUSTICE GUIDING PRINCIPLES	
	1. RECOGNITION:	**2. RESPONSIBLE ACTION:**
A. Equity (including health equity):	Clean, safe water can be made accessible to **all** people; lack of clean water poses a serious threat…heavy burden on **women**; safe and accessible water to the **whole population.**	Lobby for **gender sensitive** approaches… so that men and women can participate **equally**; monitor public health impact… especially on **vulnerable populations**.
B. Human Rights (including the right to health):	**The right** to water is non-negotiable; secure access to safe water is a **universal need and fundamental human right**.	**Urge governments** to provide safe and accessible water; **heightened vigilance** and ensure safety of water supply.
C. Democracy and Civil Rights:		
D. Capacity Building:		
E. Just Institutions:	ICN opposes privatisation of water services and resources.	Monitor public health impact of deregulation and privatisation.
F. Enabling Environments:	ICN also believes that with **commitment and political will**… clean safe water can be made accessible.	Lobby for **sound regulatory policies.**
G. Poverty Reduction:	…accessible to all people at **low cost**; Access is the key to **effective poverty alleviation.**	Lobby for **pro-poor** approaches.
H. Ethical Practice:	ICN opposes *privatisation of water services and resources.*	Monitor *public health impact of deregulation and privatisation.*
I. Advocacy:	ICN also **believes that with commitment and political will**…clean safe water can be made accessible.	ICN calls on nurses to…lobby…urge governments…
J. Partnerships:	ICN also believes that with commitment and political will **by governments and others**…	ICN calls on nurses to…work with representatives of other sectors… national and international bodies…

Overall, the ICN position statement does very well in our social justice review. Its wording and content correspond with the ideals of social justice. The statement uses descriptors such as "vulnerable populations," "pro-poor approaches," "gender sensitive," "lobbying" and "universal human rights." The gauge has helped us determine that the position statement does not address how universal access to clean water relates to capacity building or democracy and civil rights. In addition, the gauge has also indicated to us that the statement lacks background information or clarification about the persons who privatize water supplies and their means of doing so. It would be an organizational judgment about whether or not these omissions are significant. These omissions may represent target sections for the document's revision. That being said, this position statement still communicates a strong social justice message.

With regard to the mechanics of the ICN position statement review, it should be noted that some of the statements applied to more than one cell of the CNA Social Justice Gauge. Therefore they were placed in all relevant cells. In addition, some statements were underlined to add emphasis; italics were used when a statement is questionable or needs clarification. Obviously the reviewer was subjective in deciding where statements should be placed, which statements were relevant and in choosing which words should be emphasized or otherwise noted with underlining or italics.

6. CONCLUSION

CNA and its Social Justice Gauge: Measuring Means to Social Justice

For CNA, social justice is a means to an end and an end in itself. In both of these roles social justice complements the association's mission, vision and values that support its policy-making process. In addition, social justice as a means provides one valuable and essential avenue for CNA to fulfill its policy goals. This policy discussion paper argues that the nursing profession can measure its progress in traveling this avenue by using the CNA Social Justice Gauge in the creation as well as the subsequent review, adoption and promotion of its policy proposals. This is possible because that gauge is grounded in the ten defining attributes of social justice and its guiding principles of *recognition* of injustice and the taking of *responsible action* to eliminate it.

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APPENDIX A: Canadian Nurses Association Policy : Program Screen Guiding Questions

What is the policy : program issue in question?

Is the issue relevant to the profession of registered nursing? If yes, state how and proceed to questions 1 through 4.

1. Does it fit with the CNA mission, vision and goals?
2. Does it align with the CNA values lenses: executive expectations and parameters, governance policies, code of ethics, social justice gauge? Please specify.
3. How does it affect/relate to core functions; and what are financial resource and internal capacity implications?

If the policy : program issue is consistent with the above proceed to the following questions:

1. What is the policy : program gap to be addressed?
2. How is this policy : program issue significant to the profession of registered nursing?
3. Is CNA the appropriate body to address the policy : program issue?
   - Does CNA hold the (policy, program, nursing) expertise to address the issue?
   - Is anyone else addressing this issue?
4. What outcomes/results do we want to achieve?
5. How will we know we have achieved the outcomes/results? (e.g., indicators to be employed; evaluation method?)
6. Is there something in existence that can be built on / changed to suit CNA?

7. Are partners/collaborators appropriate?
    - Who might benefit/take part?
    - How is this policy : program issue of relevance?
    - What are the implications/risks of partnership/collaboration with this issue?
8. Can CNA sustain the investment in this policy : program area?
    - Resource implications (revenue, cost/internal capacity)
    - What are we not doing because of this?

SOCIAL JUSTICE

APPENDIX B: Guiding Questions for Linking CNA Position Paper and Policy Document Development with Social Justice

i. Policy Topic Selection

- What is the origin of the policy issue?
- Does the topic take into account fair distribution? In particular, are questions of access/capabilities/outcomes considered by social group[1] as well as by the population as a whole?
- Does the selection and initial conception of the issue take into consideration social justice attributes?
- Are the concerns of diverse groups considered?
- Are gender, social class, geography, race and/or other means considered when referring to diverse social groups?

ii. Literature Review on the Policy Topic

- Did the literature review consider diverse opinions, sources and viewpoints?
- Did the review include examining the policy topic's impact on and relevance for diverse social groups rather than just in relation to the population as a whole?
- Do we have the appropriate data?

iii. Development of Key Concepts and Background Documentation

- Do the key concepts and background documents reflect social justice attributes?
- How were the working definitions created?
- How were diverse opinions, sources and viewpoints reconciled?
- Will this document enhance social justice?

[1] In this appendix a "social group" refers to those who, for reasons related to their race, gender, economic class, sexual orientation or other defining characteristic, endure various forms of systematic inequity and oppression. See the guiding assumptions of social injustice found in section 3 (a) of this policy discussion paper.

iv. Comments from Interested Parties

- Were comments solicited in relation to how the topic may affect diverse social groups, rather than just in relation to the population as a whole?
- Were opinions sought from diverse social groups?
- How were comments integrated into the document?

v. Draft Policy Statement Consultation

- Were comments solicited in relation to how the topic may affect diverse social groups, rather than just in relation to the population as a whole?
- Were diverse social groups consulted on the draft statement?
- Does the draft policy statement reflect social justice attributes wherever relevant?
- How were comments integrated into the document?

vi. Consultation and Internal Review Feedback

- How is the program, project or issue perceived by different populations?
- How was diverse feedback incorporated?
- Does the draft statement reflect social justice attributes after the incorporation of feedback following consultation and internal review?

vii. Board Consideration and Subsequent Revision

- Did the board review the final policy statement draft while knowing and understanding its implications for social justice?
- Do any statement revisions pursued as a result of board review undermine the document's implications for social justice?

viii. Policy Statement Publication

- Does the final document reflect the defining attributes of social justice wherever relevant?
- Will the document be available to diverse social groups?
- Will publication of the document positively affect social justice?
- Does the document call for advocacy, relevant policy development or other actions that would enhance social justice?
- Do we have media or government attention on the policy statement issues? Can we draw their attention to these issues?

APPENDIX C: Decision Tree Model Guiding Questions and Examples

GUIDING QUESTIONS	EXPLANATION AND EXAMPLES
1. **Issue statement for review**	The decision tree model starts with a statement of the health-care issue to be reviewed.
2. Are there **inequalities / disparities in** health status?	The model then poses a series of systematic questions beginning with whether inequalities in health status exist in relation to the health/health-care issue being discussed.
3. **Are there inequalities** of **health determinants ?**	We should also ask whether there are inequalities in health determinants that shape the health-care issue.

Finding no inequalities in health status or in health determinants means there is nothing further to consider from a social justice perspective.

4. **Does existing government legislation create or affect inequality?**

If the answer to question 2 or 3 is "yes," we go on to ask whether government legislation influences this situation.

For example, do governments exercise controls on illicit drug consumption to address first and foremost health issues such as addiction and exposure to HIV and AIDS?

Or do governments control illicit drugs because they are concerned about the negative impacts of criminal activity on society?

And can governments strike a balance between these goals or will the fulfillment of one goal always be to the detriment of the other? For example, legislation that prevents addicts from seeking treatment for fear of arrest and conviction sacrifices the first goal for the sake of the second.

An affirmative answer to question 4 means we should consider this legislation to evaluate the legislated parameters for individual (and collective) choice. This means posing three further questions:

Do the goals of the legislation correspond with the social justice goal of minimizing inequalities in health status and health determinants on an individual and collective basis?

For example, are legal requirements for health-care workers to report incidences of sexually transmitted diseases to a central authority an integral part of a treatment and prevention strategy that will help reduce inequalities in health status and health determinants? Or do these requirements exist more for identification purposes, thereby driving the afflicted who fear social stigma "underground" and ensuring that health status and health determinant inequalities continue to fester?

Are the legislative and regulatory means to achieve the legislative goals appropriate given the circumstances?

Let us consider again our previous example. Even if legal requirements to report incidences of sexually transmitted diseases are intended to promote treatment and prevention, are these requirements the best means to achieve the desired goals? Or are there other, more appropriate means to achieve the same goals?

If the legislation creates inequality, rather than simply affecting it, what should our strategic and operational responses be?

In other words, what strategy should a professional association like CNA adopt to reverse the legislation? And what is realistic in terms of money and human resources to devote to that cause?

5. **Is there freedom of choice?**

A negative response to question 4 leads us to consider the impact of individual freedom of choice[1] by asking whether exposure to health inequalities and health determinants are due to free, individual choice.

If so, we should consider the resulting disparities as *elective*.

Examples of elective inequalities include health outcomes that are a result of chosen unhealthy lifestyle behaviours (e.g., making a free, individual choice to smoke or participate in high-risk sports). At this point, questions arise on both the macro and micro levels:

- Can parameters for individual choice be legislated?
- If they can be legislated, should they be legislated?
- In either case, what should our strategic and operational responses be?

6. **Can a community or institution control these circumstances?**

In determining the response to question 5, we should note Whitehead's discussion (1992) about which health disparities might be inevitable and unavoidable (i.e., fair) and which are unnecessary and unfair. *This discussion is outlined on pages 11-12.*

Disparities that are not due to free and individual choice may be further categorized by looking at whether human beings acting as a community or in groups or institutions can control the circumstances.

If the answer to question 6 is "no," it means that we face one or more *unavoidable inequalities* that cannot be controlled.

One example of an unavoidable inequality is a differential health outcome that is the result of a genetic predisposition to disease. In such a circumstance, we may still wish to ask ourselves if a social justice imperative might lead us to pursue an educational or research role in dealing with unavoidable inequalities.

If the answer to question 6 is "yes," the results are *social inequities.*

Examples of social inequalities include disparate access to clean water, unequal immunization rates or different educational outcomes among sub-groups of a population. In such circumstances we should consider how to deal with these circumstances from both a strategic and operational perspective.

[1] It should be noted that "individual freedom of choice" continues to be a contentious concept because lifestyle choices are not made in isolation from the context of social structure.

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