

Revision of the American Nurses Association Code of Ethics for Social Justice Content

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Executive Summary

This project examined the social justice content of the nursing ethical codes from the United States, Canada, and Australia. Based on this comparative review suggestions were made for revision of the current American Nurses Association (ANA) Code of Ethics. The overall aim of the project was to describe the relationship between social determinants of health, health inequities, social justice and the way in which the profession of nursing interfaces with these concepts, and disseminate this information to nursing faculty, as well as to participate in the current code of ethics revision with the findings from this project.

The ANA Nursing Code of Ethics (COE) is a foundational document that guides professional nursing practice and it expresses nursing's obligation to society. As such, the code should address fundamental issues relevant to the health of society. Inequities of health and the social determinants that contribute to them are among these fundamental issues and social justice is the foundational concept that links them.

Consideration given to the concept of social justice within the current code is inadequate, especially when compared to the attention given to social justice in the literature and by nursing's historical founders and leading nurse educators. The American Association of Colleges of Nursing (AACN) has described social justice as a core competency for nurses. The National League for Nursing (NLN) has outlined work to address injustices and the elimination of health disparities as a public policy goal. Nursing founders such as Florence Nightingale and Lillian Wald both addressed social justice concerns as they focused on issues of poverty, labor rights and minority representation. There is a large and growing volume of nursing literature dedicated to the concept of social justice. The ANA code of ethics must strengthen its conceptualization of social justice to align with these leading nursing voices. Explicitly and directly addressing social justice within the nursing code of ethics will give the profession a stronger foundation of support to meaningfully impact the health of society.

The objectives of this project included: 1) comparison and review of social justice content in nursing codes of ethics from the aforementioned nations; 2) participation in the ANA COE revision committee, in order to give suggestions for changes to social justice content based on the review of these nations' codes; 3) submission of an article to the Utah Nurses Association regarding participation in the ANA revision committee; and 4) a presentation of the project findings to the University of Utah College of Nursing faculty.

Implementation of this project was done through participation on the ANA advisory committee for revision of the code of ethics. The advisory committee participated in the revision process in an online forum *Nursespace*. Substantive suggestions were based on information gathered from the literature and this guided the comparative review of the international nursing ethical codes.

Nursing is the largest healthcare profession in the U.S. and if unified, nurses can have an immense impact on health. There is a call for the nursing profession to be more fully involved in the provision of healthcare to society. An alignment of nurse leaders, nurses, and foundational nursing organizations acting on the ethos of social justice, the very cornerstone of the nursing profession, has the potential to significantly benefit the health of society.

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Introduction

The way in which the concept of social justice is viewed and defined varies among different disciplines. For example, law, economics, psychology, medicine, and nursing all differ somewhat in their perspective and utilization of the concept of social justice. This paper is written from a nursing perspective wherein social justice is related to the concepts of health disparity as well as social determinants of health. In this paper, the problem of nursing's weak conceptualization of social justice in the American Nurses' Association (ANA) Code of Ethics is described after a brief background on the concepts of health disparity, social determinants of health, social justice in nursing, and codes of ethics.

Background

Health Disparity

Broadly defined, the concept of health disparity is a difference in health status between population groups. The United States first started measuring and tracking health disparities across social groups in 1985 when the Department of Health and Human Services (DHHS) convened the Task Force on Black and Minority Health. Over the years this task force evolved, and became the National Institute on Minority Health and Health Disparities (NIMHD), which issues an annual National Healthcare Disparity Report. The Centers for Disease Control and Prevention (CDC) also documents health disparities in the U.S., as do some educational institutions and non-profit organizations dedicated to public health. These reports show that many health disparities across different social groups have been stubbornly persistent (CDC, 2013; AHRQ, 2012). Health disparities continue despite years of effort at amelioration, and their

persistence is tied to the influence of social determinants of health (Lantz, Lichtenstein & Pollack, 2007).

Social Determinants of Health

Health disparities arise from social determinants of health. Income, education, class, race, and gender are all factors that affect health outcomes and are examples of these determinants. It is well recognized that these social factors fundamentally influence a person's health. For example, children in poor families are seven times more likely to have poor health than those from higher income families (CDC, 2013). Likewise, life expectancies are lower for men and women (across racial and ethnic groups) in households with lower socioeconomic status (Braveman, 2010). Social determinants of health (SDOH) are by their very nature socially determined, which means that they are not fully susceptible to individual choice. The societal factors that are inherited by each generation shape an individual's wealth, class and access to education. Therefore, those who have broad scale limitation to opportunities in life experience perpetuating disadvantage, especially in the area of health. Societal barriers to individual advancement sustain health inequities. Thus, the persistence of health disparities across social groups are founded in social inequities and can only be corrected through actions of social justice.

Social Justice in Nursing

The concept of social justice is very broad and is not universally defined, nor is it explicitly defined within nursing. The Canadian Nurses Association (2008) defines social justice in broad terms as "the fair distribution of society's benefits, responsibilities and their consequences," and, "it [social justice] focuses on the relative position of one social group in relationship to others and on the root causes of disparities and what can be done to eliminate

them” (p. 10). Social justice in nursing may best be understood as an “ethic of just care” (Liaschenko, 1999) that includes “the fundamental responsibilities to promote health, prevent disease, and alleviate suffering...the expression of caring for humanity and environment through political activism at local, national and international levels...” (Falk-Rafael, 2005, p. 2). Nursing care in the light of social justice is aimed at reducing inequities that cause unequal burden of illness, suffering and early death of the most vulnerable people and tackling the source of these problems which are a result of social inequities and societal patterns of discrimination (Center for Ethics and Human Rights Advisory Board, 2010).

Social justice is at the root of nursing practice and has been a cornerstone of the profession since its inception (Barnes, 2005). It is noteworthy that historical nursing leaders such as Florence Nightingale, Lavinia Dock, and Lillian Wald were all public health nurses committed to improving social conditions that had deleterious effects on health (Falk-Rafael, 2005).

The American Association of Colleges of Nursing (AACN) is a national leader in nursing education and asserts that nursing’s involvement in social justice as vital. In the AACN White Paper the authors state that “the value of social justice is particularly significant because it directly addresses disparities in health and health care” (2007, p. 9). Additionally, in the document *Establishing a Culturally Competent Master’s and Doctorally Prepared Nursing Workforce*, the AACN has “transforming systems to address social justice and health disparities” (AACN, 2009, p. 5) as a core educational competency.

Health disparities, social justice and nursing are linked to socioeconomic issues. The large and growing concern expressed in media and literature in relation to the gap between rich and poor is one example. As Adler and Newman (2002) pointed out, socioeconomic status (SES)

correlates with the major determinants of health; health care, environmental exposure, and health behavior. Low socioeconomic status measured by occupation, education or income is directly linked with a wide range of poor health outcomes such as diabetes, low birth weight, arthritis, cardiovascular disease, and hypertension. Health policy and just distribution of health resources is a growing issue among many disciplines. The current focus in the United States on health care affordability, quality, access, and the growing gap between the rich and poor also contribute to highlighting social justice as a salient issue for nursing.

Code of Ethics

Most professions have codes of ethics that guide their practice, and nursing is no exception. In any profession where there is an asymmetry of power between the individual (patient) and the professional, a code of ethics is essential (Erturk, 2013). The code of ethics serves to protect the patient and the profession, and it serves as a foundational guide to professional practice. The code is not a static document however, and as both the profession and society evolve, so, too, should the code of ethics. Presently, there is a dissonance between the current ANA code of ethics content on social justice and professional nursing leaders' views in regards to the importance of this concept (Bekemeier & Butterfield, 2005).

Problem Statement

Despite the volume of nursing literature regarding social justice, the AACN's call for social justice competency in the education of professional nurses, and the historical precedent of social justice work set by nursing founders, the American Nurses Association (ANA) Code of Ethics is lacking in its explication of social justice in nursing. The purpose of a code of ethics created by a professional association is to provide its membership with guidance in the practice of their profession. Such guidelines need to be clear and unambiguous. Thus, it is disappointing

that the ANA COE, which is the foundational document for nursing practice, only obliquely references social justice. A revision of the ANA Code of Ethics in terms of its emphasis on social justice is therefore in order. The social justice content in the code should correlate with the attention paid to the concept by the AACN, by leaders in nursing education and research, and it should reflect the historical foundation of nursing.

One way to inform this revision is to look outside the borders of the United States to other national nursing organizations for information on the ways they address social justice in their foundational documents. A comparison of the different Codes of Ethics from similar nations could serve to establish a more thoroughly inclusive and substantive code. Ideas that emerge from this comparison could help transform the current document into one that matches the call for social justice content in the current literature and educational curricula guidelines.

Clinical Implications

Nursing is practiced in a wide variety of contexts and encompasses multiple specialties. The concept of social justice is very broad and its applicability to nursing will vary depending upon the setting and the individual nurse. The nurse working in an intensive care unit in a tertiary hospital might consider the relevance of the concept of social justice very differently than the nurse working in a public health department. Yet, even though these two nurses practice in two very different settings, they both encounter human frailty and ill health and share the duty to care. At a fundamental level, nursing plays an instrumental and increasingly prominent role in the provision of healthcare to society, and accordingly it must concern itself with societal systems that are unjust and which impact negatively on the health of individuals and populations. With this responsibility there is a requirement to understand the mechanisms within a society that

undermine health. A deep understanding of these mechanisms is aided by describing them in words, and illustrating the connections between concepts.

Conceptualizing Concepts for Comparison

When a concept is named, when it can be describe in words, then it can be understood more fully; it can be related to other concepts. Words provide the structure necessary to visualize and understand related ideas. For example, if an individual uses the word ‘bird’ to describe all the birds he sees; his knowledge of birds is limited. A different individual, one who has more knowledge of the different types of birds that exist, and under what circumstances they are present, is able to differentiate these birds by name. He knows that a hawk is not a dove and that they have different feeding habits. He has a much more thorough understanding of what he sees in his environment. In this same way, a code of ethics that makes explicit, with words, the relationship between social determinants of health, inequities in health and social justice can foster a comprehensive understanding of these problems, thus allowing them to be addressed in terms of meaning and relation to each other.

One could underestimate the importance of the code of ethics to the profession of nursing; after all, it is not a document that is referred to frequently in daily practice. However, its importance is unassailable; the code “makes explicit the primary goals, values and obligations of the profession” (ANA, 2001, p. 5) and it provides a means for understanding these in a comprehensive way. The benefit of explicitly describing the interdependent nature of social determinants of health, inequities in health and social justice in the COE is in the enhanced focus that results from openly acknowledging these contributors to health in this foundational document. When this is done the code can truly serve as support and guidance to the nursing profession and help nurses work to meaningfully improve society’s health.

Objectives

The project contained the following objectives:

1. A compare and review social justice content of the ANA Code of Ethics with the nursing ethical codes of the United Kingdom, Canada, Australia, and New Zealand.
2. Based on the comparative review, make substantive suggestions for changes in the current ANA Code of Ethics through communications to other members of the Advisory Committee for the revision of the ANA COE, as well as to the Steering Committee. This process began October 2013 and has consisted of conference calls and electronic communication with other members of the advisory panel.
3. Share findings of this participatory process through a written submission made to the Utah Nurses Association newsletter.
4. Dissemination of this project was carried out through a Power Point presentation about social justice within nursing and the ANA COE to the University of Utah College of Nursing (CON) faculty.

Literature Review

The review of the literature consisted of four broad, and often overlapping, areas of focus: health disparities, social determinants of health, the basis for a social justice ethic, and nursing involvement in social justice. An initial search was done using the databases CINAHL, PubMed and Google Scholar. Key terms used were: nursing, social justice, justice, ethics, health disparities, social determinants of health, moral theory, ethic of care, and justice theory. It was noted that several authors were represented more than once in the search results and the foundations these authors were associated with were also examined.

Health Disparities

Health disparity, health inequality and health inequity are all terms used to describe the differences in health between individuals or groups. Understanding the specifics of the terminology is important because the focus of the problem (and its solution) shifts with the different terms used; it depends on the user of the term and their orientation to social justice. On the surface, a health disparity is simply a difference in the health status of an individual or a group. For example, black men have a higher mortality rate from cardiovascular disease than do white men (CDC, 2013). By using the term health inequity or inequality, this same fact of earlier mortality for black men is viewed with the perspective that questions the fairness of this reality, and what part society contributes to it. Inequity implies a lack of fairness while disparity implies difference only.

One of the first definitions of health inequality/inequity was in the early 1990s, when Margaret Whitehead (1992) defined health inequity as differences that “are not only unjust and avoidable but, in addition, are considered unfair and unjust” (p. 431). Braveman (2006) defined a health disparity/inequality as:

. . . a particular type of difference in health or in the most important influences on health that could potentially be shaped by policies; it is a difference in which disadvantaged social groups (such as the poor, racial/ethnic minorities, women, or other groups that have persistently experienced social disadvantage or discrimination) systematically experience worse health or greater health risks than more advantaged groups. (p. 180)

Reutter & Kushner (2010) explained that using the terms health inequalities or disparities “can obfuscate the fundamental cause of health disparities as embedded in societal structures . . . and mask the ethical principle of social justice, which provides the moral imperative to address the

causes” (p. 271). Regardless of the term used, there was agreement that differences in health are due to socially derived factors.

Social Determinants of Health

Overwhelming evidence shows that social determinants of health, such as access to education, material wealth, political power and health care, are fundamental factors in determining health status (CDC, 2013 Issacs & Schroeder, 2004), and those with an abundance of these determinants will be healthier than those without. Hildebrandt and Ford (2009) described how these determinants are interdependent and connected. Their study illustrated how a low level of education, or a disability, will preclude an income sufficient to escape poverty, thus perpetuating ill health.

There has been an increased focus in recent years, both nationally and internationally, on social determinants of health and health disparities (Reutter & Kushner, 2010). Many organizations are dedicated to the study of social determinants of health, including the Centers for Disease Control and Prevention, (CDC), the World Health Organization (WHO), and multiple non-governmental organizations and educational institutions. In reference to social determinants of health, the WHO (2013) states that “these circumstances are shaped by the distribution of money, power and resources at global, national and local levels” (p.1). The issue of justice, as well as a just society, is raised when differences in health are attributable to different levels of access to the goods of society; e.g. education, health, opportunity, and freedom from want. Social justice is concerned with the distribution of these societal goods.

Basis for a Social Justice Ethic

The right to health or a human rights approach is one way in which rectification of health inequities is linked to a social justice ethic (Rasanathan , Norenhag & Valentine, 2010). The

perspective of health as a human right is also used by Farmer, Nizeye, Stulac, and Keshavjee (2006) in discussing the social injustice of “disparate access to resources, political power, education, health care and legal standing” (p. 2).

Powers and Faden (2006) discuss public health and social justice as a moral issue. They stated “a commitment to social justice, as we explicate it, attaches a special moral urgency to remediating the conditions of those whose life prospects are poor across multiple dimensions of well-being” (p. 82). Ballou (2000) wrote that nursing has a moral obligation to uphold justice, based on the social contract it has with society. A moral force in society with a core value of social justice, equality and respect for people is how Kitson (1997) described the role of nursing. Smith (2007) also wrote of the moral obligation nursing has to address health disparities and injustices. These authors all identified the immorality of health inequities stemming from social injustice and spoke to the need for action to meaningfully address these injustices.

Nursing and Social Justice

Within the nursing literature the multi-faceted concept of social justice and the way in which nursing intersects with social justice has been approached in different ways. Several themes emerged and for the purposes of this paper they are organized into four different groups: cultural competency, political action and policy making, nursing responsibility to public health, and economic structure.

Cultural competency. From the beginning of university education for nurses, in the early 1900s, there has been an emphasis on being aware of a patient’s cultural context. Curriculum emphasized information on racial diversity, globalization, health disparities, and the effects of racism and discrimination on vulnerable groups (DeSantis & Lipson, 2007). According to Pacquiao (2008), “advocacy for social justice is inherent in culturally competent care for

vulnerable groups” (p. 191). She explained that compassion is the necessary link to enable the provision of culturally competent care and advocacy for social justice.

Dreher and MacNaughton (2002) questioned the idea that the burden of culturally competent care should be placed on the individual clinician, rather than the system or society in which they practice. The authors stated that “even if nurses are committed to addressing health disparities by rendering culturally competent care, their best intentions are no match for a power structure that perpetuates inequities in health and access” (p. 184). Clingerman (2011) wrote that knowledge of culture can inform social justice advocacy and culturally competent care for individuals, groups and society. These authors acknowledged that culturally competent care and social justice are intertwined.

Political action and policy making. Another perspective on the intersection of nursing and social justice is that of the duty to be socio-politically active in relation to the public’s health (Ballou, 2000). This author has asserted that nursing is “morally obligated to uphold justice within its particular domain and to use sociopolitical force to do so” (p. 175). A professional obligation to advocate for change in policy is necessary when “institutional and/or societal values are not congruent with nurses’ values of providing quality care to patients” (Murphy, Canales, Norton & DeFilippis, 2005, p. 22). These authors elaborated on the value of social justice in its efforts to reform policy and emphasize the need for ongoing action.

Nursing responsibility to justice and public health. Grace and Willis (2012) explained that social justice, within nursing literature and professional documents, continues to be discussed as a responsibility of the profession. These authors clarified that in order for “nursing to further its goals of care and attend adequately to the health of individuals within the society served” (p. 201), nurses must investigate the determinants of poor health and work to ameliorate

these. According to Reutter and Kushner (2010), nursing has a mandate to promote social justice and health equity, and this is tied to nursing historical and philosophical roots. Falk-Rafael (2005) also argued that attention to social injustices should be a mandate for nursing work and she related this to nursing's historical legacy of action on public health conditions. Tyler-Viola et al., (2009) wrote that nursing has a social responsibility to address the health conditions of people that stem from poverty and other adverse circumstances.

Economic structure. A number of articles in the nursing literature discussed social justice as it relates to economics. The impact on access to health care, quality of health care, cost to the economy, and overall health outcomes are all deliberated in detail by Schroeder (2003). This author pointed out that the United States ranks 37th in performance on population health, according to the World Health Organization (WHO), and yet spends 50% more per capita on health than any other country. She related this performance to the profit-driven health care delivery system, as opposed to other, higher-ranked countries that have universal coverage and not-for-profit health care delivery systems (p. 180). Villeneuve (2008) also described the poor health outcomes notable in the United States, despite the wealth of the country, and he remarked on the size of the gap between rich and poor as a marker for the degree of low health outcomes. Countries with less of an income gap between rich and poor have better overall health outcomes. This author also discussed the impact of an economic system that limits access to care based on insurance coverage, and pointed out the differences in health that this may cause. Donley (2010) described the difficulties of teaching social justice in a health care delivery system rooted in market justice, and, she clarified the inherent conflict of a for-profit health care system and the effect on public health. Drevdahl (2002) also noted the tension between market justice and social justice and the threat that a for-profit health care delivery system poses to population health.

These authors all spoke of the challenges that face the nursing profession in providing optimal health care within the current U.S. market-model system.

Ethical Considerations.

The final portion of the literature review touched on nursing ethics, the ethics of health care, and the ethic of social justice. Within the nursing literature some argue that nursing cannot take a stance on justice issues, and must remain neutral, or emotionally detached, in order to provide care for the individual. Liaschenko (1999) examined this debate that juxtaposes the ethic of care with the ethic of justice, showing that nursing need not remain emotionally neutral as it employs an ethic of care, but rather, that an emotional response during one's work allows for a more broad perspective and effort that is consistent with a justice ethic. Woods (2012) also examined the care theory of nursing, and its potential incompatibility with justice theory, and found that these two were not conflicting. He described how an ethic of care provides for a greater understanding of society and thus concern for social justice; he proposed a combination of the two perspectives for nursing as it cares for the health of the public.

Ivanov and Oden (2013) broadly discussed the history of ethics within health care and they also described how the American Nurses Association Code of Ethics incorporates elements of humanitarian, feminist and social ethic theories into the code. They explained nursing's responsibility to address the health care of individuals as well as groups, particularly public health nursing. Finally, Young (2001) wrote about the importance of examining injustices between groups rather than individuals only; such an examination will expose structural inequalities and can reveal ways in which interventions can be made.

Theoretical Framework

The theoretical framework used for this project is the capability theory or capability approach initially developed by Amartya Sen, an economist and philosopher (Robeyns, 2005). This theory is often used in work with disadvantaged populations in developing countries and focuses on the resources that an individual or group needs in order to develop their ability (capability). This theory rests on the principle that only with adequate resources can a person or group exercise true choice and develop the capability to function at full capacity (Robeyns, 2005). Within this framework one can view the ANA code of ethics, nursing literature, and educational curriculum standards (AACN) as the resources that nursing draws on in its effort to fully function as a profession. If these resources are robust, they will give a congruent message in a unified voice to the individual nurse and the profession regarding social justice.

Implementation

Code Comparison Implementation

In this project I chose to review the nursing ethical codes from nations that are similar to the United States, e.g., predominantly English-speaking with democratically structured societies and a similar history of professional nursing. Therefore, the nursing ethical codes and nursing codes of conduct of the United Kingdom, New Zealand, Australia, Canada, and the United States were reviewed for social justice content. During this review, the difference between what constitutes an ethical code and a code of conduct was noted and I discovered the United Kingdom and New Zealand do not have nursing ethical codes; they have codes of conduct only. I found these codes of conduct to be void of any social justice content; therefore, I did not include them in my comparative review. Learning more about the differences between national nursing codes of ethics and codes of conduct was unexpected and gave me a greater appreciation for

these founding documents, the national organizations that represent nursing, and the significance of having a professional code of ethics.

A code of ethics for a profession can be aspirational, in terms of its goals for the society in which it practices. As Gilman (2005) wrote, ethical codes provide a “vision of excellence, showing what a society or individual should strive for and what they can achieve” (p. 3). This contrasts with a code of conduct that serves to outline inappropriate behavior in need of management or discipline. The American Nurses Association writes that a code of ethics outlines the “primary goals, values and obligations of the profession” (ANA, 2001, p. 3). An organization may have both a code of conduct and a code of ethics that can complement each other.

Because the United Kingdom and New Zealand did not have nursing codes of ethics, I also chose to review the International Council of Nurses (ICN) ethical code as it was referenced in a number of instances during the literature review and it offered another perspective. Information on the social justice content in the ICN code is included in the body of this paper but not in the comparative review because it is not from a single national entity as are Canada and Australia. For each code reviewed, the number of times social justice was mentioned by name was noted, as well as to what degree it was conceptualized. There were instances in which one might interpret phrasing or passages to be related to social justice, but for consistency purposes I limited my acknowledgement of social justice content to its specific mentioned by name.

The United Kingdom. The United Kingdom’s nursing code of conduct is titled *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* (2008). The purpose of this code is to provide guidance to nurses and handle professional misconduct complaints. The document states that the primary purpose is “to protect patients and the public

in the U.K. through effective and proportionate regulation of nurses and midwives” (Nursing and Midwifery Council, 2008, p. 1). Within the document there was no mention of social justice

New Zealand. The nursing council of New Zealand authored the New Zealand Code of Conduct (2012) for nurses and there is no ethics component. Specifically, the document states, “The Code of Conduct for nurses is a set of standards defined by the Council describing the behaviour or conduct that nurses are expected to uphold” (Nursing Council of New Zealand, 2012 p. 2). Within the document there was no mention of social justice.

The International Council of Nurses. The ICN has over 130 member nations and their code of ethics for nurses (2012), written for guidance for member nations, has four elements that outline standards of ethical conduct. These elements are:

1. Nurses and people
2. Nurses and practice
3. Nurses and the profession
4. Nurses and co-workers

Social justice is mentioned in the elaboration of element number one where the code states, “The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services” (p. 3).

Australia. The Australian nursing and midwifery profession has a Code of Conduct for professional nurses and it has a distinct Code of Ethics (2008). This Code of Ethics is organized into 8 value statements listed below.

1. Nurses value quality nursing care for all people.
2. Nurses value respect and kindness for self and others.
3. Nurses value the diversity of people.

4. Nurses value access to quality nursing and health care for all people.
5. Nurses value informed decision making.
6. Nurses value a culture of safety in nursing and health care.
7. Nurses value ethical management of information.
8. Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing. (p. 1)

After each value statement there is a detailed explanation as to how that particular value best pertains to self, (the nurse), person (the patient), colleagues and/or community. The first reference to social justice is in value statement number one in reference to community. The code reads:

Nurses, individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for people. (p. 3)

The next reference to social justice is in value statement number two in reference to community it declared, “It also involves nurses being responsible members of the community and fulfilling their civic responsibilities, such as participation in community affairs and in political life, and acting where possible to promote social justice” (p. 3).

Value statement three, again in reference to community, referenced social justice in the following way:

Nurses seek to eliminate disparities in nursing and health care, especially among population groups in society that are considered most vulnerable, including Aboriginal

and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Nurses work to reduce the adverse effects power imbalances and prejudicial attitudes and practices have on social and institutional justice, and on the just and humane provision and delivery of nursing and health care. In particular, they work to ensure people are not disadvantaged or harmed because of their appearance, language, culture, religion, age, sexuality, national or social origin, economic or political status, physical or mental disability, health status, or any other characteristics that may be used by others to reduce the equal enjoyment or exercise of the right to health (p. 4).

Finally, in value statement six, and again, in reference to community, social justice is referred to in this way: “This includes actively promoting the provision of equitable, just and culturally and socially responsive health care services for all people living, or seeking residence or asylum, in Australia” (p. 5).

Canada. The Canadian Nurses Association (CNA) Code of Ethics (2008) has professional conduct expectations within it. This code is structured in two parts. The first part consists of seven primary values and the ethical responsibilities that correspond to each value. The second part of the code describes endeavors that nurses may undertake to address social inequities as part of an ethical practice. The seven values in the first part of the code are:

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision-making
4. Preserving dignity
5. Maintaining privacy and confidentiality

6. Promoting justice

7. Being accountable

The corresponding ethical responsibilities are explained in detail after each value. The sole instance where justice is mentioned in this part of the code is in value number six, where the explicit value is to promote justice. This value is further described and stated that the nurse should “uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good” (p. 17).

Ethical endeavors are the second section of the CNA Code of Ethics. The concept of social justice is more fully represented in this section. The section begins by stating that some aspects of social justice associated with health, e.g. societal structures and systems need to change in order to create greater equity. The code elaborated on this by stating that it is important to recognize and work to address organizational, social, economic and political factors that influence health. It also stated that “recognizing the significance of social determinants of health and advocating for policies and programs that address these determinants” is important work for the nursing profession. (p. 20). It emphasized the importance of recognizing that some people may have limited choices due to social, economic, geographic or other factors that lead to inequities, and some groups are systemically disadvantaged. It advocated for health care systems that ensure accessibility, universality and comprehensiveness of services and it emphasized the importance of working “individually and with others for social justice and to advocate for laws, policies, and procedures designed to bring about equity” (p. 21).

United States of America. The American Nurses Association has a Code of Ethics (2001) that is distinct from its Code of Conduct. The Code of Ethics has nine provisions and for each provision there is an interpretive statement that provides greater specificity for practice.

Social justice is mentioned in the preface of the ANA code. It states, “Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice” (p. 5). This is the only explicit reference to social justice within the code, although there is some language about social reform and sociocultural issues that would, by inference, be associated with social justice. It is not the intent of this paper to critique the ANA Code of Ethics for social justice content; that was done very clearly by Bekemeier & Butterfield (2005) in their paper *Unreconciled Inconsistencies: A Critical Review of the Concept of Social Justice in 3 National Nursing Documents*. As stated previously, my aim is to describe how the current ANA code can be strengthened in terms of its social justice content.

Code Comparison Results

The Australian and Canadian nursing ethical codes have the most robust social justice content in terms of strength of message and substance. The Australian code (2008) specifically mentions social justice four times, in reference to improved social conditions, fundamental human rights to health and health care, the elimination of disparities, and a fair sharing of community resources.

The Canadian code (2008) content for social justice has two sections. The first section of the code designates the promotion of justice as an ethical responsibility and mentions human rights, equity and fairness. In the second section of the code, nurses are specifically called upon to address aspects of social justice and the elimination of social inequities. The code uses the words social justice six times and elaborates on the concept in detail. It specifically referenced systemic disadvantage, inequity and social determinants of health. The overall tone of the code is pro-active, in that it mentioned the need for recognition of social injustice and work on the multiple causes of poor health.

Both of the Australian (2008) and Canadian (2008) codes clearly detailed the importance of equity and the recognition of the negative influence of power imbalances and societal structures that maintain these imbalances. The ANA code (2001) mentioned social justice only once and it did not define it. Below Table 1 highlights the differences between the codes. The quoted material gives an indication of how the passages reference social justice.

Table 1. Nursing Code of Ethics Compared

American Nurses Association	Australian Nurses Association	Canadian Nurses Association
<p>Social justice is mentioned once:</p> <ul style="list-style-type: none"> ▪ “nursing has a history of concern for...social justice” 	<p>Social justice is mentioned four times:</p> <ul style="list-style-type: none"> ▪ “promotion of social justice, improved social conditions, fair sharing of community resources” ▪ “acting ...to promote social justice” ▪ “seek to eliminate disparities...reduce adverse effects [of] power imbalances... on social justice” ▪ “promotion of equitable, just, ...socially responsive health care” 	<p>Social justice is mentioned four times:</p> <ul style="list-style-type: none"> ▪ “upholding principles of justice...equity and fairness” ▪ “aspects of social justice...relate to the need for change in systems and societal structures” ▪ “nurses work...for social justice...to bring about equity” ▪ “social justice...root causes of disparities and what can be done to eliminate them”

Recommendations for Code Revision

The ANA code (2001) would be improved by specifically addressing (beyond the preface) social justice and the elements related to it (eg. social determinants of health, health inequities). These would most naturally fit into provision eight, which stated “The nurse

collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs” (p. 2), or provision 9, which stated “The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy” (p. 2).

For example, in provision eight, the current ANA code (8.1) stated that nurses should be aware of the “inequitable distribution of nursing and health care resources” (p. 23). While it is true this is important, equitable distribution of education, food, water, shelter, and a safe and clean living environment is more fundamental to the health of individuals and populations than is distribution of nursing and health care resources. Acknowledgment of this should be in the code, in order for nurses to begin work on fully recognizing and addressing these deficits and to achieve progress in bettering the health of the population.

In provision 9.4, titled “social reform,” the ANA discussed health as being “broader than delivery and reimbursement systems, but extending to health-related sociocultural issues” (p. 25). Again, this is referencing the issues, without truly naming and addressing them. It is beyond the scope of this paper to discuss sociocultural issues that impact health. However, for the sake of example, some broad and salient issues that continue to be problematic concern the social determinants of health such as SES, education and race which are reflected in child poverty, single parent households, high school dropout rates and racial discrimination. The ANA would do well to emulate the Australian (2008) and Canadian (2008) ethical codes that have active phrasing, e.g. “eliminate disparity” (Australia, p. 6) and “bring about equity” (CNA, p. 21). These two nations’ codes conceptualize the concept of social justice comprehensively by making explicit its importance in work on equity in health.

Advisory Committee

Participation in the ANA advisory committee for the revision of the current code of ethics began in October of 2013. The ANA set up an online community space called *Nursespace* as a means of participation for advisory committee members. This professional issue panel will be receiving questions from the steering committee for discussion and feedback until October of 2014. The sole topic for formal discussion by the advisory committee, as of January 12, 2014, has been regarding optimal terminology for use in the code, e.g. transprofessional, interdisciplinary or multidisciplinary. Participation is ongoing on this panel, however, judging the current pace of the discussion and the time dedicated to the current topic, it may be difficult to achieve the level of participation desired regarding social justice content. For this reason I have sent a formal letter to the steering committee with my recommendations for social justice content in the revised code. Content suggestions came from the review of the aforementioned codes and this letter is attached in Appendix A.

Utah Nurses Association Letter

A letter was written to the Utah Nurses Association's (UNA) quarterly issue of *Utah Nurse* explaining the experience and process of participation in the ANA advisory committee for revision of the COE. This letter is found in Appendix B. The article was accepted for publication in the May/June/July 2014 issue. It is hoped that sharing this process will highlight the issue of social justice in nursing, the importance of the code of ethics and encourage others to participate in similar ways.

Presentation

A voice over PowerPoint presentation of social justice and its role in nursing education was created and offered to the faculty at the University of Utah College of Nursing. An in-person

venue was sought for this presentation but was ultimately unsuccessful due to problems with scheduling. The PowerPoint was disseminated via email to nursing faculty for their use and consideration, with feedback encouraged. The primary goal of the presentation was to provoke thought and discussion on how social justice is actualized throughout the nursing curriculum. The basic findings from this project were also highlighted in order to define the importance of social justice in the ANA code which guides education and practice.

Evaluation

Evaluation of the project objectives occurred throughout the implementation process. Completion of the comparative review and participation in the ANA advisory committee was assessed by the project chair. Submission of a letter to the UNA regarding the revision committee participation process was completed and the letter accepted for the May issue of Utah Nurse. A voice-over PowerPoint presentation was made and offered to the University of Utah College of Nursing faculty with the hope that this will stimulate scrutiny of current social justice content in the curriculum, and perhaps lead to enhanced attention to the concept.

It is tempting to view success of this project as implementation of the suggestions made to the faculty and the ANA, however, that is not realistic. Ultimately, any change made to the code of ethics or to curriculum in the College of Nursing is influenced by multiple factors beyond my control. Completion of this project gave me a more refined understanding of the concept of social justice and its place in nursing and this is one measure of project success. As I continue in this profession I will continue to share this increased knowledge with my colleagues and students.

Recommendations for the Future

In order to improve fulfillment of nursing students' educational needs, it would be helpful to know how they perceive social justice. For this reason, a survey of nursing students' opinions on what constitutes social justice and how the profession of nursing intersects with it would be a useful undertaking. In the same way, it would be helpful to understand what faculty believe is necessary for curricular content around the topic of social justice, and a survey of faculty opinion would serve to aid in this understanding. A comparison among nursing schools of curricula related to social justice would also give helpful information on the importance given to social justice content from educational institutions. This project did not include a survey or evaluation of the PowerPoint presentation offered to the nursing faculty. Conducting a survey of this presentation might be an approach to explore faculty opinion on the subject in general, and could lead to a forum for sharing ideas on how to incorporate and strengthen educational and clinical experiences related to social justice.

Conclusion

Nursing has a commitment and responsibility to care for the health of society. The current ANA Code of Ethics (2001) stated "Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups and communities" (2001, p. 5). In order to provide this care in a meaningful way, the nursing profession must have foundational support to address the health problems of society. This support comes from leaders in nursing practice, education, research, and the foundational documents that define the nursing profession. The ANA Code of Ethics (2001) provides guidance to the nursing profession as it addresses the nurse's obligation to address the health needs of society. Persistent health inequities that partially stem from social justice issues are examples of the health needs nursing must address.

It is clear that health inequities are directly related to social determinants of health and social injustice. Acknowledging this truth in the ANA code of ethics in clear and unambiguous language is an essential first step in addressing these inequities. When the concept of social justice is not specifically named, e.g. when it remains unelaborated and unspecified, its importance is undermined. Failing to make social justice explicit within this foundational nursing document allows the importance of social justice to remain obscure. We can only begin to understand what we can name; we have to be able to see and recognize injustice in order to act on it. In order to recognize and understand a concept we have to learn about it, have words for it and be able to describe it. The ANA needs to use the words *social justice* and elaborate on the attendant concepts within the code of ethics. When the tone and content of the current code of ethics makes obvious a commitment to social justice, and its associated concepts, it will truly serve as a support to the profession's goal of health provision to society.

Nursing prides itself on the holistic perspective it employs when caring for patients. In addition to understanding a patient's physical condition and illnesses, nurses are taught to seek understanding of a patient's personal context (i.e., educational level, socioeconomic status, relationships and sources of support). Nurses are trained to keep this information in mind to develop a comprehensive plan of care. This approach is effective and used by nurses because it's known that if nurses focus solely on a patient's physical manifestation of illness, and neglect or fail to consider the other aspects of a patient's life, the plan of care will ultimately fail. This holistic approach to patient care embraces the ethos of social justice; this is the foundation on which the nursing profession was built. Attention to the whole patient is nursing's signature; it is what nursing does best and it is what makes nursing unique. Instead of a narrow view of illness and a circumscribed answer to a medical problem, nurses consider the broader social context of a

patient. It is important that this is put forth in visible ways, in the nursing code of ethics, curriculum, and nursing practice.

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Appendix A

Letter to American Nurses Association Steering Committee on code of ethics revision January 10th, 2014

Professional Issues Panel, ANA

Code of Ethics Review Steering Committee

Margaret Hegge, EdD, RN, FAAN - Co-Chair

Dana Bjarnason, PhD, RN, NE-BC

Marsha Fowler, PhD, MS, MDiv, RN, FAAN

Timothy Godfrey, SJ, DNP, RN, PHCNS-BC

Bonnie “Lori” Lioce, DNP, FNP-BC, CHSE, FAANP

Margaret Ngai, BSN, RN

Catherine Robichaux, PhD, RN, CNS

Kathryn Schroeter, PhD, RN, CNOR, CNE

Josephine Shije, BSN, RN

Elizabeth Swanson, DNP, MPH, APRN-BC

Mary Tanner, PhD, RN

Elizabeth Thomas, MEd, BS, RN, NCSN, FNASN

Lucia Wocial, PhD, RN

Mary Beth Zaber, MS, RN

Karen Zanni, MSN, FNP-C

Dear Colleagues,

It is my pleasure to be serving on the advisory committee for the American Nurses Association Code of Ethics. It is the first time I have participated in an ANA professional issues panel and originally my interest was borne from the connection to the project I am working on in my graduate program. Now, however, I am experiencing the value of being an ANA member, able to participate in my organization, and I appreciate the fact that I have a voice in issues.

I am writing to you regarding the current Code of Ethics revision. In addition to my participation on the advisory committee I want to formally submit my suggestions in letter form. These suggestions concern the inclusion of social justice content in the current code. They come from a comparison and review of other nations' codes, and were done as part of the work for completion of my scholarly project for a doctor of nursing practice degree.

It is instructive to look outside the borders of the United States for language and inspiration on ethical codes, especially in this time of increasing global awareness. When I did my review, I found inspiration in both the Australian and the Canadian nursing codes of ethics in terms of their social justice content and I share part of that content and my suggestions here.

As the ANA code of ethics is currently written there is a relative lack of social justice content considering the importance of the concept and the historical significance that social justice has in nursing. The roots of the nursing profession lie in social justice with the actions of historical nursing founders such as Florence Nightingale, Lavinia Dock and Lillian Wald.

In addition to this history, and the importance of remaining true to it, there is emphasis placed on social justice content from nurse educators. The American Association of Colleges of Nursing (AACN) stresses the importance of social justice and lists it as a core competency for Master's and Doctorally prepared nurses. Additionally, there is a growing literature, both within

nursing and in other health professions, around the concept of social justice and the relation it has to health.

Now is an ideal time, with the current ANA code of ethics revision underway, to increase the emphasis on social justice within the code. Currently, social justice is only mentioned once in the preface of the code. In contrast, the Australian and Canadian codes explicitly mention social justice on four occasions, and both of these nations' codes go into detail regarding the concept. They speak of the importance of reducing unjust power imbalances within society; changing systems that disadvantage populations; eliminating disparities; bringing about equity and, improving social conditions.

By being explicit in their language regarding social justice, I believe the Australian and the Canadian nurses associations provide quality guidance to their nursing professions. I want the American Nurses Association to do the same. As the ANA states, "a code of ethics makes explicit the primary goals, values, and obligations of the profession". The language used in the code needs to be explicit as well, in order to serve the nursing profession as it cares in a holistic manner for the health of individuals and populations.

Sincerely,

Anne Daly, RN, FNP

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486 5th Avenue

Salt Lake City, UT 84103

Appendix B

Letter to Utah Nurses Association on process of participation in advisory committee

March 3, 2014

Editorial Committee

Utah Nurses Association

4505 S. Wasatch Blvd., Suite 330B

Salt Lake City, Utah 84124

I want to share my experience of participation on the ANA Code of Ethics Revision advisory committee with my fellow nursing colleagues. Participation in this committee has been rewarding, frustrating, and educational, offering me insight into the benefits of membership and participation in my professional organization.

The ANA has various professional issues panels concerned with nursing practice and health policy. These panels offer the nurse an opportunity to engage in dialogue with other nurses to shape policy and practice. The panels have both a Steering Committee and an Advisory Committee and are made up of ANA members from various practice areas. I applied for the Revision of the Code of Ethics for Nurses with Interpretive Statements Panel. My interest stems from my study on the content of social justice within the Code of Ethics and, through my participation, I hope to influence the code revision in terms of its social justice content. The Code of Ethics is the foundational document for nursing and as such, should more fully address the concept of social justice. The current revision of the ANA code is an opportunity to do this.

Application for participation on this panel was straightforward. Applicants must be ANA members and submit a statement of interest and a curriculum vitae. Everyone who applies by

the deadline is accepted into either the steering committee or the advisory committee. The steering committee is made up of 15 members who meet one to two times a month via conference call and it is the steering committee who poses questions and topics for discussion to the advisory committee. There is an online forum, *Nursespace*, where discussion regarding questions posed by the steering committee takes place.

As part of the advisory committee I participated in the *Nursespace* dialogue, by reading submissions and offering my own. This aspect of the process was frustrating at times as the conversation drifted in unrelated directions. In the beginning, and for quite a long time, the only question offered for discussion from the steering committee was regarding what would be optimal terminology (transprofessional vs interprofessional vs. intraprofessional) for use in the code. Discussion on this one question went on for quite a while, and although terminology is important, I began to wonder when input on more substantive issues would be solicited. The steering committee seemed to agree because the format for subsequent questions changed from blog-style to a more formal and detailed questionnaire that each participant completes. A summary of the responses is then sent out – giving us feedback on our input. I expect this will be the format until the close of the review in November, likely because it is a more manageable way to receive input from so many members. One advantage of this approach is that it avoids off-topic discussions and arguments and it may save time. A disadvantage is that it's not possible to directly view (and thus understand) the comments of other nurse colleagues.

The Code of Ethics revision process is ongoing and committee input will be received until November 2014, at which time the ANA Board of Directors will begin consideration. I continue to enjoy my participation in this code revision. Because of this experience I have realized what a privilege it is to have a national organization that I can actively participate in.

Through this participation, it has been evident that although not all of us are in agreement on different issues, we can still dialogue and learn from each other. I urge my fellow nurses to consider participation in a professional issues panel. It provides a concrete way to experience the benefit of membership in our professional organization by having a voice in its mission and growth.

Respectfully,

Anne Daly, RN, FNP

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Salt Lake City, UT 84103

Appendix C
Acceptance email from UNA for submitted article

From: Wolfe, Jody [Jody_Wolfe@lcca.com]
Sent: Wednesday, March 05, 2014 11:03 AM
To: Anne Daly
Subject: Editorial article for Utah Nurse

Anne,

Thank you for your submission for the May issue of Utah Nurse. I am pleased to inform you that your article will be published in the upcoming issue.

Thank you for the submission. Please feel free to continue submitting updates on your work with the Ethics Committee. I hope that sharing your story will inspire other members to get involved at the national level.

Respectfully,

Jody Wolfe, RN, BSN, MBA
Area Director of Operations
Life Care at Home/Affinity Hospice of Life
Salt Lake City, Utah

Appendix D
Content Expert Agreements

Content Expert Agreement

Content Expert Name: Sara Hart

Student Name: Anne Daly

Applicable area(s) of expertise: nursing and professional ethics, health policy, and nursing education

Please attach a Professional CV or submit a personal statement regarding qualifications as content expert:

The content expert agrees to:

- + Provide guidance regarding the student's approach to the problem identified in the DNP Scholarly project
- + Provide guidance in the development and completion of the student's DNP project
- + Review relevant sections of the DNP project to insure content are current, comprehensive, and evidence based within the content experts' area of expertise
- + Provide guidance in approach for those projects involving policy change or recommendations
- + Notify Project Chair if a problem is identified that cannot be resolved directly with the student

The content expert is not responsible for:

- + Correction of format or grammatical errors
- + Components of the project outside the area of expertise
- + Final determination of student successful completion of the Scholarly Project course

A letter will be mailed once the project is completed acknowledging the Content Expert's contribution to the development and completion of the student's DNP project. Also, to recognize the Content Expert's guidance and expertise and time spent in support of the student's DNP project.

My signature acknowledges my willingness to assist __Anne Daly__ in her or his Doctoral Scholarly Project as a content expert. I understand the role of the content expert as outlined above and commit to communication with the student's Project Chair and with the student each semester.

Content Expert Signature *Sara Hart* Date: 12/19/2013

Phone No: 801-587-9094 Email Address: sara.hart@nurs.utah.edu

Mailing Address: 10 South 2000 East Salt Lake City, UT 84108

Content Expert Agreement

Content Expert Name: A. Glade Ellingson, PhD

Student Name: Anne Daly, RN

Applicable area(s) of expertise: Professional Ethics & Standards; Social Justice Issues in Professional Practice

Please attach a Professional CV or submit a personal statement regarding qualifications as content expert: Please see accompanying CV.

The content expert agrees to:

- ✦ Provide guidance regarding the student's approach to the problem identified in the DNP Scholarly project
- ✦ Provide guidance in the development and completion of the student's DNP project
- ✦ Review relevant sections of the DNP project to insure content are current, comprehensive, and evidence based within the content experts' area of expertise
- ✦ Provide guidance in approach for those projects involving policy change or recommendations
- ✦ Notify Project Chair if a problem is identified that cannot be resolved directly with the student

The content expert is not responsible for:

- ✦ Correction of format or grammatical errors
- ✦ Components of the project outside the area of expertise
- ✦ Final determination of student successful completion of the Scholarly Project course

A letter will be mailed once the project is completed acknowledging the Content Expert's contribution to the development and completion of the student's DNP project. Also, to recognize the Content Expert's guidance and expertise and time spent in support of the student's DNP project.

My signature acknowledges my willingness to assist Anne Daly in her or his Doctoral Scholarly Project as a content expert. I understand the role of the content expert as outlined above and commit to communication with the student's Project Chair and with the student each semester.

Content Expert Signature A. Glade Ellingson Date 12/16/13

Phone No. : 801-581-6826 Email Address: gellingson@sa.utah.edu

Mailing Address: 201 South, 1460 East, Room 426
University Counseling Center
University of Utah
Salt Lake City, UT 84112