

## *Discourse*

# **Fostering Social Justice: The Possibilities of a Socially Connected Model of Moral Agency**

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The moral agency of nurses in light of practice realities has long been debated (Davis & Aroskar, 1978). Particular attention has been paid in both empirical and theoretical inquiry to everyday local realities such as power differences, conflicts among nurses and other health professionals, limited resources, and the perceived misuse of technology to prolong life, which can constrain the moral agency of nurses in reaching the ideals of practice. While these remain worthy of discussion, increasingly attention is being drawn to nurses' moral agency in relation to their ability to address broader social injustices, which demonstrates a greater recognition of health disparities both locally and across the globe. An independent global commission recently released a report that presents a future vision for the education of health professionals; the report emphasizes the significance of health professionals working together in ways that are responsive both to local needs and to the promotion of health equity everywhere (Frenk et al., 2010). Within bioethics there is also recognition that ethicists and health professions alike need to adjust their focus beyond the medical model to that of promoting social justice (Sherwin, 2011).

Within Canada, however, questions have been raised regarding what expectations are appropriate for nurses with respect to their ethical responsibilities to meet the demands of social justice in their practice and more broadly. During the process of revising the Canadian Nurses Association's Code of Ethics in 2008, divergent views related to the purposes of the Code developed between ethicists and regulators. The ethicists believed strongly that the Code should emphasize nurses' roles in promoting social justice. The regulators, in contrast, argued that statements in the Code related to social justice should not be used to evaluate nurses' ethical conduct, because the expectation was believed to be too high and too difficult to inform regulatory decisions (Peter, 2008; Storch,

2008). These debates reflect a concern that nurses may not possess the moral agency necessary to address the social injustices they encounter.

In this Discourse I argue that nurses do possess this agency, if moral agency is re-conceptualized and fostered within nursing as a socially connective attribute as opposed to an individual one. First, I discuss the shortcomings of conventional conceptualizations of moral agency in relation to addressing social injustices. While individuals alone can at times have success in making structural changes, there are many potential constraints. Second, using Young's (2006, 2011) social connection of moral responsibility and agency, I re-conceptualize moral agency as potentially connected in nature. And third, I propose educational and research strategies to foster this agency.

### **Conceptions of Moral Agency**

Moral agency has been defined as “the capacity to recognize, deliberate/reflect on, and act on moral responsibilities” (Peter & Liaschenko, 2004, p. 221). What this means in practice is largely dependent upon how the moral world is envisioned. For example, a deontologist may regard moral agency as primarily an individual's rational ability to comprehend and fulfil universal moral obligations. A virtue ethicist may regard moral agency as character traits or virtues of an individual that enable moral recognition, deliberation, and action — for instance, a nurse who possesses the virtues of compassion and courage and is able to recognize the suffering of a patient in acute pain, consider alternative interventions, and stand up to her colleagues who do not believe the patient is in pain. With these approaches there is the potential to envision moral agency as a collective attribute with a group of individuals displaying reason or virtue, but generally these approaches view persons as autonomous and individualized.

With a feminist approach, however (which conceptualizes persons as connected and interdependent), it is possible to think of moral agency as more than a characteristic possessed by an aggregate of individuals. It is possible to think of agency as a relational or socially connected characteristic of individuals in such a way that we can, at least to some extent, recognize, reflect on, and act on moral responsibilities as a collective. This conceptualization holds clues as to how best to educate nurses to address social injustices in groups and should help to direct our future research initiatives.

With a conventional conception of moral agency, individuals can be held directly accountable for their actions as they would be by a court or a regulatory body (Young, 2006, 2011). This conception is useful when

there is a direct connection between agents and their actions, such as individual nurses' accountability for the care they provide to patients under optimal circumstances. It is less useful when considering social injustices that have only an indirect relationship to individual agents, such as nurses' responsibility for poverty and racism in their communities; while there is an element of responsibility, it is indirect.

### **Young's Social Connection Model of Responsibility**

Because social justice concerns primarily social groups and their relative positioning, as opposed to individuals outside of group membership, a conceptualization of moral agency as a social or collective construct is useful in terms of thinking about effecting social change. Although individuals, if favourably situated, can address social injustices by initiating policy change or advocating for patients, for example, social groups are better able to make the structural changes needed to bring about the political and economic changes necessary for social justice to exist. Both the ethics of care and feminist ethics, with their underlying ontological perspective of persons as connected, permit the conceptualization of individuals as connected moral agents, not just an aggregate of individuals. Iris Young's (2006, 2011) social connection model is an example of a feminist approach that constructs moral agency in this way.

The social connection model of responsibility views individuals as having some responsibility for social injustices, because they contribute, through their actions, to the social processes and rules that bring about these injustices. This responsibility is a consequence of individuals' connections to others in a web of social relationships. While they have some responsibility, they are not liable for failing to achieve social justice (Young, 2006, 2011). This distinct feature of the model has important implications for the regulation of the nursing profession. The legalistic aspects of the regulation of nursing that result in the disciplining of nurses fall under what Young (2006, 2011) calls the liability model. This model for understanding moral responsibility derives from a legalistic framework used to establish the guilt of individuals for harms and misdeeds. Under this model, guilt is assigned when there is a clear causal connection between an individual's action and a harm — for example, when a nurse steals from a patient. Social injustices, in contrast, cannot be causally linked to individuals, because they are structural in nature and are a consequence of numerous individual actions and policies. As a result, it is not constructive to look to the past to assign blame and seek punishment. Young (2006, 2011) encourages us all to develop a forward-looking approach (as opposed to a backward-looking approach) in order to

engage in collective action to address structural injustices. To discipline nurses for failing to address social injustices would be backward-looking and in error according to the social connection model. Nursing responsibilities related to social justice in codes and standards should be forward-looking, and those who fail to meet these responsibilities should not be subject to discipline.

Forward-looking strategies are best undertaken through social connections, because they provide individuals with some power over the social structures that create injustices (Young, 2006, 2011). We therefore do not need to be passive onlookers. *It is because we are deeply connected moral agents that we are able to bring about social change, particularly when we form organized social groups.* Nurses, unlike many citizens, possess the benefit of being in organized professional groups within their own countries and have at least some global presence in associations such as the International Council of Nurses. Social connections already exist among nurses and the possibility of strengthening these connections is there. In this sense, the professionalization of nurses enables moral agency in ways unknown to many. This is not to say that nurses as a social group do not experience constraints to their moral agency, because as a social group (or perhaps as social groups) we, too, are situated by social class, gender, race, and so on. Nevertheless, our potential to act is likely underestimated.

### **Fostering Social Justice**

How can the moral agency of nurses using a socially connected model be fostered? In other words, how can nurses' ability to recognize, deliberate on, and act to address the social injustices they encounter as a group, or a series of groups, be enhanced? The ability to recognize social injustices may be easiest developed in traditional educational settings. Codes of ethics and standards of practice need to address the importance of accepting social injustices as a collective responsibility with forward-looking elements, so that they can inform the ongoing development of moral receptivity of student and practising nurses. Sherwin (2011) suggests that theories (such as the work of Walker [1998] and Young [2006]) that focus on community and interconnected moral agents and move away from dominant models that focus on individual action are better able to direct the demands of social justice. These theories could also help us to view ourselves as connected moral agents capable of recognizing group responsibility. Further educational research could examine the usefulness of such strategies and could also explore what other kinds of educational approaches might be successful in both preparatory and continuing education.

Other authors have shed light on approaches that can enhance our ability to address social justice concerns through dialogue with both student and practising nurses. This could result in a collective mindset that fosters not only recognition of social injustices but also fruitful deliberation about them. Critical self-reflection and thinking can lead to an understanding of individuals' health concerns, difficulty accessing health services, or difficulty following medical advice as a manifestation of their social locations, as opposed to their individual failings (Anderson, Browne, Khan, Lynam, & Rodney, 2009; Pauly, MacKinnon, & Varcoe, 2009). For example, the lack of medical follow-up for the young child of a poor single mother with multiple children could be judged as a lack of caring on the mother's part instead of as an indication of her lack of transportation, child care, or health literacy. This kind of understanding could lead to deliberation about how to improve access to the social determinants of health for all, and would be a fruitful area for future nursing research. Position statements that are the outcome of group deliberation related to social justice concerns, such as poverty, racial discrimination, and access to quality education and nutrition, could support the creation of a group ethos in both student and practising nurses. This group ethos could lead to the questioning of attitudes that further the "othering" (Canales, 2010) of the less privileged and an intolerance of these attitudes in nursing.

Learning to take collective action as an end result of reflection and deliberation is ultimately the most powerful aspect of moral agency. Anderson et al. (2009) recommend engaging in moral dialogue at all levels — local, national, and global — to eliminate everyday social interactions that lead to inequities. In this way, changes can be made to health-care delivery to make it more accessible and more sensitive to those who are underserved. Exposing students to innovative settings that address the needs of vulnerable populations can help them to develop the critical reflection skills and confidence they will need to initiate actions that are directed towards overcoming health inequities (Cohen & Gregory, 2009). If the opportunity to take part in this type of practicum were to become the norm, the capacity for collective action after graduation would be greatly enhanced. Action directed towards developing health policy that addresses the social conditions that surround health problems and that is sensitive to differences in class, race, and gender could also address health inequities (Pauly et al., 2009). Organized professional groups stand to have the most success in sustained collective action at the level of policy, given the opportunities they have to pool resources of all kinds, including talent and will.

Many other collective actions are possible in relation to promoting social justice. The possibilities for change are there, but a rethinking of our moral agency is necessary so that we can capitalize on our collective strengths. This rethinking must be supported by ongoing empirical and theoretical inquiry in nursing, to ensure that the best strategies are adopted. Ultimately, a socially connected moral agency will not only enhance efforts to achieve social justice, but also strengthen nursing's sense of identity and power as a profession capable of bringing about important changes to health and health services for the populations with whom we work.

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