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Social Exclusion and Health: The Development of Nursing Knowledge

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The concept of social exclusion has been proposed as an important social determinant of health. However, use of the concept in health and health promotion research is in its infancy. In nursing discourse, in particular, exploration and application of the concept of social exclusion is minimal. The purpose of this article is to explore the relevance of the concept of social exclusion in the development of nursing knowledge. Current knowledge regarding social exclusion is examined and its use in health-related research is explored. To conclude, a conceptualization of social exclusion for the development of nursing knowledge is proposed.

Keywords: social exclusion, social determinants of health, health disparities, health promotion, philosophy/theory

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Résumé

L'exclusion sociale et la santé : le développement des connaissances en sciences infirmières

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Il a été proposé que le concept d'exclusion sociale soit considéré comme un important déterminant social de la santé. Cependant, le recours à ce concept dans la recherche en santé et en promotion de la santé en est encore à ses balbutiements. Dans le discours des sciences infirmières en particulier, l'étude et l'application du concept d'exclusion sociale sont toujours minimes. L'objectif du présent article est d'explorer la pertinence du concept d'exclusion sociale dans le développement du savoir en sciences infirmières. Les auteures y examinent les connaissances actuelles relatives à l'exclusion sociale et leur utilisation dans la recherche liée à la santé. L'article propose en conclusion une conceptualisation de l'exclusion sociale adaptée au développement des connaissances en sciences infirmières.

Mots-clés : exclusion sociale, déterminant social de la santé, promotion de la santé, conceptualisation, connaissances en sciences infirmières

Introduction

Health is not equally distributed among all members of society. Profound health inequities exist in Canada and elsewhere in North America, rooted in complex structures of injustice (Raphael, 2007a). As a result, some individuals, groups, and communities bear greater health burdens than others and experience unique health challenges. Health is influenced by sociopolitical and contextual forces and the deep-seated exclusionary processes that shape them. Addressing such injustices is consistent with the mandate of the Canadian Nurses Association (CNA) (2009). CNA asserts that nurses must strive for social justice in health and in health promotion. Based on the social, moral, and professional imperative to examine the root causes of health inequities, nurses can address, explore, and advocate for equitable health-care practices (CNA, 2009, 2010) in a variety of ways, such as through nursing research.

It has been proposed that the concept of social exclusion sheds light on some of the structural processes at the source of health inequity, and has been recognized as a social determinant of health (Raphael, 2009, 2007b).[1] Thus, social exclusion is an important concept in nursing and in the development of nursing knowledge. The significant impact of social exclusion is becoming increasingly evident in the health literature, especially the literature related to understanding and promoting the health of vulnerable groups (Hyman, Mercando, Galabuzi, & Patychuk, 2014). However, in-depth examination is needed to determine its relevance to and significance for a nursing science aiming to better understand and reduce health inequities.

The purpose of this article is to explore the relevance of the concept of social exclusion in the development of nursing knowledge specifically for nursing research. Theoretical knowledge with respect to social exclusion will be explored, its use in health research examined, and a conceptualization of social exclusion for the development of nursing knowledge proposed.

Conceptualizations of Social Exclusion: Historical and Political Context

Social exclusion has been recognized as a key determinant of health (Raphael, 2009). In Canada, however, researchers and policy-makers are

[1] "Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries." (World Health Organization, 2014)

only beginning to apply existing knowledge and to further explore the role of social exclusion in health. Social exclusion emerged as an analytical concept in the social policy of France's socialist governments in the 1970s. The impetus was partly based on the concern about the exclusion faced by certain social groups who were left unprotected by social insurance safety nets (Percy-Smith, 2000). Paul Lenoir, a French social-policy analyst known for identifying the concept of social exclusion in 1974, identified 10 groups labelled *les exclus,* or "the excluded" — a select set of people who, due to social processes, were left on the margins of society (Lenoir, 1974; Silver, 1995).

In the 1980s and 1990s the phrase was taken up by the European Union, which led to the creation of the Social Exclusion Task Force. Policy initiatives began to introduce discourses on social exclusion in the political arena. The phrase was often used interchangeably or replaced with words such as "poverty," and was most often associated with exclusion from employment (Peace, 2001). There was a shift in conceptual understanding, which may be reflective of neoliberal influences along with a focus on participation in the labour market. Policies developed from this "new" understanding of social exclusion were critiqued as actually excluding groups from the political discourses of social exclusion (Peace, 2001).

In the late 1990s and early 2000s, social exclusion discourse emerged in Canada, building upon the discourse in Europe (Yanicki, Kushner, & Reutter, 2014). At that time, social and health policy in Canada emphasized neoliberal ideologies,[2] with responsibility being placed on the individual unit and little recognition of the social structures that contribute to inequalities. With this emphasis came erosion of social safety nets, increased poverty, and growing inequality (Toye & Infanti, 2004). Individual rather than collective responsibility was also dominant in health discourses (Low & Theriault, 2008). With the surge in racialized newcomers in the late 1990s, the racialization of poverty and the overrepresentation of racialized people in low-end jobs reflected the growing inequities (Galabuzi, 2009). Canada, once praised for its progressive social and health policies, is now the only developed nation to lack a national policy on poverty and social exclusion (Yanicki et al., 2014), as well as a national housing strategy ensuring access to safe and affordable housing for all.

[2] Neoliberal ideology refers to the philosophy of individualism, whereby individuals are viewed as "the fundamental basis of society" (Gill, 2000, p. 3). Neoliberalism is associated with government withdrawal from policy areas such as social welfare, including the provision of housing and income security, optimizing conditions for market activity (Harvey, 2006; Raphael, 2007b).

Social exclusion discourse gained in popularity, as evidenced in key documents issued by governmental and non-governmental organizations. Health Canada's (2002) definition of "social exclusion" centred on the lack of participation in social relationships and in the construction of society. The focus on participation can be attributed to an individual's contribution to society, often marked by labour-market participation, without critical examination of hegemonic structures of inequality. Health Canada (2001) also acknowledged that exclusion encompasses the inability of certain groups to exercise their social, cultural, and political rights. It acknowledged the importance of social belonging, citing an individual's "inability" without discussing in depth the structural inequalities or political processes that cause social exclusion.

Meanwhile, the Laidlaw Foundation commissioned a series of research papers, Perspectives on Social Inclusion, to refocus child and family policy (Freiler & Zarnke, 2002). These papers brought several researchers, perspectives, and foci to the forefront of social exclusion/inclusion discourse in Canada. They addressed issues related to inequality and the social structures that influence exclusion. In response to the current Canadian context, the Canadian Council on Social Development (2001) produced documents on social exclusion and inclusion. Social exclusion discourse has continued to evolve in governmental and non-governmental documents (Canadian Mental Health Association, 2012; Noel & Fortin, 2012; Ogilvie, 2013). The terminology shifted from social exclusion to social inclusion, and today exclusion and inclusion are commonly treated as overlapping and interconnected concepts.

Prevailing Perspectives and Conflicting Ideologies

There is no one universally accepted definition of social exclusion. Discourses on the subject appear to be divided in terms of underlying ideologies of the concept or framework. The ways in which politicians, policy-makers, academics, and researchers define social exclusion are influenced by political and ideological elements. These often subtle influences impact the understanding and application of social exclusion in nursing and health research. In public policy discourse, social exclusion is sometimes used interchangeably with poverty (Percy-Smith, 2000) and is understood as a process of alienation from society, reinforcing deprivation and causing isolation from mainstream society (Vleminckx & Berghman, 2001). The Canadian scholars Galabuzi (2009) and Labonte (2009) view structural processes and social inequalities as key elements in social exclusion. Galabuzi (2009) cites the multidimensionality of social exclusion, stressing that poverty is only one of its many contributing factors and outcomes. For Galabuzi and Labonte (2002),

> Social exclusion describes the structures and dynamic processes of inequality among groups in society. Social exclusion refers to the inability of certain groups or individuals to participate fully in Canadian life due to structural inequalities in access to social, economic, political, and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion. (p. 1)

Labonte (2009) points to the need for a "critical eye" in exploring social exclusion, to ensure that the root causes of exclusion, such as oppressive hierarchies, are challenged.

Despite the references to social structures and institutions, their application in public-policy terms focuses on the individual as the unit of analysis and the site of intervention. There has been an emphasis, in Europe and in Canada, on combating social exclusion through the promotion of education and employment opportunities, in which "workless households" are targeted (Dobrowolsky & Lister, 2006).

Numerous authors have acknowledged the dynamic and complex relationship between social exclusion and social inclusion (Guildford, 2000; Labonte, 2009; Popay et al., 2008). Discussions on social inclusion, similar to those on social exclusion, must be examined by means of the philosophical roots and politics influencing its use and our understanding of it. Social inclusion is not simply the opposite of exclusion; confusion and interchangeability of the terms result in further ambiguity of both concepts. The social inclusion literature places the emphasis on the outcome of being included in community life with equal access to opportunities and well-being (Sen, 2001; Guildford, 2000). Inclusionary and exclusionary situations are often entangled rather than being treated as mutually exclusive (Caxaj & Berman, 2010).

Labonte (2009) argues that "forcing" the inclusion of groups into the society that has historically and politically excluded them, without critically examining structures and hierarchies, may perpetuate oppressive hierarchies and health inequities. Labonte points out that uncritical application of social inclusion discourse can divert attention away from hierarchies of exclusion and those who benefit from them. Labonte (2009), Galabuzi and Labonte (2002), and Raphael (2007b) warn that conceptualizations of social inclusion must move beyond the rhetoric and address the exclusionary processes and hierarchies of inequality that produced the need for inclusion in the first place.

The Canadian nursing scholars Yanicki and colleagues (2014) provide a comprehensive review and synthesis of the literature on social inclusion/exclusion in Canada. They identify three overarching discourses on social exclusion/inclusion: (1) the discourse on recognition, (2) the discourse on capabilities, and (3) the discourse on equality. They situate the discourses

in an Integrated Framework for Social Justice, within which social inclusion/exclusion is seen as both a relational and a structural concept:

> As a relational concept, SI/SE [social inclusion/exclusion] involves experiences and dynamic relational processes enabling or constraining participation and (un)just social relations. As a structural concept, SI/SE involves structures that shape equitable or inequitable access to wealth, resources, rights, power and prestige, as well as the structures that sustain (in)equities, oppression and differential opportunities. (p. 6)

Situating the social exclusion discourse within a social justice framework politicizes the concept and highlights the underlying structures, influences, and experiences of exclusion, while also calling nurses to action with regard to the promotion of health equity (Yanicki et al., 2014).

Several frameworks have been proposed in an effort to understand social exclusion. For the purposes of this article, understandings discussed in the health-related literature on social exclusion will be used. Social exclusion has been described based on four aspects: (1) exclusion from civil society, (2) exclusion from access to social goods, (3) exclusion from social production, and (4) economic exclusion (Galabuzi, 2009; Galabuzi & Labonte, 2002; Percy-Smith, 2000; Taket et al., 2009). The first aspect is the social exclusion that results from institutional mechanisms such as discrimination based on social identity or category. The second refers to the denial of health care, education, housing, income, or language services; however, some authors treat the concepts of social goods and human rights or basic human needs as interchangeable (Burchardt, Le Grand, & Painchaud, 2002; Galabuzi, 2009). The third aspect is the denial of opportunities to contribute to and actively participate in society. Barry (2002) refers to the structural inequalities that influence exclusionary processes, thus acknowledging the element of social injustice in the denial of opportunities. In the social exclusion literature, a focus on participation without an examination of exclusionary processes may actually perpetuate inequalities and promote further exclusion. If individual responsibility is promoted while hegemonic systems of inequality are left unchanged, the hierarchical and exclusionary nature of political, social, and economic institutions goes uncontested. The fourth aspect is the lack of access to economic resources and opportunities (Galabuzi & Labonte, 2002; Percy-Smith, 2000).

Percy-Smith (2000) proposes a framework for understanding the process of social exclusion in a broader context, noting how it is intrinsically shaped by broad societal forces. Local contexts such as local governments and particularities of place, combined with national contexts such as social assistance, welfare programs, and economic policy, are influ-

enced by globalization, which can result in social exclusion. Percy-Smith argues that any definition of social exclusion that ignores complex political elements is inadequate and morally problematic.

Research Exploring Social Exclusion and Health in Canada

In Canada, researchers are only beginning to explore the role of social exclusion in health (Wilson, Eyles, Elliott, Keller-Olaman, & Devcic, 2007). Internationally, much headway has been made in research examining health and social exclusion. In Canada, however, researchers investigating the subject have tended to focus on material deprivation and poverty (Stewart et al., 2008; Wilson et al., 2007), while some are starting to go beyond this focus and employ a broader, social determinants of health approach (Chambers et al., 2014; Reid, 2004). Further, in Canada there has been limited exploration by nursing scholars that includes a discussion of the relevance and implications of social exclusion for nursing.

Research on social exclusion and health has traditionally focused on economic disadvantage, primarily issues of poverty and material deprivation. Stewart et al. (2008) adopted a critical sociological perspective and used a social determinants of health framework to explore the relational processes that lead to social exclusion/inclusion. They conceptualized social exclusion broadly as the social processes that prevent full engagement in social institutions and that result in economic, political, and social deprivation. Their study consisted of two phases exploring and comparing experiences of social exclusion among lower- and higher-income participants in Toronto, Ontario, and Edmonton, Alberta. The first phase consisted of qualitative individual and group interviews (n = 119) and the second consisted of a quantitative comparative survey (n = 1,167). A purposive sample was used for the first phase and a cross-sectional telephone survey for the second. The data revealed significant relationships between health and social exclusion and indicated that limited financial resources, poor health, and societal scrutiny inhibited lower-income participants from becoming involved in the community.

Similarly, Wilson et al. (2007) explored relationships between social exclusion and health using a quantitative comparative method. Social exclusion was conceptualized as occurring when people do not participate in key social activities and experience material deprivation. A mixed methods research design was employed. Quantitative data were collected using a cross-sectional household survey (n = 300) in two economically and socially contrasting neighbourhoods in Hamilton, Ontario. In-depth qualitative interviews were also conducted with 40 randomly selected participants from the initial, quantitative, phase. The purpose of the interviews was to further examine participants' engagement in neighbour-

hood activities, their relationships with neighbours, and their perceptions of their neighbourhood. Differences were found between the neighbourhoods in terms of the characteristics and experiences of social exclusion: those in the lower-income neighbourhood experienced more aspects of and higher levels of social exclusion. While demographic information was collected related to education, employment status, and income level, the potential influences on social exclusion were not discussed.

Social exclusion has also been explored as it relates to mental health. Benbow, Rudnick, Forchuk, and Edwards (2014) used a social justice lens to qualitatively examine social exclusion and poverty among 190 female and 190 male psychiatric survivors in Canada. Specifically, the authors adopted a capabilities approach to social justice. Approximately 67% of participants had experienced homelessness at least once in their lives. The majority of participants were single and had never been married. Elementary school was the highest education level for the majority of participants (47%). Four themes emerged: *poverty* — "you just try to survive"; *stigma* —"people treat you like trash"; *belonging* — "you feel like you don't belong"; and *shared concern and advocacy* — "everyone deserves housing." Individual and community agency were acknowledged as important elements in understanding one's role in effecting change, empowerment, and action.

Reid (2004) used feminist action research to explore the relationship between exclusion, poverty, and women's health with 30 low-income women in British Columbia. Qualitative data were gathered using one-to-one qualitative interviews, participant observation, research team meetings, and field notes. The research was framed in the social determinants of health. The findings revealed exclusion at the cultural, institutional, and material levels, with an in-depth analysis of each level. At the cultural level, the participants experienced exclusion in the form of stereotyping and labelling. At the institutional level, exclusion took the shape of degradation and disrespect as systems failed to address their needs. At the material level, the participants experienced exclusion from access to basic needs. Reid's work is notable for her multidimensional understanding and application of social exclusion and her politicizing of health, social exclusion, and poverty among low-income women.

Towards Improvements in Social Exclusion Research in Canada

Overall, Canadian social exclusion research is in its infancy as it relates to health and almost non-existent as it relates to nursing specifically. Although nurses are able to draw on the health literature, we need specific exploration and examination within nursing research. While the

findings of Canadian studies shed light on the components of social exclusion and health, the literature is sparse. In striving for further development of the concept of social exclusion, it is important to note that social exclusion is at times defined and conceptualized vaguely or narrowly in research. When the breadth of social exclusion is included in its conceptualization, its complexity often does not translate into research purpose and methods. "Measurability" using particular quantitative surveys designed for specific purposes may in fact trump theoretical understandings. There appears to be a disconnect between use of the concept of social exclusion in the theoretical literature and in the health-related research literature.

In the theoretical literature, structural inequality is identified as an important aspect of social exclusion, yet this is rarely discussed in research studies. The notion of agency within structures of inequality is also minimally examined. However, the theoretical literature features much work on social exclusion as it relates to health among a variety of groups, based on an examination of inequalities (Arthurson & Jacobs, 2004; Daly & Silver, 2008; Galabuzi, 2006, 2009; Martin, 2004; Morgan, Burns, Fitzpatrick, Pinfold, & Priebe, 2007; Peace, 2001). Situating research in the political context of a study through policy analysis research is also lacking in current social exclusion research in Canada.

Further, the intersections of multiple dimensions of inequality are rarely explored. Often, when inequalities are explored, examination is done in static silos, especially when health disparities are examined as a form of social exclusion. In the absence of an intersectional understanding of inequality, those groups or experiences that fall between the cracks of siloed frameworks are likely to be excluded. Internationally, progress has been made in the social exclusion literature with the recognition of its multiple dimensions (Macdonald & Marsh, 2002; Mumtaz, Sakway, Shanner, Bhatti, & Laing, 2011; Tong, Lai, Zeng, & Xu, 2011). Lastly, in building on current research, recognition of social exclusion as a determinant of health requires an analysis of how such exclusion leads to changes in health status and how nurses can best promote health.

Conceptualization of Social Exclusion for Nursing Knowledge

Our theoretical exploration of social exclusion reveals the importance of providing a sound conceptualization in advancing the science of nursing. Thus, in promoting health within the development of nursing knowledge, the concept of social exclusion must be clearly defined.

For the purpose of nursing research, we suggest a conceptualization of social exclusion that is situated within a social justice framework. Social justice is at the heart of social exclusion/inclusion discourses in Canada (Yanicki et al., 2014), as well as being a foundation for nursing

science (CNA, 2010). Social justice has many and varied understandings based on diverse philosophical underpinnings. According to the World Health Organization (WHO) (1986), it is a prerequisite for health and exists when social organization is such that there is equitable distribution of benefits and equitable responsibility for burdens throughout society; the focus is on "changing social relationships and institutions to promote equitable relationships." Many nursing scholars have embraced a more multidimensional understanding of social justice. Yanicki and colleagues (2014) go beyond the WHO definition; their conceptualization of social justice for nursing practice and knowledge development takes the following into account:

> (a) power/powerlessness, (b) respect and valued recognition/misrecognition, stigma and fear of difference, (c) capability development/capability deprivation, and (e) equality and citizenship/social inequality and oppression, also making note of the concepts of participation, empowerment and globalization. (p. 6)

In nursing science, social exclusion within a social justice framework can refer to the deeply embedded social processes whereby certain groups are unable to fully participate in and benefit from social and political institutions and experience economic, political, social, and health inequities due to structural inequalities. Structural inequalities shape social exclusion and arise out of the often intersecting experiences of oppression as it relates to race, class, gender, disability, sexual orientation, and immigrant status (Galabuzi, 2009). While it does not deny them agency, social exclusion situates certain groups in disadvantaged positions in society, which ultimately impacts their health and well-being.

For instance, the increasingly expanding population of homeless mothers and their children (Anderson & Rayens, 2004; Community Social Planning Council of Toronto, 2004; Gaetz, Donaldson, Richter, & Gulliver, 2013), like other vulnerable groups, face a multitude of health challenges (Cheung & Hwang, 2004; Dashora, Slesnick, & Erdem, 2012). Intimate-partner violence, the absence of a national housing policy, extreme poverty, and mental health problems, all of which are complicated by the inaccessibility of affordable child care, are some of the factors that shape homeless mothers' health experiences and situate them in socially excluded positions (Benbow, Forchuk, & Ray, 2011). For homeless mothers in Canada, health is shaped by these sociopolitical contexts and a variety of other influences such as gender (Marmot, Friel, Bell, Houweling, & Taylor, 2008; Raphael, 2007a, 2007b). As a result of, and contributing to, their homelessness, these mothers are excluded from the full economic, political, social, and health benefits of society (Benbow et al., 2011; Galabuzi, 2009; Labonte, 2009). The position of homeless

mothers in Canadian society makes them susceptible to unique forms of social exclusion that can influence their health in significant and debilitating ways. An examination of social exclusion in nursing can deepen our understanding of both the process and the outcomes of being socially excluded, with an emphasis on how health is impacted and can be promoted.

Nursing Research Implications and Future Directions

The proposed definition of social exclusion and our exploration of the literature suggest significant implications for nursing research. Overall, we need further conceptual and methodological development of social exclusion and further exploration of the role of individual agency within exclusionary structures. Policy analyses, in addition to exploration of agency using various data-collection methods, would deepen our understanding of how the processes of exclusion shape health in the Canadian context.

Intersectionality[3] as a guiding theory in social exclusion research would enrich the literature and offer insight into the multidimensionality and interconnectedness of social exclusion. Nursing researchers seeking to better understand social exclusion and health can work with socially excluded groups to explore the structural inequalities that shape their health experiences, as a first step in promoting health. Through such research we will be able to explore the root causes of social exclusion and how nurses can best respond to it.

Concluding Comments

If we accept the premise that a central aim of nursing is to promote health by addressing health inequities, it follows that social exclusion is a concept with a great deal of relevance. Yet the question remains: do the confusion, ambiguity, and conflicting philosophical underpinnings of this concept compromise its use in social justice-informed nursing knowledge? We need to develop clear definitions as well as transparency with respect to the philosophical and political underpinnings of the concept. Increased clarity is also needed in all social exclusion discourses, particularly if we embrace a perspective that acknowledges power differentials and the importance of understanding health within a broad social and

[3] Intersectionality is a theoretical framework informed by several critical theories, including critical race theory and feminist theory. It examines the crossroads (Crenshaw, 1991) or intersection of multiple social identities and experiences of exclusion and marginalization. Sharing the central tenets of other critical theories, intersectionality serves as a lens for examining the cultural, historical, political, and social forces that interact to create systems of power, injustice, and social organization (Crenshaw, 1993).

political context. We have suggested a conceptualization of social exclusion in nursing knowledge development as both a process and an outcome of structural inequalities, while also emphasizing the intersectional influences of experiences. This definition is highly congruent with social justice-informed nursing practice. Social exclusion has great significance and relevance in addressing health inequities and in advancing nursing science. However, much work needs to be done to ensure the advancement of this important area of knowledge development.

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