Advances in Nursing Science
Vol. 29, No. 4, pp. 324–339

Toward a Critical Theoretical Interpretation of Social Justice Discourses in Nursing

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Despite widespread appeals to social justice, nursing conceptions of this ideal have been critiqued as incomplete and inconsistent. With the aim of contributing to a critical dialogue on discourses of social justice in nursing, we explore contemporary theories of social justice and their move beyond a distributive paradigm, employing techniques of replication and critique of social justice discourses in nursing. We consider how postcolonial feminist theory can help us understand the relevance of more recent critical interpretations of social justice, particularly in reinterpreting and broadening nursing's individualistic focus on social justice so that due consideration and actions are directed toward the intersecting impact of historically and socially mediated conditions on health and human suffering. **Key words:** *critical theories*, *healthcare inequities*, *nursing theory*, *postcolonial feminism*, *social justice*

THE goal of social justice is often assumed as a "given" within healthcare—of course, we hold to values of equity, fairness, and justice, yet there are various interpretations, in both theory and practice, of what social justice entails. Moreover, some observe that common-sense agreement about social justice as a "social good" has obstructed rigorous scrutiny and obscured significant tensions in its application to policy.* In our own work, we have used the language of social justice to point to a broader picture where, for instance, practice environments, institutional structures, and healthcare policy create, or mitigate, the climate necessary for equitable administration and delivery of healthcare services. We have examined current discourses of belonging that enter into healthcare delivery decisions, in which certain people, both patients and healthcare providers, are constructed as belonging in the social fabric, whereas some are left on the margins, constructed as Other,[1] and have analyzed how nursing students take up discourses of social justice.[2] Browne and colleagues[3,4] have used the ideal of social justice in analyses of Aboriginal peoples'† health, paying particular attention to the historical legacies of widespread, socially ingrained injustices that constrain life opportunities, prevent full participation in citizenry, result in differentially high rates of morbidity and mortality,

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Dr Browne is supported by a New Investigator Award from the Canadian Institutes of Health Research and a Scholar Award from the Michael Smith Foundation for Health Research.

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*Scottish Centre for Research on Social Justice Web site: http://www.scrsj.ac.uk/ESRCseminars/ Background.html.

†The term "Aboriginal peoples" refers generally to the indigenous inhabitants of Canada including First Nations, Métis, and Inuit peoples. These three groups reflect "organic political and cultural entities that stem historically from the original peoples of North America, rather than collections of individuals united by so-called 'racial' characteristics."[5(pxii)]

and continue to shape inequities in health services provision. By situating our scholarship within the traditions of postcolonial feminist theory, we hold an explicit commitment to social justice and praxis, and have written elsewhere about research methodologies and practice that derive from this theoretical positioning.[3,6–9] Building on this postcolonial feminist perspective, our aim in this article is to undertake a critical reading of social justice discourses in healthcare and nursing. In developing our arguments, we replicate, in part, Bekemeier and Butterfield's[10] cogent critique of social justice discourses in American documents in our evaluation of Canadian nursing policy.

We begin with an overview of discourses of justice and social justice as they present in policy, academic, and practice domains. This is not intended as a comprehensive review; rather, we highlight key tenets to inform our understanding of how nursing may be engaging with or interfacing with some of these tenets. We situate these discourses in relation to contemporary ethical theories and debates regarding social justice. We then explore themes of social justice in the nursing literature, noting a widespread reliance on individualistic rather than socially oriented interpretations. In light of these themes, we consider what postcolonial feminist perspectives might offer to social justice discourses in nursing. Clearly, there are a range of critical discourses that might provide direction to such analyses, and as we illustrate in this article, postcolonial feminist perspectives are particularly useful in concretizing and operationalizing our conceptions of social justice, thereby providing an analytical framework for understanding and challenging those structural and institutionalized underpinnings of inequities that impinge upon health and life opportunities.

DISCOURSES OF JUSTICE AND SOCIAL JUSTICE

Social justice is rooted in the conception of what is "just." A dictionary definition of the term *just* foregrounds notions of that which is guided by truth, reason, justice, and fairness; equitable; in accordance with principles or standards; proper.[11] In the broadest sense, then, justice has to do with fairness in determining what someone or some group is owed, deserves, or is otherwise entitled to. We might ask what the descriptor "social" adds to justice. Put simply, "social" draws our attention to the application of justice to social groups, as in the case of population-based health; brings into focus how justice and injustices are sustained through social institutions and social relationships; and highlights the embeddedness of individual experience in a larger realm of political, economic, cultural, and social complexities. The descriptor also infers collectivism over individualism, including the need for collective action (often by the government) to address injustices.

Discourses of social justice have accelerated across various policy initiatives, academic disciplines, and practice fields. Graduate programs that offer a master's degree in social justice are proliferating within faculties of education, social sciences, public policy, and communications, to name a few.* Typically drawing on interdisciplinary epistemological foundations, these academic developments point to a larger awareness of the presence of inequities within our societies, and the need for public policy to address these realities. Such basic social problems as

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*See, for instance, University of Windsor, Masters' Degree in Communication and Social Justice Web site: http://cronus.uwindsor.ca/units/commstudies/home.nsf/0/23fb6c8194511c4785256af000505087?OpenDocument; University of Massachusetts Social Justice Education building on theory from the civil rights social movements of the past 40 years in the context of education: http://www.umass.edu/sje/overview.html; Social Justice and Equity Studies, Brock University: http://www.brocku.ca/webcal/2004/graduate/sjes.html; MA Human Rights and Social Justice, London Metropolitan University http://www.londonmet.ac.UK/pgprospectus/courses/human_right_and_social_justice.cfm.

inequality, poverty, and discrimination pose a constant challenge to policies that serve the health and income needs of children, families, people with disabilities, and the elderly. In Canada, policy statements in recent years repeatedly draw on the motif of social justice in describing public initiatives.* Likewise, professional organizations such as the Canadian Public Health Association† carry as central to their mandates the need to address diverse social concerns including housing, mental health, disabilities, transportation policies, indigenous peoples' land claims, sexual exploitation of children, and gambling. While discourses of social justice have become relatively commonplace, the actual intent behind these discourses is not as clear. The following brief overview of the ethical theories in which these discourses are rooted offers some clarification.

Ethical theory: Beyond distributive justice

Contemporary theories of social justice have revolved substantially around the paradigm of distribution. Often drawing on the landmark work of philosopher Rawls,[12] the distributive paradigm defines *social justice* as the "morally proper distribution of social benefits and burdens among society's members."[13(p16)] Central to this distribution are wealth, income, and other material resources, although nonmaterial goods such as rights, opportunity, power, and self-respect may also be included. At the heart of the justice discourse then is a concern for fairness.‡ In determining equitable or fair distribution of resources, decisions may be based on one of several considerations such as each person receiving equal share, or according to individual need, that person's rights, individual effort, societal contribution, or some other measure of merit.[14] The main idea expressed in the principle of justice as fairness is that justice is seen as threatened if society's main economic, social, and political institutions require sacrifices from the worse-off groups purely to the benefit of the better-off groups.[15]

A growing cadre of scholars drawing on critical traditions has pointed out shortcomings that result when these notions of fairness and distribution are interpreted apart from the broader social context, imbued with relations of power, that shapes life opportunities. Iris Marion Young, in her widely cited book, *Justice and the Politics of Difference*,[13] challenges the adequacy of distributive justice as the primary model of social justice. Drawing on critical social movements, including the feminist movement, she calls for a rejection of the distributive paradigm in favor of a characterization of social justice in terms of oppression and domination. To understand oppression, Young argues that we must situate individuals in groups, for people are oppressed not as individuals, but as members of social groups. Here she identifies a particular weakness of distributive theories in that they tend to presume liberal individualism to characterize agents, thus precluding an understanding of social groups and, in turn, oppression. As an alternative to distributive theories

*For example, Institute for Advancement of Aboriginal Women announced an initiative: Achieving Social Justice for Aboriginal Women in Alberta http://www.swccfc.gc.ca/newsroom/news2003/1118_e.html; The Federal Initiative to Address HIV/AIDS In Canada builds on a social justice and social determinants of health framework http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/ministerial/ar_03_04/6-3.html

†http://www.cpha.ca/english/inside/board/equity.htm.

‡The matter of social justice can be interpreted as a matter of equality or equity. While there is some slippage between these 2 terms in the literature, it is important to understand that equality generally indicates sameness in treatment and equity refers to fairness in treatment. Paradoxes may arise around distributive issues of social justice: equality (ie, sameness of treatment) may result in inequity (ie, lack of fairness); whereas equity (ie, fairness) may be linked to inequality (ie, different treatment).

of social justice, Young proposes a politics of difference as the foundation for theorizing and enacting social justice. A social justice lens focused on oppression and domination, she suggests, will bring out issues of decision making, division of labor, and culture that ultimately bear on social justice. Countering a social ontology that overlooks the concepts of social groups, Young holds as focal point the "importance of social group differences in structuring social relations and oppression."[13(p3)] In short, Young maintains (along with many others who draw on her work) that the traditional distributive paradigm ignores the social interconnectedness of persons, as well as subtle forms of oppression that exist institutionally, by viewing persons abstractly, divorced from practical realities. The main thrust then of conceptualizing recognition as a matter of justice is the acknowledgment that to be denied the status of a full partner in social interaction and prevented from participating as a peer in social life as a consequence of institutionalized patterns of cultural value that constitute one as comparatively unworthy of respect or esteem comprises a situation of injustice.

Critics of Young's model have raised concerns regarding the essentialism of identity politics, the disappearance of normative grounding, and have questioned whether an unnecessary binary has been set up between a justice of redistribution and a justice of recognition.[16] Nancy Fraser suggests that "justice today requires both redistribution and recognition" as injustice has both economic (distributive) and cultural (recognition) dimensions. She contends that "the emancipatory aspects of the two paradigms need to be integrated into a single, comprehensive framework"[16(p1)] in a "bivalent" conception of justice that treats distribution and recognition as distinct perspectives on, and dimensions of, justice. Fraser also asserts that the moral grounding or the normative core of this conception is the notion of *parity of participation*,[16(p5)] explaining that, according to this norm, justice requires social arrangements that permit all (adult) members of society to interact with one another as peers. Two conditions are prerequisite for participatory parity:

> First, the distribution of material resources must be such as to ensure participants' independence and "voice." Second, the institutionalized cultural patterns of interpretation and evaluation express equal respect for all participants and ensure equal opportunity for achieving social esteem. Both these conditions are necessary for participatory parity. The first one brings into focus concerns traditionally associated with the theory of distributive justice, especially concerns pertaining to the economic structure of society and to economically defined class differentials. The second one brings into focus concerns recently highlighted in the philosophy of recognition, especially concerns pertaining to the status order of society and to culturally defined hierarchies of status.[16(p5)]

Participation (the political), then, qualifies how recognition (culture) and redistribution (economics) are interpreted as the objectives of justice.[16–20] Included in this dimension are concerns for inclusion in decision-making processes across governmental and representative institutions, justice systems, property ownership, professional licensure, taxes, wages and workplace conditions, and so forth. Fraser's vision is shared by others in the critical and feminist literatures, with the growing consensus that in struggles for social justice, there has been a marked trend from calls for redistribution to recognition. Vincent summarizes this position:

> Our understanding of who we are, the others with whom we identify and those with whom we do not, how the social groupings to which we belong are perceived, these factors are now understood to be key to understanding and interrogating the concept of social justice.[21(pp1–2)]

The expansion of traditional distributive discourses to encompass matters of recognition and participation is particularly apt in the arena of health and health disparities. Peter and Evans[22] note that theories of social justice within the literature on moral and political philosophy have historically been silent on the topic of health. Insofar as the topic of health equity is addressed, the focus has tended to be on *access* to healthcare.[23] Where distributive theories of justice are applied to healthcare, the emphasis tends to fall on health and illness at the individual level, with health as essentially an "intimate, private state of being."[24(p15)] Sherwin unpacks the ontology that underpins the predominating focus on the individual, noting that

> at the core of various moral and political theories of liberal individualism is a particular metaphysical understanding of persons as the basic unit of social arrangement. Families, communities, states, and other types of significant social groups are composed of individuals who are, by definition, ontologically prior to all other social structures.[25(p279)]

Bioethics as a field of applied moral philosophy has tended to focus on medical care and individual rights while failing to address fairness in the social patterning of health. This oversight is gradually being addressed, as the pervasiveness of social gradients in health status has caught the curiosity of philosophers, researchers, and practitioners. Two related lines of discussion within this burgeoning field are particularly germane to our article: Is health a "natural good" or a basic human right? And, what is the social good—healthcare access or health outcomes?

Health and social justice: Healthcare access or health outcomes?

The discussion of social justice within the context of health and healthcare takes on various forms, against a backdrop of a debate that questions whether healthcare or health itself is the resource or good to be distributed. The issue of whether health is conceptualized as a "natural good"—that which individuals are naturally bestowed with—or as value, something to aim for as a regulatory ideal for all of society, and a human right also carries implication for the interpretation of social justice in healthcare. This differentiation is based on Rawls' notion of "social primary goods" and "natural primary goods" as explicated in Daniels' book *Just Health Care*.[23] If health is viewed as something that occurs naturally, there will be less policy aimed at the influence of culture, society, or hegemonic structures on health because society cannot, or can only marginally, influence its distribution; "natural goods" cannot be objects of distributive justice.[23,26,27] Yet, health is consistently reported as a fundamental human value when people are asked about what is important in life.[27] Health is also a "resource for everyday living" as reflected in the widely cited WHO definition of health (http://www.who.int/healthpromotion/conferences/previous/ottawa/en/). Furthermore, the WHO campaign for health for all by the year 2000 explicitly assumes that health is a human right and that governments have an obligation to pursue policies designed to deliver health to all its citizens. The WHO documents are representative of the international discourses concerning the right to health.

If health is a human right, the object of social justice becomes health outcomes, not primarily equal access to healthcare services. This stance sees health as being of special moral importance because of its status as an end of political and societal activity, in keeping with Aristotle's view on society's obligation to maintain and improve health as an application of the ethical principle of human flourishing.[26] This interpretation of health as human right, joined with the shift to health outcomes rather than healthcare access as the object of social justice, is particularly important in the analysis of health disparities. When work on justice focuses principally on access to healthcare, it risks conceptualizing healthcare itself as a commodity[24] and misses most of the causes of inequality in the health of individuals or groups. As Brock observes, "this focus on healthcare to the exclusion of other factors that have a greater impact on health and health inequalities has led to generally impoverished accounts of justice and equity in the health sector."[28(p286)]

Further support for health outcomes (vs healthcare) as the object of social justice is derived empirically. While equitable access to health services is widely taken up as an ideal, it does not generally result in healthcare expenditures being distributed according to need. Neither does equality of access result in equal distribution of health. Analysts increasingly point out the overstated role of healthcare as a determinant of health.[15,26] The public health movement,[29,30] heavily informed by social epidemiology, has tended to a discussion of social justice that draws our attention to the social determinants of health; thus, the measure of social justice becomes health outcomes rather than simply equal access to healthcare services.

The refocusing to shift values from health as a natural good to health as basic human right, along with the broadening focus to health outcomes rather than healthcare access, is critical to our analysis of how social justice discourses are taken up in nursing. Likewise, the contributions of critical theorists such as Young and Fraser, who have expanded conceptions of social justice to incorporate redistribution, recognition, and participation, serve as guiding lenses through which to analyze perspectives of social justice in nursing discourses.

PERSPECTIVES ON SOCIAL JUSTICE IN NURSING DISCOURSES

Nursing discourses, while historically relying on social justice as the foundation of public health nursing, reflect, by and large, the individualism characteristic of our neoliberal* era. Building on the arguments set forth by Bekemeier and Butterfield,[10] in this section, we track social justice discourses in the nursing literature and conclude our analysis with a focus on the more recent introduction of critical perspectives into nursing science, and how these perspectives have begun to shift notions of social justice.

Origins of social justice as a central concept in nursing

Historically, social justice has been a central concept in the public health nursing movement, conceptualized as the foundation of public health nursing.[10,33-37] Early nurse-leaders such as Lillian Wald, Lavinia Dock, and Margaret Sanger (among others) exemplified this commitment to social justice agendas by emphasizing political activism and broad system change as public health interventions aimed at improving the health of whole groups and populations. To mitigate the destructive health outcomes of institutionalized poverty, and gender and ethnic inequities, Wald, Dock, and Sanger engaged in various forms of social activism. As Bekemeier and Butterfield describe:

> Wald, Dock, and Sanger recognized that racial inequality, international peace, reproductive freedom, and health environments had a direct impact on the outcomes of a community's health. As a result, they used the reformer's tools of "persuasion, the cultivation of political friendships, letter-writing campaigns, defiance of the law, and harnessing the collective voice of nurses" to influence policy outside the traditional health arena.[10(p161)]

Despite this past era of leadership in social justice, some argue that nursing has not fully reengaged with these approaches to social activism.[36,37] Several reasons led to the move away from these early roots in social activism. In the first quarter of the 20th century, medicine adopted an increasingly reductionist and individualistic view of health centered on disease models and the effects on individuals.[36] This was accompanied by a concomitant shift away from the social conditions affecting groups and populations. As nursing evolved as a discipline, it too adopted an

*Neoliberalism refers to the strand of political ideology that predominates in most Western nations, and in particular, Canada, Australia, New Zealand, the United Kingdom, and the United States. Very briefly, the following are some of the main features of contemporary neoliberal policies: increasing forms of privatization; provision of public services through outsourcing; increased public-private partnerships; reduction in social welfare and unemployment benefits; cutbacks in public spending for social and health programs; decreased government regulation; and increased emphasis on individual responsibility and self-reliance.[31,32]

increasingly individualistic focus.[31] Appreciating how widely the ideology of individualism has pervaded nursing discourses aids in understanding why it has been difficult to reorient nursing toward the kinds of social activism of the past as a means of influencing social justice agendas.[36,38]

Rooted in liberal ideological notions about society as comprising freely choosing individuals who exist in an essentially egalitarian environment, individualism views structural constraints as a given. Rather than working to change these constraints, the goal is to *support* individuals to cope with their situation, or make healthier choices.[31] When health is primarily conceptualized as an *individual* responsibility, it is difficult to operationalize a social mandate for nursing focused on addressing social conditions that constrain opportunities for health.[36,38] This problem is not particular to nursing. Many of our society's institutional practices and policies are founded on liberal notions of individualism, manifested, for example, as cutbacks to the social safety net, recent welfare to work policies,* and the restructuring of healthcare that has seen the transfer of responsibilities for caregiving from the state onto the family (largely women).[39]

Demands for greater "fiscal responsibilities" in the healthcare sector have ramifications for the kinds of public health activities nursing can justify, limiting the enactment of social justice agendas. As Drevdahl explains, "public health now faces the daunting task of managing the strain between financial goals [of the healthcare system] and societal values around healthcare equity."[37(p162)] In this climate, it has become increasingly difficult for public health nurses (and nurses working elsewhere) to justify socially oriented activities whose outcomes may be viewed as relatively intangible (eg, community development work aimed at redressing inequities, or lobbying for reforms to health and social policies that exacerbate inequities), particularly in the face of pressures to produce "measurable deliverables" (eg, shortened lengths of stays, decreased readmissions, decreased waiting times, cost constraint outcomes, etc). As a result, it is increasingly difficult to uphold public health nursing's implicit valuing of collectivism over individualism.[37]

"Liberal" interpretations of social justice in nursing

Despite limitations on the extent to which nurses are supported to engage in social activism, nursing leaders continue to argue that "public health nurses have the obligation to deal with the results of poverty and the uneven distribution of resources, which pose a threat to the common good in the US and throughout the global community."[40(p8)] The issue we wish to focus on here is not one of intent (most in nursing would agree that the ideal of social justice is essential for health), but how social justice is conceptualized in today's nursing discourses, and how these conceptualizations shape nursing praxis and our disciplinary aims.

Bekemeier and Butterfield's[10] analysis of the concept of social justice in key US nursing documents (ie, disciplinary codes of ethics, standards of practice, policy statements) prompted our similar analysis of Canadian foundational documents and nursing literature. As Bekemeier and Butterfield reiterate, the value in examining the concepts and language used in foundational documents lies in recognizing the ideological and epistemological parameters of the profession, and hence the precepts, value, and principles guiding the discipline.

As in the United States, Canadian foundational documents are strongly influenced by a distributive justice framework with access to healthcare as the primary focus in social justice discourses. This framing of social justice is most explicitly referred to in the CNA Code of Ethics for RNs,[41] where nurses are called on to "uphold principles of equity and fairness to assist persons in receiving a share

*These are policies that penalize those on social welfare by requiring them to accept low-paying jobs that generate incomes that often fall below the poverty line, and that preclude families (largely led by single mothers) from maintaining a basic standard of living.

of health services and resources proportional to their needs and promoting social justice."(p15) Conceptualized primarily in terms of distributive justice, references to social justice are frequently linked to arguments against privately funded systems of healthcare (or conversely, in support of Canada's publicly funded system of care).[42] To ensure fairness in terms of access, nurses are called on not to discriminate on the basis of race, ethnicity, culture; to make fair decisions about the allocation of resources based on individual need; to advocate for individuals and groups to gain access to healthcare of their choosing; to

> be aware of broader health concerns such as environmental pollution, violations of human rights, world hunger, homelessness, violence, and so forth, and are encouraged to the extent possible in their personal circumstances to work individually as citizens or collectively for policies and procedures to bring about social change.[41(p15)]

These values have obvious worth for the profession as ideals and most certainly represent starting points for social action. However, the emphasis on *fairness* in the allocation of resources to individuals, *access*, and on *awareness* of wider health concerns reveals a conceptualization of social justice as something that can be achieved without disrupting the current status quo—rather than as a politicized ideal that will require challenging hegemonic structures and practices that operate to maintain the status quo. It is, therefore, important to consider the extent to which foundational discourses support (or constrain) enactment of nursing activities aimed at achieving broad health outcomes—not just in terms of access, but in terms of "addressing critical underlying structural barriers that limit a fair distribution of wealth and health" in our communities and societies.[10(p154)]

The growing presence of social justice as an ideal in documents generated by our professional nursing bodies reinforces the sense that nursing is strongly committed to addressing and mitigating systemic inequities. At the level of the CNA or ANA, this may well be the case. However, as Bekemeier and Butterfield point out, the vast majority of content in these documents is devoted to defining values and ethical precepts in relation to *individual* patient needs, revealing a predominant inclination toward individualism. As these authors report, "the amount of text and attention given to direct care of the individual is far greater than the text allotted to nursing actions taken on broad issues of social justice and system reform."[10(p155)] Nurses are called on to develop *awareness* of broader social issues that compromise the values of fairness and equity; however, the call for social justice falls short of enjoining nurses to claim professional responsibility for *addressing* these issues. Instead, a politically conservative predisposition is maintained, which "gives a nod" toward social-structural inequities, but which emphasizes the need to "uphold principles of equity and fairness to *assist persons*... proportionate to their needs,"... and "helping individuals and groups access appropriate healthcare... of their *choosing*" [italics added].[41(p8)] These statements are not in and of themselves problematic; rather, it is the underlying liberal premises about society as essentially egalitarian, and about access to healthcare as primarily individually determined that we draw attention to. And, while nurses are encouraged to be "aware of broader health concerns"[41] such as homelessness or world hunger, responsibility for gaining awareness lies with individual nurses who must work within the confines of their personal circumstances (and who may or may not have the personal or professional inclination, or educational opportunities, to develop what Giddings[43] refers to as expanded social consciousness about these or other issues). In the process, less emphasis is placed on engendering a more focused, intentional disciplinary response to address the root causes of homelessness and hunger, which are located in society's structures and social policies.

The tendency toward politically neutral calls for social justice is echoed in nursing curricula as students are exposed to foundational concepts such as social justice in public health nursing courses. "Socially-just" public health nursing interventions are often framed very broadly, for example, as actions that address "the social, political and environmental factors that foster health disparities."[44(p222), 45] Yet, it can be challenging to tease out the social justice aspects of these nursing interventions. For example, students may provide diabetes education for Aboriginal populations, or may participate with community food drives or other interventions for homeless or low-income populations. However, without explicit engagement of students in analyses of the cycles of poverty and economic marginalization that contribute to high rates of diabetes in Aboriginal communities, or an explication of the structural issues and social policies that sustain individuals in cycles of poverty, there is real risk of overlooking the socially transformative dimensions of social justice. For certain, volunteering for a diabetes education program, or organizing a food drive, is worthwhile nursing action. However, unless students are exposed to *critical* analyses of social injustices—for example, the ongoing clawbacks to the social safety net, the unequal relations of power and opportunity that result in privileges for some and disadvantages for others, or the racializing practices in healthcare that perpetuate inequities*—such approaches will tend to preclude actions aimed at influencing wider social policies or structures.[2] Thus, the risk lies in reinforcing what Bekemeier and Butterfield[10] refer to as a "think small position"—a narrow focus on "that which is less complex and more manageable—focusing on the behaviours of individual patients rather than the system that has compromised them."[10(p158)]

Despite such limitations in the nursing literature, a growing number of nursing scholars are drawing on critical theoretical perspectives to reposition social justice in a more radicalized, politicized light. Increasingly, nurses are enjoined to use their "privileged positions as witnesses . . . for social change and . . . to legitimately engage in political activism in our professional lives and practice settings."[10(p160)] For example, Peter takes an explicitly critical stance by reminding us that social justice challenges current neoliberal policies and practices in large part because it entails a commitment to collectivism over individualism.[47(p257)] In the face of growing inequities, Ervin et al argue for "radical adjustments in public policy" and urge public health nurses to engage in political activism at the local and state (or provincial) levels in order to influence health and social policies particularly around issues of food insecurity, the lack of affordable housing, the inability of some groups to access healthcare, and other conditions that diminish the quality of life for the community as a whole.[40(p10)] Reimer Kirkham et al[2] describe the awakening of social consciousness and the dialectic between critical awareness, critical engagement, and social change among undergraduate nursing students who engaged in innovative clinical practice settings aimed at attuning students to social justice issues. Sharing a common concern about the need to address wider social inequities by challenging the status quo, these approaches to social justice reflect a form of *critical* engagement with nursing's social mandate often lacking in nursing discourses. At the same time, there remain equally powerful discourses that conceptualize social justice in more politically conservative terms, and that reveal a predisposition toward individual patients rather than the sociopolitical systems or structures that mediate peoples' health and well-being. As Bekemeier and Butterfield write, the juxtaposition of these calls for social justice, while reinforcing "a strong bias toward the preeminence of individuals, results in a dissonance that interferes with support and direction for the nurse's responsibility to social justice and system change and, therefore, with our ability to affect health outcomes on a broader scale."[10(p158)]

*Evidence of differential treatment of patients on the basis of their "racial" or ethnic background was well documented in the landmark document Unequal Treatment[46]; however, the report remains primarily focused on how such disparities are perpetuated within the discipline and practice of medicine.

How then is nursing to move beyond this kind of dissonance? One approach may be to apply frameworks for understanding social justice in ways that extend beyond the distributive justice paradigm, so that nurses can conceptualize justice in more politicized terms. In the analysis that follows, we explore the possibilities that postcolonial feminist perspectives hold for extending our understanding of social justice beyond the rhetoric of fairness, equity, and "equal treatment for all" that is so often echoed in nursing discourses. As we argue, such expanded frameworks are needed to counter the ongoing pull toward political neutrality in nursing and our tendency to engage in activities that maintain, rather than disrupt or challenge, the societal status quo.

WHAT MIGHT A POSTCOLONIAL FEMINIST READING OF SOCIAL JUSTICE OFFER?

The preceding examination of social justice in nursing discourses has brought to light the widespread acknowledgment of the ideal, but a less consistent and sustained translation of social justice into nursing theory and action. While references to social justice appear regularly in nursing scholarship, our discussion here has revealed inconsistencies in how the term is used, suggesting a lack of clarity in our shared vision regarding social justice as an end for our nursing practice and scholarship. Social justice is, in effect, a "motherhood" concept, widely espoused, but used in such a broad way that it loses its ability to provide substantive direction. We have also seen that interpretations of social justice in nursing tend to rely on distributive models within the realm of access to healthcare and resources, and interpret this as an allegiance to the principles of equity and fairness in terms of access to healthcare resources proportional to individual needs. Despite the social dimension of "social" justice that would see a valuing of collectivism, or even *require* a collectivist orientation, nursing discourses remain implicitly rooted in individualistic values, making sustained collective address of systemic injustices such as poverty, homelessness, stigma, and racialization largely outside the purview of nursing action.

These interpretations of social justice stand in contrast to Fraser's and Young's critical articulation of social justice as requiring more than redistribution. We argue that there is a need for frameworks in nursing that would help us address the complexities inherent in these more recent, critical understandings of social justice—more specifically, the economic, cultural, and political foundations of injustice that Fraser and Young emphasize.[16,18,20] We also acknowledge that while the goals of social justice across these varying discourses (and associated theoretical perspectives) converge on the issue of addressing health and social inequities, social justice interests and goals diverge in relation to which issues are foregrounded, how root causes of inequities are understood, and the strategies that are required to mitigate their effects. Certain theoretical perspectives promote readings of social justice that are more likely to support a collectivist stance that extends beyond conventional notions of redistribution, and that engage with the notions of recognition and participation as essential elements of social justice (the economic, cultural, and political foundations of injustice). We put forward postcolonial feminist theory as one such tradition that may offer particular analytic leverage to the project of unpacking the concept of social justice, and in particular the notions redistribution, recognition, and participation as relevant dimensions of social justice for nursing. Here we are interested in exploring the interface of postcolonial feminist perspective with these calls for a critical reading of social justice.

Central tenets of postcolonial feminist relevant to understandings of social justice

Recently, postcolonial theories have been introduced into nursing discourses to refocus attention on contemporary constructions of "race," ethnicity, and culture, and how these continue to create patterns of inclusion and exclusion within societal institutions, including healthcare.[6,7,9,39,48] These theories have drawn attention to the unequal relations of power that are the legacy of the colonial past and the neocolonial* present. Taking early direction from scholars and activists such as Aime Cesear, Frantz Fanon, and Edward Said, postcolonialism is understood not as a historical period, but rather as the opening of a critical space where imperialism, colonialism, and ongoing manifestations of neocolonialism are called into question.[50] With its roots in decolonization (see, eg, Fanon's *The Wretched of the Earth*[51]), postcolonialism is inherently concerned with social justice, often on a grand scale that encompasses national power struggles, oppressions, diasporas, and globalization. The goal is not only to illuminate these wider sociopolitical and global issues but to situate individual experiences, and the conditions, policies, and practices that shape those experiences, within these wider contexts.

Although the discourses that give rise to the body of work known as postcolonial theory have evolved from diverse disciplinary perspectives (eg, cultural studies, political science, literary criticism, sociology), they share several key points that hold particular relevance to our discussion of social justice. These include the need for critical analyses of past colonial practices and their influence on present-day inequities, and the impact of inequities on health and social status; the deliberate decentering of dominant culture so that the perspectives of those who have been marginalized are valued as entry points through which to address issues of social justice; and need to recognize and counter the persistent inequities arising from processes of racialization, culturalism, and new forms of democratic racism, which result in the valuing of particular cultural groups over others.[9,52,53] In healthcare contexts, these areas of critical analysis highlight the need for a more complex appreciation of social justice along the lines of redistribution, recognition, and parity of participation.

When feminist theory is integrated into postcolonial analyses, gender is employed as a specific unit of analysis, not in an additive sense, but as an *intersecting* system of categorization through which power relations unfold to systematically advantage some and disadvantage others. Likewise, the intersectional analyses of postcolonial feminist theorizing bring into focus other social signifiers (such as class, religion, sexual orientation, or disability) that structure social relations and, ultimately, social inequities and health disparities. In general, a postcolonial feminist perspective foregrounds certain themes, each of which has implications for how the profession of nursing might develop a more complex appreciation of social justice along the lines of redistribution, recognition, and parity of participation, and thereby operationalize its stated commitment to social justice.

Toward a critical understanding of social justice

We argue that postcolonial feminism offers an organizing framework for understanding the significance of social justice as a 3-dimensional concept requiring a combination of redistribution, recognition, and parity of participation depending on the particular context and situation. It enriches our understanding of how health disparities and inequities are created through institutionalized patterns of "cultural valuing" that continue to constitute some members as "inferior, excluded, Other or simply invisible" or as less than full partners in social interactions—both within healthcare and in our wider society.[17(p24)] This lens also draws our attention to injustices within the nursing profession itself, with its largely White

*Neocolonial literally means "new colonialism."[49(p163)] The term refers to any and all forms of control of prior colonies, or populations such as indigenous peoples who continue to live under conditions of internal colonialism.[7]

interpretive center[54] where nurses with certain social or cultural affiliations face racism or are variously marginalized.[1,43]

A postcolonial feminist framing ensures that the voices of those who have been marginalized are brought into the center to inform discussions about social justice, operationalizing in concrete ways the dimensions of recognition and participation. Underpinning this repositioning of subjugated voices are epistemological concerns regarding the *production of knowledge*, whereby Western conceptions are held as reference point for the evaluation of other knowledge (which may be represented in contrast as quaint, exotic, irrelevant, or peripheral), often in an *a priori*, normative and taken-for-granted sense. A postcolonial feminist lens may provide opportunities to consider how our epistemologies of social justice remain thoroughly Western, inscribed not only with core emphases on economic redistribution and resource allocation, along with normative principles to be universally applied, but also outside the realm of the values embedded in indigenous understandings of social justice that tend toward inclusive, community-based, and *relational* ideals. The postcolonial feminist enterprise counters this epistemological exclusion by giving voice to previously subjugated voices, creating space for alternative perspectives that have historically been silenced in social and healthcare contexts, and turning the reflexive gaze inward to disrupt the tendency to construct Western perspectives as universal center. For example, in Canada, mental health policies continue to exclude the perspectives of Aboriginal peoples, despite the enduring effects of posttraumatic stress and other forms of social suffering.[55] As a result, some of the most pressing mental health concerns of Aboriginal peoples remain unaddressed and decontextualized from the historical and structural inequities that produce them. By elucidating these taken-for-granted marginalizing policies and practices, analyses of social justice issues informed by postcolonial perspectives have the potential to unmask and disrupt inequities that sustain the status quo. In this way, postcolonial feminist scholarship contributes to the recognition and participation necessary for full enactment of social justice.

A further distinguishing feature of postcolonial feminist theory—which helps distinguish it from other families of critical theory—is its concern with *disrupting the history of "race-thinking"* and the social-structural inequities that have ensued as a result of racialized relations in our communities and societies.[56(p239)] To illustrate, despite decades of multicultural policies in Canada, public discourses of entitlement to healthcare are often threaded with notions of belonging related to English fluency or "paying taxes" that enter into healthcare provider decisions regarding who are deserving of interpretive services.[1] This distinction makes postcolonial feminist theory particularly relevant to social justice issues concerned with redressing social subordination through a politics of recognition, and ultimately through achieving parity of participation. By making visible the historicity of constructions of "difference" with associated marginalization, one begins to see sustained intergenerational patterns of ill health and human suffering not as examples of poor individual choices or flawed social communities but as the results of diminished life opportunities that have systematically and repeatedly been denied through a complex of institutionalized policies and widespread societal discourses of Othering. Disproportionate rates of human immunodeficiency virus/acquired immunodeficiency syndrome among Aboriginal peoples are thus not attributed primarily to poor judgment and unhealthy lifestyle choices, but to decades of colonial policy and public discourse that denigrated Aboriginal ways of life (exemplified in residential school policy), shattered families and communities, and minimized life opportunities. A critical social justice framing therefore shifts our focus from an individualist interpretation to a collective concern, and, in turn, takes us beyond the righting of distributive (economic) inequities to include the need for political, and economic and relational transformations, again for the sake of recognition and participation.

A postcolonial feminist reading of social justice reminds us that, to achieve social justice in health and healthcare, material resources must be distributed so that people have access to resources for health. Issues of recognition are equally imperative to effect a shift in the institutionalized patterns of cultural valuing, which continue to position and disadvantage some people more than others, be it through burdening them with excessive ascribed "difference" or by failing to acknowledge peoples' distinctiveness.[17] By emphasizing the notion of *intersectionality*—that is, an understanding of how gender, class, and cultural and social positioning is coconstituted in particular sociopolitical and historical contexts to create conditions for injustices and inequities—postcolonial feminist theory provides a lens through which to analyze, and address the intersecting issues giving rise to social injustices. To illustrate, the enduring history of racism in Canada, the discriminatory policies toward Aboriginal women enshrined in Canada's *Indian Act*, and the ongoing manifestations of poverty continue to intersect in ways that position Aboriginal women at the bottom of most health and socioeconomic indices.[57] Importantly, this emphasis on the social, historical, or political context does not erase the individual experience in an overdeterministic maneuver, but rather makes linkages between individual experiences and the micropolitics and macrostructures of power that bring about human suffering in its varying forms. Thus, a postcolonial feminist perspective results in interpretations of social justice as *relational*, *contextual*, and *intersectional.*

Because of this attention to political context, analyses of social justice from a postcolonial feminist perspective come with a unique *reading of power relations* as reflected in the domination of nations/groups through military, economic, political (eg, trade policies), and cultural means (eg, the devaluing of single mothers living in poverty through cutbacks to social welfare payments). In the context of nursing, this comes with a particular concern for how colonial/neocolonial and neoliberal relations impact health and overall life opportunities. Postcolonial feminist perspectives help us see that *how* social justice is taken up and operationalized by political leaders, economists, administrators, and policy makers is itself a function of our current sociopolitical context. A postcolonial feminist reading of social justice helps us see that what is constructed as "fair" at any given point in time is largely dependent on the particular sociopolitical context/climate giving rise to those ideas about fairness. Indeed, what is understood as social justice is often decided in the realm of hegemonic activities and has material life and death effects. For example, decisions about which health or social policies are just and fair reflect the political ideological climate in which they are generated. A case in point are the recent cuts to social welfare payments to single mothers with small children initiated by the current neoliberal provincial government in British Columbia, Canada. Nurses, therefore, need to be critically aware of *how* social justice is taken up and "packaged" (in terms of political rhetoric) in relation to healthcare reforms, and the social and economic policies that profoundly impact health. As Anderson explains,

> the discourse of efficiency and cost containment that drove healthcare restructuring in the 1980s and 1990s should not be construed as a decision to redistribute resources from healthcare to the social sector with the aims of addressing the social and economic determinants of health. In other words, cuts in healthcare over the past years did not see a redistribution of funds to improve the social and economic conditions of poor people's lives. Rather, the restructuring of healthcare needs to be interpreted within a world economic order of neoliberalism that is bent on a retreat from the welfare state's publicly funded commitments to equality and social justice.[39(p224)]

A critical reading of the social justice implications of recent healthcare reforms would prompt us to consider the significance of the current political climate as the backdrop against which health and social policies are euphemistically marketed as "socially just," when in fact they have had the opposite effect in terms of eroding the social safety net for those who are most disadvantaged.

As Fraser and Naples[18] argue, the shift from redistribution to recognition as a pathway to social justice is part of the larger transformation of our societies associated with corporate globalization. Pursuing an understanding of how the effects of globalization are implicated in current opportunities for health brings one square into the realm of health disparities, poverty, and the inequitable distribution of resources and opportunities for health (on the one hand), and the growth of transnational corporations with interests in healthcare provision, insurance, and pharmaceuticals (on the other hand). The increasing income inequities within our communities, nations, and societies have been cited as one of the most significant consequences of current neoliberal policy.[32,58] In turn, health differentials are continuing to emerge along the lines of rural/urban and rich/poor, education, employment, gender, as well as cultural group affiliation.[58] Indeed, the worldwide cutbacks in social programs, most of which affect women and children's health, are the most obviously gendered feature of global neoliberalism.[32(p430)] From a postcolonial feminist perspective, then, we are directed to consider the *intersecting* impact of these historically and socially mediated conditions on health and human suffering, adding important texturing to the recognition of the group-based, socially structured nature of injustices.

CONCLUDING REMARKS

We have argued that when the analytical dimensions of postcolonial feminist perspectives are brought together—at the juncture of historical and/or neocolonial relations, inequitable distribution of resources, and health disparities along the lines of class, gender, and race—particular phenomena are more likely to become the objects of our social justice commitments. At a foundational level, social justice analyses from a postcolonial feminist tradition offer a vehicle whereby to broaden nursing's concentration beyond individualism and healthcare access to examination of the embeddedness of health disparities in social, historical, economic, and political contexts that relate directly to the dimensions of distribution, recognition, and participation. Added to concerns of individual rights and access to healthcare services, such expanded readings of social justice add *morally significant questions*[25] regarding how certain groups are more likely to bare the burden of illness and suffering, and the social conditions that contribute to these disparities. Social justice then provides a moral compass that refocuses us to see beyond an individualistic perspective—a vantage point that ultimately leaves us oblivious to the many dimensions of oppression, and that prompts us to continually intervene in a partial manner, rarely addressing root causes of inequities and disparities. Without the integration of critical perspectives into our social justice discourses, we are left in positions where we facilitate *adaptation* to current unjust social structures rather than any effective *address* of issues such as poverty, systematic diminishment of life opportunities (participation as full citizens), and health disparities.

Our aim in this article has been to contribute to a critical dialogue on nursing's conceptions of social justice by drawing attention to inconsistent or incomplete applications of social justice. Much of nursing scholarship to date has relied on distributive interpretations of social justice as fairness at the individual level, and while important, we need the capacity to deal with the implications of health disparities and other social inequities that fall along social lines, and that require socially based responses. Moreover, such reinterpretations will provide guidance in making explicit the linkages between the individual (the local) and the social, the particularities and universalities, to understand processes of both (individual) complicity and (social) inscription that contribute to injustices such as health disparities. We invite further dialogue about what we mean when we invoke the concept of social justice, echoing Fraser's[18] and Young's[13] call for more critically oriented readings of social justice that come with a "commitment to producing scholarship that critically interprets the world in an effort to change it."[18(p1103)] In a global era of heightened racialized tensions, widening social inequities, and deepening health disparities, social justice holds immanent relevance. Addressing these injustices with their corresponding social suffering and ill health falls squarely within the nursing mandate. Our interpretations of social justice—as moral discourse—will shape how we respond to this imperative.

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