

Forty years on since Alma-Ata – nursing and social justice

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Forty years on from the signing of the Alma Ata Declaration on Primary Health Care, are we as nurses any further along in understanding the need for Primary Health Care and the role of social justice in nursing? The Declaration of Alma Ata was signed in 1978 following the international conference on Primary Health Care (PHC). The notion of a socially just, fair and equitable Primary Health Care structure to health services was the intention of the Declaration of Alma Ata, which came at a time of growing awareness of inequity in healthcare between and within countries. For that reason, healthcare professionals wanted to see change and were motivated to achieve equitable health for all. Primary Health Care was seen as an innovation in how services could be conceived and delivered to respond to gross inequities affecting communities; and to reconfigure the aim toward accessible, affordable, appropriate and acceptable health interventions, particularly for vulnerable populations (WHO, 2018). It was premised on the belief that health is a human right, and that all people should have access to essential community-located services and the resources needed for preventing illness and maintaining or restoring health. However, these admirable ideals were likely to be difficult to implement without a radical change in the values and structure of society to reflect social justice.

Social justice is about equity or fairness in the distribution of resources, including the need for an approach that ensures partnership, protection and participation of vulnerable people. Justice is often described in biomedical ethics as having a stance of fairness by treating all patients the same (Shale, 2012). However, focusing only on equality and treating everyone the same can perpetuate inequalities for people who are disadvantaged. Equity or fairness is different than equality and uniformity. Inequities are inequalities that are unfair and preventable. The concept of social justice acknowledges the systemic inequalities that exist in our society from imbalances in power, particularly related to gender, race, age and socio-economic status. Histories of colonialization and the associated doctrines of discovery have claimed resources for the benefit of the powerful in society. Health of indigenous populations around the world has continued to unnecessarily suffer (United Nations (UN), 2012). Justice is often the forgotten ethical value in nursing and this has resulted in a call for nurses to act as moral agents and work for both equity and equality of the interests of patients and communities (Thurman & Pfitzinger-Lippe, 2017).

Nursing is about skilled, professional caring and facilitating relationship with people and their families during times of vulnerability and need (Zwakhalen, Hamers & Metzelthin, 2018). Social justice has been a critical value for nursing in the past, with historic nurse leaders such as Florence Nightingale and Lillian Wald who advocated for social justice (Buettner-Schmidt, & Lobo, 2011). Social justice is the foundation of public health nursing and the motivation for providing conditions that are conducive to healthy populations. But all nurses

and not just those working in public health, need to understand and incorporate social justice in their roles. Patients are presenting to hospital with co-morbidities and complex health needs.

Without critically considering the influence of social and environment determinants on a patient's health and life choices nurses will continue to treat the ill effects of unequal distribution of resources. The ICN Code of Ethics for Nurses (ICN, 2012) outlines the nurse's primary responsibility to provide care for people, particularly vulnerable populations, through promoting an environment that respects human rights. The elements of the code outline the nurse's role to advocate for equity in resource allocation and access.

If social justice is not considered critically in our work and roles, then disparities will continue to escalate. The needs of the privileged will continue to be given priority and health for all will remain an ideal rather than an achievable reality. Health care using a social justice framework, is a moral obligation and a right of citizenship (De Chesnay & Anderson, 2016). A social justice lens gives consideration to who is receiving services. If all people have the right to services, then resource allocation decisions need to consider that not all services can be provided and the most cost-effective services should be provided first (Persad & Emanuel, 2017). A primary health care approach has been shown to be the most cost-effective way of conceptualising and delivering services that best meet the health needs of most of the population (Javanparas et al, 2018).

We can affirm the importance of the Declaration of Alma Ata, along with the Declaration of Human Rights and the United Nations Convention of the Rights of the Child (UNCRC), but what else do we do to action these commitments? There are many ways in which nurses can engage with the work of social justice. Nurses as the largest group of health care providers are in an ideal position to respond to issues of social justice. Nurses may encounter situations of injustice each day in their work, but these may be overlooked or there may be a failure to act, because we may not know how to act to effect positive change. In their care of patients, families and communities, nurses have the opportunity to hear and act in the stories and experiences of people's lives and make a difference to the conditions that enable or challenge them to be healthy. Learning to notice, ask questions and challenge the status quo can increase our awareness of the need for social justice and motivate us to take action to facilitate change. Patients have reasons for the decisions they make and the actions they take. The nursing role of advocacy requires timely action with the insight that we gain. At a community level becoming active in our local and national nursing organizations and influencing public policy are some ways in which nurses can influence social and political change to enhance health care. Furthermore, a commitment to a culture in nursing which "speaks up" to challenge policy, practice and behaviour incongruent to a socially just intention is paramount.

Taking a social justice stance is not additional work to nursing, but foundational to our theoretical and practice frameworks. Promoting justice needs to be incorporated throughout nursing curriculum as the basis for access of care (International Council of Nurses, 2012). The literature offers ways in which student nurses can invest in social justice, activism and empowerment. These examples include offering community health placements with vulnerable populations such as immigrant groups or people in correctional facilities (Hille & Gardiner, 2018). A social justice lens in all nursing care can be developing by encouraging nursing students to debrief, reflect and journal to examine their actions in relation to inequalities (Kelly, Connor, Kun & Salmon, 2008). Further opportunity to develop

the value of social justice could be offered through service learning experiences or educational exchanges with indigenous populations.

Forty years on from Alma Ata, there is a need for nursing to revitalise our commitment to Primary Health Care as a means to achieve equitable health for all. For many, it may feel overwhelming to work towards such widespread change. Nurses as a profession often experience inequity and do not receive a fair share of resources and power in society. Working together to find our voice to challenge the political and economic structures that restrain our roles and work, will enable us to make a significant contribution towards equity for others. The fact that these inequities are preventable and unfair, means that achieving social justice is possible, necessary and essential nursing work.

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