



A concept analysis of social justice in global health

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ABSTRACT

Background: Fundamental nursing responsibilities include health promotion, disease prevention, and alleviation of suffering both locally and internationally.

Purpose: To examine the state of knowledge and provide clarity on the concept of social justice in global health.

Method: Using a modified Walker and Avant approach, literature was synthesized based upon discipline, including: nursing, public health, social work, philosophy, international law, international development studies, and religious studies. A theoretical definition, antecedents, defining attributes, and consequences were identified along with gaps in current knowledge and understanding. A model case was followed by direction for further concept development.

Findings: Social justice in global health nursing is a fundamental human right to be protected and a moral obligation demonstrated by action. It results in change that improves the health of individuals and populations both locally and globally by recognizing and confronting injustice, oppression, and inequity while promoting participation, opportunity, justice, equity, and helping relationships.

Discussion: Nursing must bring its unique perspective to policies and practices pertinent to issues of inequity. As the largest group of health care providers globally, nursing has the responsibility and political potential to mediate change and address factors integral to ensuring social justice in global health.

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“The idea that some lives matter less is the root of all that is wrong with the world.”

– Paul Farmer (Kidder, 2009, p. 294)

Two-thirds of the world's communicable diseases, prenatal and maternal mortality, and nutritional deficiencies are borne by the poorest 1.2 billion people (Falk-Rafael, 2006). Research continues to link health disparity with social inequality both nationally and internationally; however, the maldistribution of wealth and other measures of social inequity within and between countries continues to increase (Boutain,

2005; Falk-Rafael, 2006). Ethics research has indicated that people are more likely to have sympathy for those who are close and familiar than for those who are different or further away (Anderson et al., 2009). Although not necessarily intentional, the lack of concern for the “different or distant other” contributes to massive health disparity at local, national, and global levels (Anderson et al., 2009).

The fundamental responsibilities of nursing include the promotion of health, prevention of disease, and alleviation of suffering (Falk-Rafael, 2006). Often proclaimed as the founder of modern nursing, it was Florence Nightingales' vision for nursing that these

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fundamental responsibilities would be carried out by nurses both locally and on the global stage (Falk-Rafael, 2006). However, Nightingales' vision for nursing in the global context has not received sufficient attention, as nursing's focus has greatly shifted from caring for society to caring for individuals, in turn creating a worldview where health is not a societal concern but an individual one (Boutain, 2005; Falk-Rafael, 2006).

Nursing codes of ethics and professional literature affirm the responsibility of nurses to promote social justice (Grace & Willis, 2012). The complex concept of social justice is a popular phrase and has been widely discussed, debated, and defined. The nursing social justice literature has lacked substantial content in the area of global health, instead focusing largely on individual and national levels. Social justice in the global health context must be understood to create an increased global nursing consciousness and commitment from the nursing profession, propelling nurses toward making substantial differences both on local and global stages (Falk-Rafael, 2006).

Global health as a context for social justice in nursing has yet to be explored. Although at times used interchangeably, global, international, and public health are individual, yet related and somewhat overlapping concepts (Koplan et al., 2009). They share commonalities including prioritizing prevention, focusing on vulnerable and underserved peoples, multi- and interdisciplinary approaches, the idea of health as public good, and the importance of structures, systems, and stakeholders (Koplan et al., 2009). However, global health as defined by Koplan et al. (2009) is:

“an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care” (p. 1995).

The purpose of this concept analysis is to examine the state of knowledge around social justice in global health within the nursing profession and provide required clarity to the concept. Using a modified Walker and Avant approach to concept analysis (Walker & Avant, 2010), a review of the literature will first contribute to an understanding of the current state of the concept from various pertinent disciplinary perspectives. A theoretical definition, antecedents, defining attributes, and consequences will be identified along with strengths, limitations, and gaps in current knowledge and understanding. Thereafter, a model case depicting all defining attributes will be presented, followed by direction required for further concept development. The analysis of social justice will provide a needed foundation of understanding for this integral and yet

poorly understood topic in global health nursing, from which our profession may establish itself as a leader.

Literature Review

Nursing as a profession does not have all the answers to promote social justice in global health; it is only through combining expertise, knowledge, and skills from other disciplines that the complex issue of social justice can be realized (Bathum, 2007). This literature review draws from the disciplines of nursing, public health, social work, philosophy, international law, international development studies, and religious studies to bring clarity to the concept.

Nursing

In nursing literature, social justice has often been defined as concern for the equitable distribution of benefits and burdens within society, promoting equal living and health conditions, and often includes aspects of societal restructuring (Bathum, 2007; Boutain, 2005, 2011; Grace & Willis, 2012; Matwick & Woodgate, 2017). Bathum (2007) describes social justice as any change, large or small, that improves lives. One concept analysis defined social justice as “full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society” (Buettner-Schmidt & Lobo, 2012, p. 954). A second concept analysis utilizing Walker and Avant's approach proposed social justice in nursing as “a state of health equity characterized by both the equitable distribution of services affecting health and helping relationships... achieved through the recognition and acknowledgment of social oppression and inequity and nurses' caring actions toward social reform” (Matwick & Woodgate, 2017, p. 182).

The “upstream” concept has been used to define social justice work in nursing, which accounts for the many systems in which health is imbedded and the push for systemic change (Paquin, 2011). In simple terms, Paquin (2011) defines it as “aligning ‘what is’ and ‘what should be’ by becoming engaged in social and political issues that impact the health of the community and society” (p. 65). In an attempt to promote justice within society, moral privilege is given so that the needs of the vulnerable are met (Boutain, 2011). When discussing social justice, it is often equated with fairness or distributed justice; furthermore, there is frequently no differentiation made between social justice and distributive (equal allocation of goods) or market justice and neoliberalism (individual resources and choices determine distribution) concepts (Boutain, 2011). Current nursing literature tends to not focus on policy or institutional and community change, but on caring for people after an injustice has occurred (Boutain, 2011). Within nursing education, aspects such as human rights, culturally-sensitive practice,

critical thinking, and a global consciousness are emphasized (Boutain, 2011). Although social justice research focuses on care for the marginalized and vulnerable, it is seldom utilized as a framework to guide research (Boutain, 2011). The critical social perspective within nursing research has been suggested to contribute to social justice through participant empowerment with an end goal of social action and transformation; an “outside” or “etic” perspective cannot fully understand the meaning of what it is to be socially just within another culture or people without the complex perspective of the people themselves (Bathum, 2007).

Nurses have recognized a social obligation to determine assumptions and inequalities influencing health care and health care delivery, utilizing social justice to address social determinants of health (Boutain, 2011; Matwick & Woodgate, 2017). Nursing associations around the world incorporate aspects of social justice within their ethical documentation, whether explicitly stated or not (American Nurses Association, 2016; American Nurses Association, 2017; Canadian Nurses Association [CNA], 2017; International Council of Nurses, 2012; Nursing and Midwifery Board of Australia, Australian College of Nursing, & Australian Nursing Federation, 2008). However, after an analysis of social justice within many documents by the American Nurses Association [ANA], Valderama-Wallace (2017) suggested that more consistency in defining and conceptualizing social justice would guide nursing to strategic mobilization through utilizing the authority and privilege of our large and influential profession. Although a single definition may not be plausible, an underlying consistency and coherence for social health within the global health context should be sought (Anderson et al., 2009).

Public Health

Public health identifies social justice as a responsibility, core ethical principle, and the moral justification for the profession (Drevdahl, Kneipp, Canales, & Dorcy, 2001; Grace & Willis, 2012). Supporting and advocating for social justice toward improved health for entire populations has also been identified as central to public health (Paquin, 2011). Drevdahl et al. (2001) once again defines social justice as “a form of justice within which there is an equitable bearing of burdens and reaping of benefits in society” (p. 23). However, it has been argued that such a definition negates the root causes of injustice, and that an all-inclusive definition integrating practice, research, education, and policy has yet to be found (Grace & Willis, 2012). Social justice includes aspects such as equity, equality, moral ‘rightness’. It is rooted in human well-being, and must be demonstrated by action (Drevdahl et al., 2001; Grace & Willis, 2012).

Social Work

Social justice has been identified as a central concept and value of social work, as well as its moral

responsibility (Olson, Reid, Threadgill-Goldson, Riffe, & Ryan, 2013). Social change is pursued on behalf of oppressed and vulnerable populations, with efforts focused on confronting forms of social injustice such as poverty, unemployment, and lack of health care toward participation and equal opportunity (Olson et al., 2013). Although often cited as a broad and ambiguous concept, social justice in social work literature has been associated with ideas such as freedom, human rights, social responsibility, civil liberty, fairness, equality, equal opportunity and access to resources, advocacy, moral obligation, common good, empowerment, and the confrontation of injustice (Olson et al., 2013). The defining characteristic between social and distributive justice is that it “. . . refers to a social rather than an individual obligation; involves meeting people’s needs as a matter of justice rather than charity; and places responsibility on a central authority, presumably government, to redistribute resources and alleviate poverty, need, and inequality” (Olson et al., 2013, p. 25).

Philosophy

Justice finds its roots in ethics with its philosophical beginnings in the writings of Socrates, Plato, and Aristotle; it is through their contribution that ongoing discussion has followed, ultimately resulting in standards of society and just laws (Drevdahl et al., 2001). Socrates saw justice as happening when society is well-structured (Drevdahl et al., 2001). Plato identified social justice as the distribution of rights and responsibilities in the context of social relationships, and Aristotle defined it as each member of society having what they ‘ought’ to have (Drevdahl et al., 2001). Rawls’s theory of distributive justice emphasized principles to benefit those who are disadvantaged in society (Rawls, 1971).

International Law

In the aftermath of World War II, the *Universal Declaration of Human Rights* outlines the idea of fundamental rights and that “. . . recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world” (United Nations General Assembly, 1948). It was collaboration between the world’s representatives and the first document to clearly define a set of fundamental rights to work toward and protect throughout the world. Article 25, 1 states:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (United Nations General Assembly, 1948)

Racism, the environment, sexism, and relationships between first- and third-world countries are some of the current social justice issues facing the legal profession (Buettner-Schmidt & Lobo, 2012). Public health nurse Drevdahl et al. (2001) explained that justice is not realized or fully explained within the law; there is a disconnect between what is legal and what is just.

International Development Studies

Development studies acknowledge the lack of a definition for social justice within their field (Helmy, 2013). Although not explicitly defined, social justice has been suggested as an approach to poverty and vulnerability reduction that recognizes both structural conditions as well as assets, capability, and power and can be conceptualized by terms such as “overcoming suffering” (Devereux & McGregor, 2014). Development studies are interested in human well-being and the elimination of poverty in relation to social justice (Devereux & McGregor, 2014). From a historical concept analysis of social justice, justice was noticeably missing from both development academia and international organization’s strategies for development until the early nineties when it gained attention from individuals such as Amartya Sen (Abdelhameed, 2016). The economist and philosopher Amartya Sen was among those who initially conceptualized social justice within 20th century development studies literature, arguing that development or well-being should not be measured based on income but rather on the capability of function, on the freedom to choose without political, economic, or social barriers (Helmy, 2013). Building on his work, the United Nation’s Human Development Reports have increasingly promoted a human-centered understanding of global poverty (Devereux & McGregor, 2014). Social justice indices, which include some measure of health, have been proposed in an attempt to define and quantify countries, thereby giving form to achievable actions toward social justice (Helmy, 2013). One such tool, the “Social Justice Index,” attempts to measure using quantitative and qualitative indicators, progress on issues of social justice in European Union member states (Schraad-Tischler & Schiller, 2016).

Religious Studies

Religious studies, particularly that of the Judeo-Christian tradition, have historical significance in their role in defining social justice. Social justice is found throughout Judeo-Christian doctrine as an underlying mission and moral issue (Judd, 2013). In 1840, the first known use of the term “social justice” was within Catholic writings of the Jesuit Luigi Taparelli who defined it as a virtue encompassing acts toward common good and rectifying unfair treatment (Buettner-Schmidt & Lobo, 2012; Grace & Willis, 2012). In 1967, Pope Paul VI created the Justice and Peace Commission

with the goal of addressing social injustice on the global scale as he believed that extreme international disparity at multiple levels is a threat to peace and that there is a duty to pursue social justice (Buettner-Schmidt & Lobo, 2012). Although the term “social justice” was a rather recent addition to the Christian lexicon, the concept of “Image Dei”, human beings in the image of God, is a fundamental and core doctrine within the Judeo-Christian tradition. Thus, the Christian tradition declares human life as sacred, and it is from this belief that it calls for the treatment of others with equal moral concern and not as though a possession or means to an end (Grace & Willis, 2012). Christian tradition has asserted that assisting the vulnerable and marginalized of society through actions of mercy and compassion are acts of social justice that correspond to an idea of accountability and service to God (Potgieter, 2011; Tveit, 2013). The Old Testament states in Isaiah 1:17, “learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow’s cause,” representing one of many Biblical texts relating to an idea of social justice toward the vulnerable of the ancient world (*The Holy Bible: English Standard Version (ESV)*, 2001). Historically, the key figures within the Judeo-Christian tradition, motivated by their faith, have been instrumental advocates for social justice by supporting causes such as the abolition of the slave trade, civil rights, and peace movements (Judd, 2013). A gap in the current literature is the lack of criteria and consensus for defining what social justice is and looks like; one suggestion is that a moral standard for what is just can be gained from spiritual traditions found in faith (Judd, 2013). Although Christians may agree on the importance of social justice, there remains a lack of consensus on the best way to achieve it, particularly in regards to what role should be played by the individual versus the church versus the state.

Analysis

Theoretical Definition

The literature reviews’ exploration of the concept of social justice through the lenses of nursing, public health, social work, philosophy, law, international development studies, and religious studies have made it clear that there are many similarities and differences both between and among relevant disciplines. However, although literature discusses social justice, it is also clear that literature examining social justice within the context of global health has been lacking.

Social justice in global health nursing is a fundamental human right to be protected, a moral obligation demonstrated by action, and results in change that improves the health of individual lives and populations both locally and globally by recognizing and confronting injustice, oppression and inequity, while

promoting participation, opportunity, justice, equity, and helping relationships.

Antecedents

An antecedent is an event, incident, or situation that must be in place prior to the concept; it must predate the concept (Walker & Avant, 2010). The antecedents identified for social justice in global health include health disparity, oppression, caring, and social responsibility and action; these, as well as defining attributes and consequences, are displayed in a concept map (Figure 1). Health disparity and oppression preclude social justice in global health, as these factors provide the drive for change which social justice demands. Without these factors, there would be no need for social justice. Caring includes caring for a patient, for situations, and for societies as a whole, and provides the motivation to act upon situations of health disparity, injustice, and oppression (Matwick & Woodgate, 2017). Social responsibility and action are necessary for social justice to be realized and involves the actions of individuals and societies at large working in collaboration toward the common goal of social justice in global health.

Defining Attributes

Defining attributes allows one to easily identify the concept, as they encompass the core of a concept (Walker & Avant, 2010). Defining attributes of social justice in global health include (a) equity in opportunity for health, and (b) caring and cooperative societal relationships. Equity in opportunity for health includes aspects such as distribution of power and resources, as well as the presence of just institutions, systems, policies, and processes (Buettner-Schmidt & Lobo, 2012). Caring and cooperative societal relationships are both between and within countries and societal groups. Caring represents the necessary drive to action, and cooperation is realized through political/social/individual responsibility and will to drive the necessary change.

Consequences

Consequences indicate the result of a concept, or the outcomes that occur when the concept is realized (Walker & Avant, 2010). The consequences of social justice in the global health context are health equity, safety and security, and adequate social determinants of health, both between and among countries and societies.

Strengths, Limitations, and Gaps

Using a modified Walker and Avant approach to concept analysis presents the concept in a positivist way; that is, one that can be defined, is objective, and applicable to all situations. However, the idea that a one-size-fits-all definition of social justice for global health is open for discussion, as it may not be an ideal fit for this concept due to the wide range of definitions and context for social justice, as well as what may be defined as “global health.” The literature review on social justice revealed many definitions and aspects of the concept, with noticeable differences between disciplines and through time. Throughout the literature, social justice has often been equated with distributive justice. However, it continues to be imperative that a clear distinction be made between the two. Issues of social justice in global health are ongoing, and although many organizations, institutions, and professions acknowledge a social justice priority, what that means practically has yet to be defined and it is unclear as how to actualize a vision of social justice (Anderson et al., 2009). Furthermore, nursing itself has been largely silent within this scope, even in the midst of global health crisis's and challenges ongoing throughout the world. Global health literature, particularly from the nursing perspective, has yet to delve into the issue of clarifying social justice and developing an operational definition.

Model Case

A model case demonstrates all of the defining attributes of social justice in global health as a concept, and

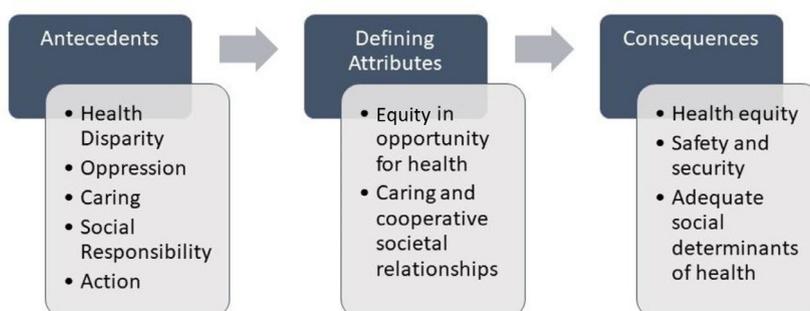


Figure 1 – Concept map: Social justice in global health nursing.

will assist in bringing understanding and meaning to the concept.

Mary Ayebare is a 24-year-old woman living in a rural South-Western Ugandan village with her husband and two young children. In 2017, her two-year-old son became ill during the rainy season. However, she had no money to pay for transport to take her son to the local health center and her husband was away working. Without a way to contact him, Mary could not ask for the money required to take her son to seek medical treatment. Mary decided to stay in the village and use traditional healing practices. However, when the child's health continued to deteriorate, the village chairperson came to her and provided the necessary funds from the community treasury to take the child to the health center IV, a 30-minute boda boda (motorcycle) ride away. Upon reaching the health center, her son was found to have severe malaria, requiring higher level of care than the health center could provide. Mary was referred to the government-run regional referral hospital where her son received treatment by the top doctors in the country with the support of volunteer ex-patriate medical staff. A phone had been sponsored at the pediatric ward of the hospital by a local nongovernment organization so that caregivers without phones of their own could contact family members. Mary was able to contact her husband with the use of the sponsored phone and he then traveled to the health center to be with his family and provide the finances required for the treatments not covered by the public sector. Mary's son recovered from severe malaria and was discharged by the medical staff. The family was provided with discharge teaching and a referral letter to follow-up with her local health center in one week's time in order to ensure the child's health had continued to improve. The referral letter was paired with enough money for transportation in order to ensure that follow-up could be completed by Mary and her son. Mary and her son were able to attend the follow-up appointment near her village, and her son was declared free of malaria.

Through examining a specific family's health experience, this case depicts the necessity to focus on global health to influence the larger aspects that directly or indirectly impact health, including institutions, systems, policies and cultures, among others. This case is not meant to emphasize examining social justice at a purely individual level, but instead exemplifies the importance of the global health focus. It is the larger global focus that influences change at multiple levels and from both direct and nondirect angles, from which an impact is felt toward improved health for all.

This model case demonstrated both equity in opportunity for health and caring and cooperative societal relationships. Although Mary, as a young mother in rural Uganda without access to her own finances, would have been unable to seek medical attention for her child. However, caring and cooperative societal relationships led to equitable access for health. Community treasuries were utilized and allocated

appropriately by the local chairperson, who provided the initial funding for Mary to be able to take her son to the health center. From there, a government-run hospital provided free services by local and ex-patriate staff, funded by both the Ugandan [Ministry of Health](#) as well as overseas partners who recognize the need for publicly accessible higher levels of care that can provide quality care regardless of ability to pay. Ex-patriate medical staff provided support to local staff, empowering them to be able to serve their own people and provide adequate care. Furthermore, initiatives that have the potential to make a significant difference in the health outcomes of patients (such as a phone made available to patients and caregivers), are seen as important, and organizations, individuals, and institutions, both locally and internationally, partner with local facilities to provide those needed services. Finally, units are strengthened (e.g., family units, community processes) through programs that utilize the recognized strengths within individual societies.

Direction for Further Development and Analysis

This concept analysis of social justice in global health has identified several areas for further development. Although social justice has been explored and defined by many disciplines and fields, further development within global health, particularly from a nursing perspective, is required. Furthermore, development of an operational definition for social justice in global health nursing could provide a basis from which to expand our global health presence. One article identified difficulty with operationalizing social justice for nursing practice in a particular context, showing that the concept is generally one that has been largely difficult to define and operationalize ([Anderson et al., 2009](#)). However, identification of indicators which would assess progress toward social justice in global health care is necessary, especially for a practice profession such as nursing ([Anderson et al., 2009](#)). Furthermore, although nursing continually includes social justice within its ethical documents, it has yet to be realized by the nursing profession in a way that makes it a priority. Questions including "What is nursing's contribution to social justice within the global health context?" and "How can professional associations support nurses pursuing social justice in global health?" could be explored through both qualitative and quantitative lenses, providing a direction for nursing in its commitment to social justice, particularly on the global platform.

Conclusion

Pertinent limitations of this concept analysis include the lack of an exhaustive systematic literature review; pertinent disciplines within which to investigate the literature on social justice were limited to the writers'

ascertainment of applicability and transferability to the realm of nursing and global health. Although pertinent disciplines or articles may have been excluded due to this, reference lists of included articles were scanned in order to identify additional relevant articles which had not been found by the initial literature search. Furthermore, included literature was limited to those published in the English language, which may have also excluded articles of relevance to the topic.

Although social justice has been a topic of discussion among many disciplines, there has been a lack of significant content from the nursing perspective for the global health context. However, literature from nursing, public health, social work, philosophy, international law, international development studies, and religious studies were reviewed, revealing both similarities and differences in definitions, along with an overall consensus that global health has not received attention within social justice discourse. This concept analysis has sought to discover the antecedents, defining attributes, and consequences of social justice in global health for nursing. It is from this beginning that nursing can be encouraged to engage with social justice and advocacy globally, moving our practice from one confined by the hospital walls to the global platform (Paquin, 2011). A firm understanding of social justice in global health can enable nurses to be agents of social change (Boutain, 2005). Florence Nightingales' legacy is one of nursing praxis in the global community (Falk-Rafael, 2006). It is time for nursing to re-enter the global health dialogue, bringing the unique nursing perspective to policies and practices pertinent to social justice in global health. As the largest group of health care providers globally, nursing has the responsibility and political potential to mediate change, addressing factors integral to ensuring social justice in global health (Falk-Rafael, 2006; Grace & Willis, 2012).

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