The social policy statement: A reappraisal

The social policy statement has been an extremely influential text in recent nursing history. Its potential as a guide in the future, however, depends on whether the view of the world it represents is one that nurses want to support. This article analyzes the concepts of person and society that underlie the definition of nursing. It suggests that at least two noncomplementary models of person and society are operating in the policy statement and discusses implications of those models for a theory of nursing.

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THE AMERICAN NURSES' Association's *Nursing: A Social Policy Statement*[1] has emerged as a pivotal document in modern nursing. Its impact is visible in almost all nursing textbooks, especially introductory texts, and in less publicized forums such as the philosophy and mission statements of schools of nursing and nursing agencies, such as hospitals.

Despite its seminal nature, the assumptions and arguments presented in the social policy statement have been little debated.[2-7] If its impact is to be understood and if the nursing profession is to make informed decisions concerning its role in shaping the future of nursing, then it seems important to carefully analyze and discuss the many assertions the policy statement contains. This project takes on additional urgency because of the policy statement's role in nursing's definition or representation of nursing to itself and to future practitioners. In other words, if the policy statement

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were primarily a public relations document through which nursing represented itself to various publics, then one might question how seriously it needs to be analyzed for conceptual coherence. The criteria for perpetuating it might be based on political realities of how effectively it persuades others to support the missions it portrays. When the nursing profession internalizes the image presented in the policy statement, it must meet more rigorous criteria concerning its theoretical adequacy, logical coherence, and value assumptions.[8]

This article is one step in developing a more in-depth understanding of what may be called the logical structure of the social policy statement. Two pivotal concepts, "person" and "society," are examined from two perspectives. First is a conceptual analysis, that is, what does the policy statement mean by person or society? If more than one meaning is provided for each term, how are they related? Second is a logical analysis. Given the meanings of these terms, what roles do they play in supporting central assertions within the policy statement, such as the definition of nursing?

The concepts of person and society have been singled out for several reasons. The concept of person underlies the concepts of both nurse and client. The qualities attributed to the concepts of nurse and client are dependent on what one thinks a person is.[9,10] Furthermore, the notion of person is fundamental to the concept of society.[11] Whatever one thinks a society is, it is composed of people. The selection of society may be more obvious because it is, after all, a social policy statement. One central purpose is to explicate nursing's relationship to society and social processes. Also, the relationship of nurse and client is a social relationship and how one views that relationship is dependent on how one views society. A less direct, but no less important, rationale for selecting these two concepts is that social theorists have long emphasized the conceptual and empirical inseparability of person and society and the critical role the person-society relationship plays in the development of self.[12,13] By analogy, this relationship is pivotal to nursing's concept of itself and the choices that emerge from that self-image.

THE CONCEPT OF PERSON

The social policy statement uses two different and noncomplementary conceptions of person. Both conceptions have deep roots in social and psychological theory and contain conflicting value systems. The first conception depicts persons as biologically and socially determined. In other words, relatively little emphasis is placed on the person's ability to shape his or her future, to exercise choice, to be, in social theory terminology, an agent. According to this first view, what one is is largely (or entirely) a reflection of external forces of biology and socialization.

The second view sees biology and socialization as both constraining and enabling. In other words, these forces constitute the ground on which a person makes choices, has reasons and motivations, or acts. This second view places more emphasis on an individual's ability to be an agent, to shape his or her destiny. Biology and social experience, such as the acquisition of language, enable one to do things in varying degrees and place limits on possibilities.[14,15]

Conflicting views

Which of the two conceptions is adopted at different points in the social policy statement influences the vision of nursing that emerges. It is useful to examine the presence of these two views and to look at how they shape the development of the policy statement. Because the policy statement contains two conceptions of personhood, nurses need to understand the implications of those two conceptions to evaluate the policy statement as a representation of nursing.

This tension between alternative conceptions of person can be easily exemplified by comparing and contrasting two passages from successive pages of the social policy statement.

> Each human being possesses various strengths and limitations resulting from the interaction of environmental and hereditary factors. The relative dominance of the strengths and limitations determines an individual's place on the health continuum: it determines the person's biological and behavioral integrity, his wholeness.[1(p5)]

> Man has an inherent capacity for change in constructive and destructive directions. Access to opportunities for growth and possible change is every person's right, regardless of social or economic status, personal attributes, or the nature of health problems .... individual differences influence not only a person's potential for change, but also the meanings and values associated with it. Helping services that are founded on respect for human dignity recognize possibilities for individual freedom of choice and enhance opportunities for conscious self direction.[1(p6)]

In the first definition, the person's wholeness is entirely constituted by the intersection of two causal chains: environment and heredity. There is no mention of agency or consciousness, of the capacity to shape one's destiny through the exercise of choice. One should also note the passivity implicit in this representation: One's wholeness is the outcome of a precarious balance of two tremendous and external forces. Similarly, in the first definition, variability is minimal. Two people with the same genetic pool and environment would be expected to be almost identical. For purposes of brevity, this view of person will be referred to as the "determinist" model because heredity and environment determine what the person will become. A less obvious assumption of this determinist model is that strengths and limitations are objective factors, endowed by heredity and environment, rather than evaluative statements dependent on a conceptual framework.

This deterministic image of personhood can be juxtaposed to a very different image in the second definition, which appears in the context of depicting nursing as centered on "means to a life that is meaningful and manageable."[1(p6)] This definition includes a concept of agency ("an inherent capacity for change"). Consciousness and meaning are two important dimensions of this view of agency, as they both result in and reflect individual differences. As in the first definition, constructive and destructive directions are apparently objective characteristics rather than evaluative comments that are framework dependent. Unlike that definition, however, this view implicitly incorporates a social context by introducing rights and opportunities. The second definition will be referred to as the "agency" model of personhood.

It is important to note that both accounts of personhood are primarily individualistic.[16] This may be clearer in the second definition in which social context appears as opportunity for individual freedom of choice, but it is implicit in the first definition, which conceptualizes the environment—including presumably, society—as something that acts on rather than constituting the individual.[9,11]

The tensions within and between these two passages are not surprising since they reflect powerful traditions in western thought. Nor is their simultaneous existence in nursing particularly problematic. Three aspects of this tension do present problems, however. First, they are not addressed as a tension, as alternative visions. Both are presented in a language of factual assertion: Man is X; man is Y. Second, the implications of holding either or both views are not made explicit. Consequently, when other assertions are made that depend on one or the other of these definitions, that dependency is not made clear. For example, the agency definition more consistently informs discussion of nurses while the deterministic definition is applied more frequently to patients. Third, the tension is not maintained and the second definition frequently drops away, particularly when the discussion turns to a definition of nursing.

Implications for nursing

The implications of holding either of these two views can be briefly sketched in order to highlight the differences. Historically, nursing has labored to differentiate its practice from medicine. Within the social policy statement this differentiation is reflected in the assertion that nursing is directed at "the health needs of individuals as integrated persons rather than as biological systems."[1(p18)]

The first definition makes it difficult to regard clients as anything other than biological systems since they are conceptualized as completely determined by heredity and environment. For such an organism, one is justified in setting goals without its participation or even consent because the ability to consent implies abilities to make judgments and choices, neither of which is compatible with this deterministic model.[13,17] The person as client is almost completely passive. If this vision were consistent with nursing's history, one would expect nursing practice to have focused on environmental manipulation and genetic engineering.

The second definition avoids the determinism of the first definition but the consequence of adopting it is to make the relationship between the nurse, client, and social interests very complex. To cite just one example, pages 14 and 15 of the social policy statement contain a figure depicting characteristics of nursing practice. The first four steps of that process involve deriving goals and measures to achieve them. Other than being a source of information, the client enters the picture only in the fifth step in which he or she participates in health promotion, maintenance, and restoration. The model of person presented in the second definition makes it difficult to justify goal derivation or goal setting without the full participation of the client. The whole of nursing requires more explicit recognition and negotiation around values when this definition is taken seriously.

Both definitions share a tendency to assume that some behaviors are inherently

positive or negative rather than acknowledging that the evaluation of those behaviors depends on the context that the person and evaluator bring to the situation. In the first definition, for example, heredity and environment endow strengths and limitations. The second definition speaks of constructive and destructive change. Neither makes it clear whether these evaluations can be made without referring to a value system or whether the value system is the evaluator's or the person's. For instance, intelligence can be seen as an absolute good or as good only in certain social contexts. These definitions seem to assume the position that at least some qualities, such as intelligence, are inherently positive or constructive.

DEFINITION OF SOCIETY

As with the definition of person, there are two competing definitions of society in the social policy statement. These definitions are not as explicit as the definitions of person, but they, too, differ around what constitutes social agency or, to put it more simply, around how social change occurs. They also differ on the descriptive level in how they ascribe values to society.

The first view tends to depict society as analogous to an organism or to a group acting as a single person. Consequently society is viewed as having a certain value system or as being a participant in a social contract between society and, say, an individual or group. Social change tends to occur when society changes its mind and decides to move in a different direction.

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The second view sees society as made up of individuals who form groups with different viewpoints and interests. These groups interact around shared and competing interests to shape social policy. Thus power has a central role in this model since a group's power relative to other groups influences its ability to achieve its goals.[18] Change is more continuous as these groups realign themselves and gain and lose recruits or other resources.

Opposing views

As with the discussion of persons, it is useful to examine the presence of the two views of society presented in the social policy statement and to trace some of the impact they have on the representation of nursing that emerges.

The first definition is a vision of society as a consensual unity with a single set of needs or interests that are fundamentally nonconflictual. Furthermore, these interests or needs are knowable in an unproblematic and unspecified way. This model is implicit in assertions such as the following:

1. Nursing can be said to be owned by society, in the sense that nursing's professional interest must be and must be perceived as serving the interests of the larger whole of which it is a part.[1(p3)]
2. For nursing the public good must be the overriding concern.[1(p4)]
3. There is a social contract between society and the professions.[1(p7)]

This model will be called the consensual

model. Several characteristics of this definition deserve emphasis. Society is a single entity, expressed in the analogy of a person or body capable of entering contractual relationships, such as the relationship of ownership. It is a whole with a set of interests. Presumably, actions that perpetuate or serve these interests meet the public good. Implicit in this view of society is the idea that it is possible to determine objectively what the interests and good of society are and that these interests are noncontradictory, that is, that nursing's serving some of these interests does not entail undermining others. It should also be noted that in analogous fashion nursing is assumed to have a single interest.

Appearing simultaneously with this model of society as an organic unity with a consensual set of readily understood interests and needs are passages that reflect a second definition. This definition envisions society as a pluralistic political process in which competing and potentially conflicting needs and interests of subgroups vie for dominance. This model of society is implicit in passages that emphasize that whatever the usefulness and power of the social policy statement's definitions and descriptions, "they cannot accomplish what only political processes can achieve."[1(p2)] It is recognized that vested interests play a role in determining what professional skills and knowledge societies most need and desire, and are even capable of shaping public perception of needs and thus creating public demands.

There are some important ambiguities that pervade the second definition, which will be called the pluralistic model. For example, the phrase "public perception of needs" suggests that those needs may exist apart from perception and may be determined without relying on public perception. Similarly, if "public demands" are equivalent to public interests and public good, then these do not necessarily reflect interests common to everyone but interests that emerge as the result of political processes. (There is left unstated an assumption that there are interests common to everyone). If what the public "demands" cannot be considered synonymous with the public "good," then the question becomes, how is that good determined? The problem of how one determines if professional skills and knowledge that societies most need and desire represent common or vested interests is essential if nursing situates itself as serving those interests.[19]

The notion of serving interests highlights important differences between the two models of society. The first definition represents society as a single entity and derives from a tradition of thinking of society as an organism. The analogy has been rejected in social theory for many reasons but one relevant to this discussion is that persons have interests, that is, value-laden goals, while society, an abstraction, cannot. The only way a society can be said to have an interest is if the members of that society, as individual persons, have that interest. In fact, most social systems establish elaborate mechanisms, such as educational systems, to try to ensure that their members develop common interests.[12,20,21]

Determining common interests

Two important questions emerge from this discussion: What are common interests, if there are any, and how does one

discover them? Contemporary American life reveals what a complex issue this is. Two examples may suffice: (1) the legal debate over the value systems implicit in public school textbooks demonstrates that the continuation of a value system is a contested process[22] and (2) virtually all scientific national surveys have revealed a substantial majority of the population favors the Equal Rights Amendment while the elected representatives of that population continue to oppose it.[23] Thus, determining legal consensus does not constitute an adequate method for determining society's interests. This assumption of common interests is also echoed rhetorically in the social policy statement's use of a single, male gender to represent all people. The implicit assumption is that there are no fundamental differences in needs or interests between men and women in American society. The use of this model of society in the policy statement raises critical concerns. How does one know that nursing is serving society's interests? How does one know that an individual nurse, in interacting with a client, is perpetuating or violating those interests? Should it be the business of a health care practitioner to perpetuate social values? Which ones? These are very troublesome questions when one is developing a social policy.[24,25]

The second definition avoids some of these problems but introduces others. The notion of vested interests opens up the possibility that society is composed of groups of people with different interests that may or may not be compatible. There are several processes by which a common interest may evolve. One is by negotiation and compromise in which the emergent interest may not accurately reflect the interest of any single group. A second is through the exercise of power whereby one group is able to impose its interests on another, and generate resistance at the same moment.[18]

This second model of society makes more salient the transitory nature of interests and the shifting of coalitions behind their emergence. It is much more skeptical concerning the possibility or knowability of common interests. This in turn raises the issue of whose interests are being served by the nursing profession and the action of individual nurses. There is, for example, an increasing body of literature addressing how different views of nursing practice and research incorporate—but rarely acknowledge—the values of certain social groups at the expense of others.[17,26-30]

For some, this dilemma concerning the role of nursing in supporting social interests is resolved through appeal to nursing's increasingly scientific nature. This appeal just pushes the problem under a different rock because most contemporary philosophers of social science argue that the notion of a neutral science is an impossibility. This tension between an appeal to scientific neutrality and a social policy reflecting social interests remains unexamined within the social policy statement.[17,27,31]

INFLUENCE OF THE DEFINITIONS OF PERSON AND SOCIETY

Focusing on the definition of nursing makes clear these varying definitions of person and society shaping the vision of nursing embedded in the definition. In particular, the conceptualization of the

client is grounded primarily in the deterministic view of person, the nurse in the agency definition, and the relationship between them in the consensual model of society.

It is barely necessary to cite the definition of nursing as "the diagnosis and treatment of human responses to actual or potential health problems."[1(p9)] The gist of the argument here may be communicated by altering only one word: responses. If, based on the second definition of person, "responses" is replaced with "nurses diagnose and treat the beliefs, values, emotions, decisions, and actions humans make to actual and potential health problems," there is an interesting result. These are, after all, the human responses implicit in the agency definition. One can imagine a layperson, having first encountered the substitute definition, raising the question, "On what basis do nurses believe they are entitled to diagnose and treat my beliefs, decisions, and actions?"

This hypothetical query is muted precisely by reducing "person" to the more generic and less personal "human." This use of a species name implies that nursing is addressing only those responses that are phylogenetically human rather than those that reflect socialization and individualization. The only way this could be accomplished is precisely to regard the patient as a biological system. Using responses also carries the connotation, derived from animal models of stimulus-response behavioralism, that nurses are not intervening in judgments and actions but only in reactions unmediated by thought.

When this understanding of the client is applied to the two definitions discussed earlier, it seems clear that the deterministic definition plays an important role in conceptualizing the client. It must be acknowledged that this view of the client is not maintained consistently. Indeed, one of the central points is that the social policy statement fails to recognize that there are two competing definitions. But in the derivation of the definition of nursing and in the discussion of nursing process, while lip service is paid to the client's personhood, it is often assumed that nurses are justified in deriving goals and interventions without full participation of their clients.

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The nurse, on the other hand, is more consistently portrayed as a decision-making, belief-forming, and active person. Even within the definition, nurses diagnose and treat, and most of the social policy statement paints a humanistic and respectful picture of nurses as competent persons deserving autonomy and responsibility.

Given the positive image of nurses, how did the client come to be envisioned as a set of responses? The first model of society plays an important role in generating this logic. Only by assuming a set of common interests and needs and further assuming that the nurse understands what these are, can the discussion be diverted from a practical analysis of end, values, and beliefs to a technical analysis in which the end is assumed (but unstated), the means are

value free, and the nurse intervenes to accomplish the end.[17,27,32] In other words, the implicit logic is that all members of society share common values and goals and that the nurse is aware of these. Consequently, he or she knows the values and goals of her client. He or she can then design scientific, that is value-free, interventions, which may require eliciting client compliance, to bring about these goals.

The easy confidence of diagnosing and treating is not possible under either the second definition of person or the pluralistic model of society. As Taylor says, the person conceived as a thinking, acting being "is in a world of meanings that he [or she] imperfectly understands. [The] task is to interpret it better, in order to know who [one] is and what [one] ought to seek."[14(p112)] Consequently, both the nurse and client are engaged in a process of trying to understand their respective and overlapping worlds in order to decide how to live in them. Any responses that are present need to be understood and altered only within the frameworks of the participants. In many cases there is agreement, but it cannot be assumed. This is especially true the further one moves from seeing clients as biological systems to seeing them as integrated persons.[13,15,21]

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By analyzing the concepts of person and society and their interrelatedness, it is possible to see that the social policy statement contains a bifurcated vision of the world. Nurses are persons in the full sense of the term while clients are often viewed as products of heredity and environment to be analyzed and treated. As a profession, nursing lives also in a divided world. Collectively, nursing is viewed as operating in a pluralistic political system of competing interests. Most often the individual nurse seems to be functioning in a consensual society. The nurse knows the values of members of that society and is able to incorporate them into the plan of care without further negotiation. The client also must be seen as a member of this unified society so that his or her values can be assumed by the nurse. Furthermore, the client exists in a different conceptual space than does the nurse and is often regarded as the byproduct of genetic and environmental forces.

This bifurcated vision of persons and societies is particularly problematic in a social policy statement. It supports the adoption of a stance toward clients that minimizes the importance of seeing health care as a negotiated process involving the full participation of client and nurse. It also encourages nursing to see itself as the bearer of social truth and as having an unproblematic relationship with varying and conflicting social interests.[33,34] If nursing is to face the complex reality it encounters with a reasoned and humane understanding, its social policy statement needs to more systematically incorporate an awareness of this complexity.

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