The Canadian Journal of Critical Nursing Discourse
See it. Speak it. Write it. Change it.

Invited Commentary

Structural Determinants of Health: Towards a Political Economy of Health Perspective for Nursing

Elizabeth McGibbon, RN, PhD. Rankin School of Nursing, St. Francis Xavier University,

Cite as: McGibbon, E. Structural Determinants of Health: Towards a Political Economy of Health Perspective for Nursing. *Witness: The Canadian Journal of Critical Nursing Discourse*, *6*(1), 1–7. https://doi.org/10.25071/2291-5796.164

Abstract:

This *Invited Commentary* focuses on a brief summary of how structural determinants of health (DoH) are framed in nursing and how a focus on the political economy of health can support identifying and addressing the ideological drivers of the structural DoH. Structural determinants focus on the politics and histories of enduring root causes of preventable injustices. There is a nascent literature in nursing regarding the structural DoH, which includes policy and governance processes, interlocking systems of oppression and discrimination, and social and economic structures that contribute to forces of power inherent in financial, legal, and governmental systems and policies. However, it is also crucially important to name and analyze their root ideological foundations because this is the space where structural change must be targeted. Various ideologies, intentionally or unintentionally, drive policy, politics, institutional governance and decision-making, and so on. The political economy of health is a foundational field that supports identifying these ideological drivers of the structural DoH. The editorial concludes with reflections and recommendations for nursing.

Key Words: Structural Determinants of Health, Nursing, Political Economy of Health

This invited commentary provides a brief summary of how the structural determinants of health (DoH) are framed in nursing and how a focus on the political economy of health can support identifying and addressing the ideological drivers of structural DoH. The structural determinants are an increasingly popular frame for understanding the politics and histories of enduring root causes of preventable injustices, such as the climate emergency and increasing poverty, racialization, and marginalization in Canada and globally. For example, Indigenous (First Nations, Metis, Inuit) Peoples and Canadians of African descent have significantly higher rates of heart disease when compared to the general population (Deb et al., 2024; Schultz et al., 2021). Despite the persistence of claims that these health outcomes are the results of "lifestyle choices", the structural or root causes are historical and current histories of colonialist public policies, slavery, land dispossession, and environmental racism, to name a few. Another structural DoH example involves the ecological DoH, where

Corresponding Author: Elizabeth McGibbon emcgibbo@stfx.ca

capitalist assaults on Earth systems cause massive resource extraction and depletion, catastrophic global heating, and the annual climate related deaths of millions of people (McGibbon, 2024a).

These determinants are called structural because "they are part of the political, economic, and social structure of society and of the culture that informs them" (Navarro, 2007. p. 2). The structural DoH involve explicit analysis of the roles of systemic power processes in the creation and perpetuation of inequities in the distribution of the social and ecological DoH in the current global polycrisis (McGibbon, 2024b). Polycrisis refers to an array of serious, long-term, and interconnected challenges—including (but not limited to) climate change and biodiversity loss, widening economic and social inequalities, and ideological extremism—with its own emergent dynamics (World Economic Forum, 2023). There are many possible characterizations of the structural DoH. For some, structural DoH involve the organizational structures in various institutions (e.g., health care, academia/ education). It is also recognized that areas such as policies and economic governance strategies are in the realm of structural DoH. The 'isms', power and privilege are pivotal structural DoH, along with the political DoH (e.g., commercial/ corporate DoH, worker unionization rates, the digital DoH, colonialism and White supremacy and, increasingly, global geopolitics) (McGibbon, 2024a). The political DoH are sometimes referred to as the political-economic DoH because politics and economics are inseparable. They involve understanding that health as a political choice, which requires an analysis of how power processes, interests, and ideological positions impact health (Kickbusch, 2015). This analysis requires mapping power within political systems and cultures, and at different levels of governance.

There is a nascent literature in nursing regarding the structural DoH. The following brief summary is illustrative rather than exhaustive. A literature search of Google Scholar in spring, 2024 (all dates) resulted in identification of four articles with *structural determinants of health* and *nursing* in the title (Drevdahl, 2018; Lyon, 2022; Rice, 2023; Santos, 2023) and a fifth article that linked structural DoH to faculty considerations in nursing (Murray, 2021). This important work underscores the root causes of health inequities, such as governance processes, social and economic policies, and interlocking systems of oppression and discrimination (Rice, 2023); systemic frameworks that distribute power, and resulting inequitable access to resources and opportunities that is rooted in societal forces such as racism, sexism, and colonialism (Santos, 2023); and consideration of powerful socio-contextual forces, such as historic injustices that adversely impact racialized peoples, and social and economic structures that contribute to disparities in the distribution of illness (Lyon, 2021). In 2018, Drevdahl called for catalyzing a fulsome integration of structural DoH in theorizing about cultural competence, including the forces of power inherent in financial, legal, and governmental systems and policies.

In addition to the above work, there are many nursing-related articles that detail the relationships among the structural DoH and their nursing implications. Of note is Kuehnert et al.'s (2022) work on defining the social DoH for nursing action to achieve health equity. These authors provided a systematic framework to guide policy-development within the overarching concept of planetary health-related quality of life, which encompasses individual and population factors such as health policies, systems and services, and cultural, socioeconomic, physical, and political environments (Kuehnert et al.). Structural contexts included systemic oppression, structural racism, and privileges associated with Whiteness—"equity cannot be achieved unless and until structural and systemic racism are eliminated" (Kuehnert et al., p. 12). Malone and Davis (2023) discussed the root causes of inequity in the social and structural DoH, identifying systems and structures, policy and

politics, historical drivers of inequity and climate change, and structural racism. The COVID-19 pandemic exposed structural DoH in an unprecedented way. In this context, nursing authors identified structural DoH such as racism, recognition of economic and political conditions that produce health inequalities, and the ways that institutions, markets, or healthcare delivery systems shape illness (Robichaux & Sauerland, 2021). Making the argument that nursing is never politically neutral, Dickman and Chicas (2021) emphasized the structural and systemic political forces that actively exploit or marginalize people. These authors called for nursing practice and research to refocus attention on political systems organized around, and perpetuating, inequitable health outcomes.

These examples are centrally important descriptors of the breadth and depth of inclusion of the structural DoH in nursing contexts. However, it is crucially important to name and analyze their root ideological foundations because this is the space where structural change must be targeted. Ideology refers to a set or system of beliefs, values, philosophies, and opinions that create patterns over time (McGibbon, 2024a)—although policy, politics, and political choices are structural DoH, they are not ideologically neutral. Ideology is a very important component of the structural DoH because various ideologies, intentionally and unintentionally, drive policy, politics, institutional governance and decision-making, and so on. Although integration of words such as "policies", "politics", and "economics" are core examples of how nursing discourse integrates the structural DoH, these words are often somewhat amorphous, broad descriptors that do not easily lend themselves to supporting strategies for structural change. For example, in the absence of ideological analyses of the persistent thinking that underpins support of inequitable policies and economic choices, it is difficult to name the foundational political regimes and perpetrators, and thus hold them accountable. In other words, without integration of the political economy of health, it is very challenging to "see" clear pathways for understanding how the structural DoH operate, and hence clear pathways for provoking change.

Political economy of health perspectives provide a useful framework to support knowledge of ideology as an *overarching* structural DoH. Political economy of health perspectives bring the field of political science and the field of economics together. They focus on how the politics of a nation influences the direction and outcomes of its economic policies, including any policies that impact health, not only "health" policy (McGibbon & Hallstrom, 2021). Political economy perspectives thus provide a methodological approach for mapping the links among population health, politics, economics, and history. For example, the politics of health inequities are commonly analyzed through a political economy of health lens. Although competence in the area of political economy is generally (and unfortunately) in its nascent state in the health fields, it is a well-known and recognized area of knowledge across the social and political sciences. The time has come for the nursing profession to integrate the political economy of health in its already well-developed analyses and frameworks related to discrimination, oppression, and health inequities.

Some important examples of ideological perspectives as root or structural DoH include overarching policy and governance drivers such as neoliberalism, including capitalism, which is at the root of climate emergency; and social democracy, which has been proven to be the most effective governance approach to reducing health and social inequities (Labonté & Stuckler, 2016; Lynch, 2020). Table 1 provides some political economy of health basics, focusing on the two centrally important political economies of neoliberalism and social democracy.

Table 1: Political Economy of Health Basics: Ideologies of Neoliberalism and Social Democracy

Neoliberalism: In neoliberal countries, the ideological foundation is liberty, with the stated aim of relatively minimal government intervention and a focus on benefits available only through means testing (limiting access through screening), rather than universal availability (McGibbon & Hallstrom, 2021). Within neoliberal countries, "liberty, and its close neighbor, self-determination, become available only to a narrow band of the population—those who have sufficient financial resources and cultural capital to define their own living conditions" (Raphael & Curry-Stephens, 2016, p. 366). Modern examples of neoliberal countries are Canada, the US, the United Kingdom (UK), and Ireland (Bryant, 2016).

There is no universally accepted definition of neoliberalism, but one of the fundamental ideas is that the individual is essentially "a piece of capital," to be developed just like any other piece of capital, where commodification and thus profit, is the goal. For this purpose, markets are seen to be much better than governments at generating and allocating resources—barriers to the free movement of goods, people, and capital should be as minimal as possible and the entities supplying goods and services should preferably be privately owned (Brown, 2019). Another key feature of neoliberalism is the belief that individuals are responsible for their own fate. If a person lives in poverty, then they are to blame for not "trying hard enough", and so on—state-run programs to help people living in poverty are therefore systematically cut and/or underfunded.

Example: Health care privatization is a central illustration of neoliberalism, where "the market" has been allowed to determine health care provision and access. Since profit is the goal, rather than efficient and universal health care access, privatization of health care has resulted in serious damage to public health systems in countries such as Canada and the UK, where billions of much-needed public health care funding is diverted for the development and ongoing governmental financial support of private (for-profit) care systems (Lee et al., 2021). As existing public health care is correspondingly eroded, these neoliberal governance approaches have resulted in catastrophic access barriers for the many who cannot afford to pay for care.

Social democracy: In social democratic countries, the ideological inspiration is the reduction of poverty, inequality, and unemployment. Organizing principles are universalism and the socialist ideals of equality, the social rights of all citizens, justice, freedom, and solidarity (Bryant, 2016). Social democratic countries generally expend more of their national wealth for supports and services, and they are proactive in developing labour, family-friendly, and gender-equity supporting policies (Raphael, 2021). Emphasis is on public policies that increase capacity for collective social, economic, and environmental health and well-being (McGibbon & Hallstrom, 2021). Examples of modern social democratic countries are Sweden, Norway, Denmark, and usually Finland (Bryant, 2016).

Example: Infant and maternal mortality rates have consistently been linked to a country's inequities in the social DoH, such as barriers in access to health care, along with household food and housing insecurity (Dagher & Linares, 2022). Countries with social democratic political economies have been shown to have consistently better social support policies that enhance food and housing security and access to universal health care (McCartney et al., 2019). As a result, countries with social democratic political economies, such as Sweden, Norway, and Finland ranked 3rd, 7th, and 9th respectively out of 45 OECD ("rich") countries in infant mortality rates. Countries with neoliberal political economies, such as Canada and the US ranked 32nd and 34th respectively (OECD, 2023).

These examples may be viewed as biased. They are indeed openly biased towards justice and equity. The following interlocking ideas, reflections, and recommendations, described in no particular order, help to situate this discussion in action areas for the profession of nursing:

- Get beyond the hesitance or fear of learning about the political economy of health. Explore how the public policy decision-making of different political parties and governance regimes most potently determine health. This means learning about the political economy of health. Determine your own *political compass* (Pace News, n.d.). Yes, "politics", "policies", and so on, are structural DOH, but what are the overarching ideological drivers of these DoH? This is where nursing must direct its political activism.

- Abandon the notion that taking sides (for social democratic, justice-oriented public policy) is being "biased", and that being silent about the devastating evidence of historical and current impacts of neoliberalism, particularly neoliberal capitalism, is somehow "unbiased".

- Deliberately and strategically politicize nursing education, practice, and research, especially education because this is currently where we have a concentrated uptake of against-the-grain ideas from nursing students (undergraduate and graduate). They will help the profession think its way out of the positivist, colonialist, reductionist approaches that continue to be heavily dominant. Make policy and political action courses mandatory. This strategy is not only necessary for tackling alarming health disparities for humans and all living things on planet Earth. It is also crucial for the survival of the profession itself amidst massive levels of deskilling in clinical areas and erosion of tenure stream nursing faculty numbers in proportion to student enrollment across many universities in the country. Although advocating for the enhancement of political literacy has a demonstrated history in nursing education, results are not yet substantively evident in any system-wide manner.

- Take a hard look at what we are prioritizing for learners in nursing, including professional development and upgrading. Yes, we absolutely need pathophysiology and pharmacology, for example. But this knowledge will be of little use in preventing the racism-caused early deaths of Ms. Joyce Echaquan (a 37-year-old Atikamekw woman and mother of seven) and Mr. Brian Sinclair (a 45-year-old First Nations man) at the hands of in-patient nurses (See McGibbon, 2024a for details), unless traditional nursing curricula meaningfully and systematically integrate the structural DoH.

The solid foundations of nursing's scholarship on the systemic, structural DoH provide excellent contextual knowledge to move to the next step—systematic integration of the political economy of health and the ideologies behind systemic injustices that drive increasing health and social inequities. This knowledge is necessary for nursing (research, clinical practice, policymaking, leadership, and so on) to identify and tackle the governance systems that perpetrate and sustain the current polycrisis all around us.

References

Brown, R. (2019). Explaining the neoliberal turn. *TransformingSociety*, October 28, 2019. https://www.transformingsociety.co.uk/2019/10/28/explaining-the-neoliberal-turn/

Bryant, T. (2016). *Health policy in Canada* (2nd ed.). Canadian Scholars Press.

Dagher, R. K., & Linares, D. E. (2022). A critical review on the complex interplay between social determinants of health and maternal and infant mortality. *Children*, *9*(3), 394.

Deb, S., Sud, M., Coburn, N., Jerath, A., Motamed, M., Shah, B., ... & Ko, D. T. (2024). Race and ethnicity research in cardiovascular disease in Canada: Challenges and opportunities. *Canadian Journal of Cardiology*, In Press.

Dickman, N. E., & Chicas, R. (2021). Nursing is never neutral: Political determinants of health and systemic marginalization. *Nursing Inquiry*, *28*(4), e12408.

Drevdahl, D. J. (2018). Culture shifts: From cultural to structural theorizing in nursing. *Nursing Research*, *67*(2), 146-160.

Kickbusch, I. (2015). The political determinants of health—10 Years On. *BMJ Clinical Research Ed.),* 350*,* h81. https://doi.org/10.1136/bmj.h81

Kuehnert, P., Fawcett, J., DePriest, K., Chinn, P., Cousin, L., Ervin, N., ... & Waite, R. (2022). Defining the social determinants of health for nursing action to achieve health equity: A consensus paper from the American Academy of Nursing. *Nursing Outlook*, *70*(1), 10-27.

Labonté, R., & Stuckler, D. (2016). The rise of neoliberalism: How bad economics imperils health and what to do about it. *Journal of Epidemiol Community Health*, *70*(3), 312-318.

Lee, S. K., Rowe, B. H., & Mahl, S. K. (2021). Increased private healthcare for Canada: Is that the right solution? *Healthcare Policy*, *16*(3), 30.

Lynch, J. (2020). *Regimes of inequality: The political economy of health and wealth*. Cambridge University Press.

Lyon, D. (2022). Incorporating social/structural determinants of health in oncology nursing research: Next steps are needed. *Oncology Nursing Society*, (4), 277-278.

Malone, B., & Davis, S. (2023). Strengthening nursing education to address social determinants of health: Systems leadership. In Hassmiller, S., Darcy Mahoney, A., Beard, K. (Eds.), *The future of nursing 2020-2030: Global applications to advance health equity*. Springer.

McCartney, G., Hearty, W., Arnot, J., Popham, F., Cumbers, A., & McMaster, R. (2019). Impact of political economy on population health: A systematic review of reviews. *American Journal of Public Health*, *109*(6), e1-e12.

McGibbon, E. (2024a). *The politics of the social, ecological, and structural determinants of health*. Canadian Scholars Press International. In Press.

McGibbon, E. (2024b). The Anthropocene(s): Collisions with the social determinants of health. In T. Bryant (Ed.) *Handbook on the social determinants of health*. Edwin Elgar Publishing. In Press.

McGibbon, E. & Hallstrom, L. (2021). Oppression and the political economy of health inequities In E. McGibbon (Ed.), *Oppression: A social determinant of health* (pp. 167-185). Fernwood Publishing.

Murray, T. A. (2021). Teaching the social and structural determinants of health: Considerations for faculty. *Journal of Nursing Education*, *60*(2), 63-64.

Navarro, V. (2007). What is national health policy? *International Journal of Health Services, 37*(1), 1-14.

OECD (2023). *Health at a glance 2023: OECD Indicators, infant mortality rates*. OECD Publishing. https://data.oecd.org/healthstat/infant-mortality-rates.htm

Pace News Ltd. (n.d.). *The political compass*. https://www.politicalcompass.org/

Raphael, D., & Curry-Stevens, A. (2016). Surmounting the barriers: Making action on the social determinants of health a public policy priority. *Social determinants of health: Canadian perspectives*, *3*, 361-383.

Raphael, D. (2021). Raising the volume on the social determinants of health in Canada and elsewhere. In E. McGibbon (Ed.), *Oppression: A social determinant of health* (2nd ed.) (44-65). Fernwood Publishing.

Rice, B. M. (2023). Using nursing science to advance policy and practice in the context of social and structural determinants of health. *Nursing Outlook*, *71*(6), 102060.

Robichaux, C., & Sauerland, J. (2021). The social determinants of health, COVID-19, and structural competence. *Online Journal of Issues in Nursing*, *26*(2), 1-13.

Santos, H. P. (2023). Nursing science's crucial role in addressing social and structural determinants of health. *Nursing Outlook*, *71*(6), 10287.

Schultz, A, Nguyen, T., Sinclaire, M., Fransoo, R., & McGibbon, E. (2021). Historical and continued colonial impacts on heart health of Indigenous Peoples in Canada: What's reconciliation got to do with it? *Canadian Journal of Cardiology Open, 3*(12), S149-S164.

World Economic Forum (2023). *The global risks report*: *18th edition*. World Economic Forum. https://www3.weforum.org/docs/WEF_Global_Risks_Report_2023.pdf