Navigating the Systemic Flood:

Changing the Narrative in Nursing Practice

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Story

- A patient is admitted to your unit with uncontrolled type 2 diabetes, pneumonia, cellulitis, and a COPD exacerbation.
- You develop a therapeutic relationship.
- They tell you they:
  - Live with addiction,
  - Live with PTSD from adverse childhood events,
  - Live in unsafe, overcrowded housing,
  - Cannot afford food, and
  - Cannot work due to chronic health conditions.

Structural Determinants of Health

Factors that create inequities in power and resources.

Governance
Laws
Policies
Regulations
Stigma
Racism
Colonialism
Historical trauma
Societal inclusion and exclusion

Social Determinants of Health

Non-medical factors of daily life that shape health outcomes.

Housing
Income
Working conditions
Food security
Education and health literacy
Physical environments
Social supports
Healthcare access
Early childhood development

(NCCDH, 2025)

The Cycle of Health Inequity

The "Revolving Door" Phenomenon

Structural / Social determinants of health

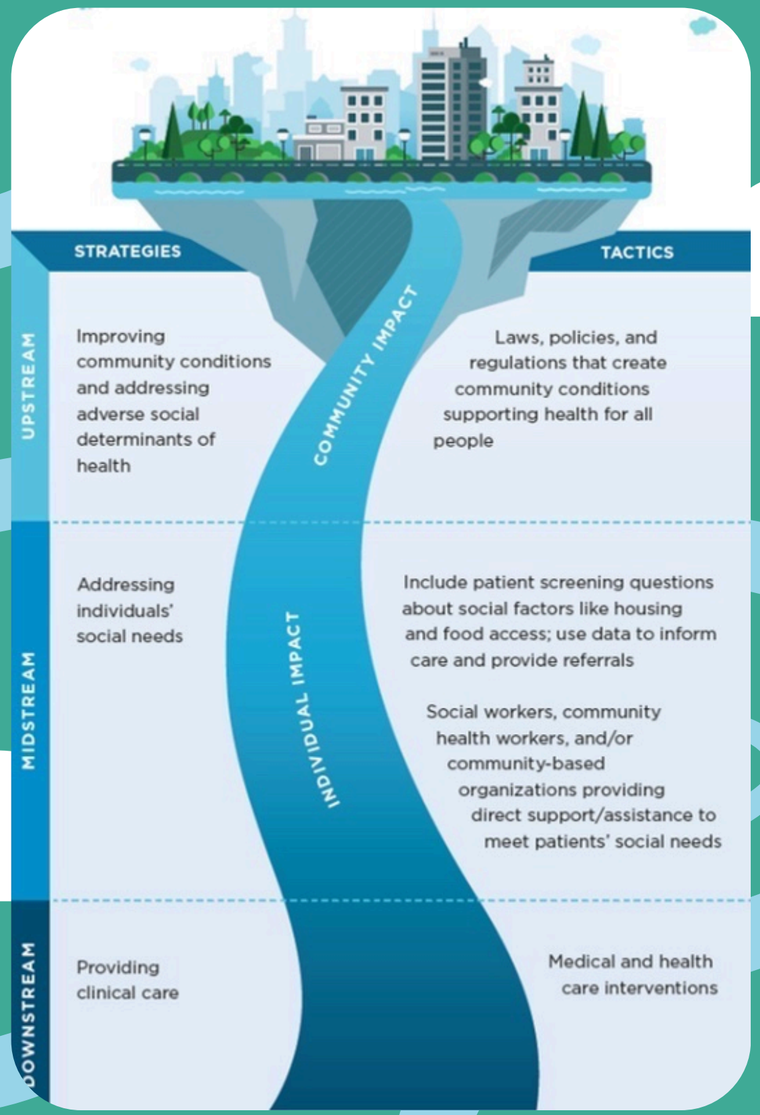
Illness

Hospitalization

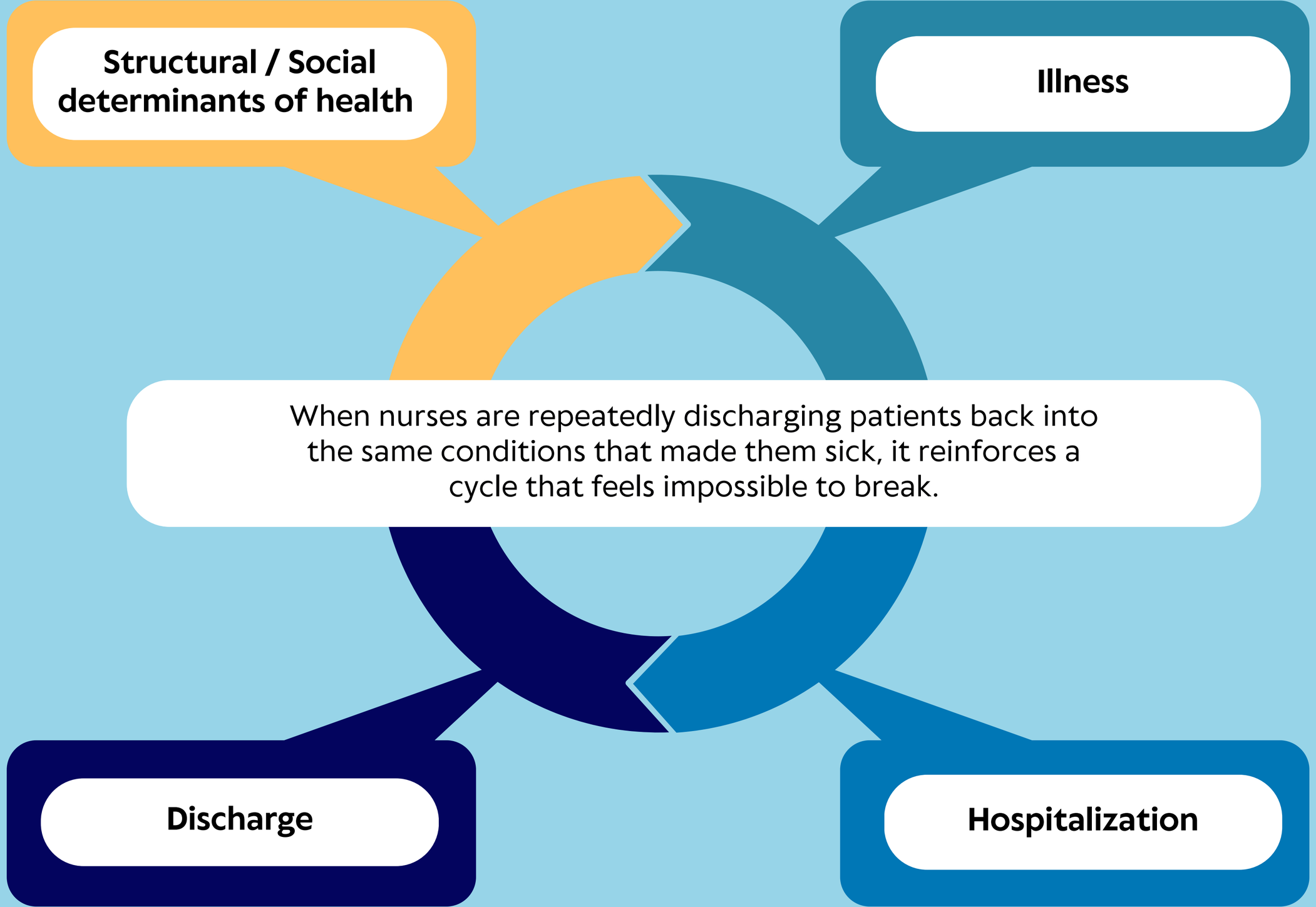
Discharge

The Reality of Tertiary Care

- We are practicing downstream (NCCDH, 2025).
- Treating acute illnesses rather than addressing the structural and social causes that give rise to them.
- Intervening after the current has already carried the patient into crisis.

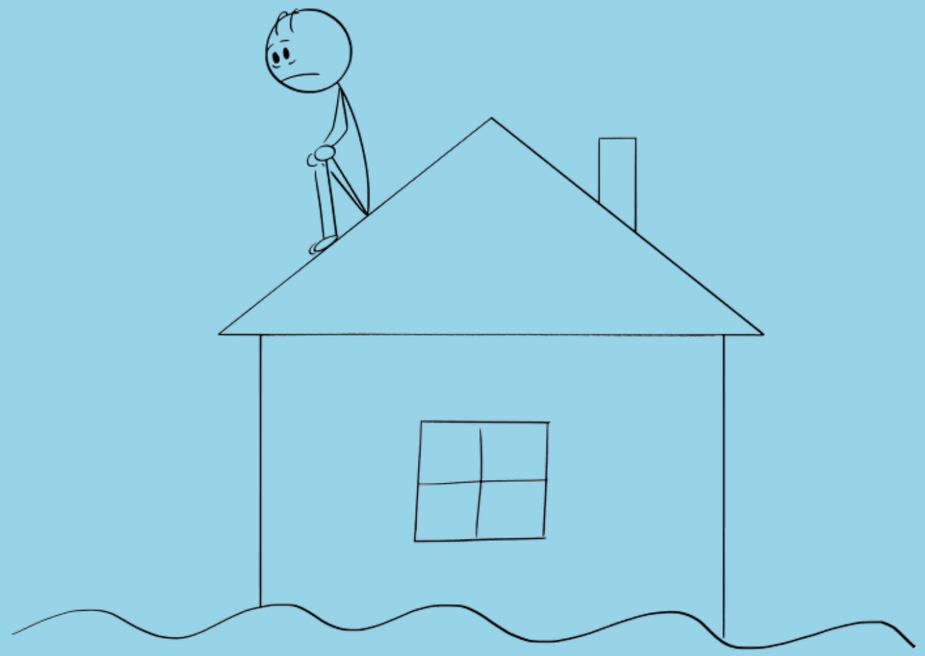


(NASEM, 2021)


Structural / Social determinants of health
Illness
When nurses are repeatedly discharging patients back into the same conditions that made them sick, it reinforces a cycle that feels impossible to break.
Discharge
Hospitalization

Moral Distress

- Helplessness and frustration being a part of this cycle.
- A single nurse with a bucket, trying to stop a massive flood of **deeply rooted structural** issues.



First Step: Reframing the Narrative

Language Matters in Healthcare

Non-adherent / Non-compliant

- Implies choice, blame, or lack of motivation.
- Focuses on the individual's behaviour and ignores the context in which they live.
- Influences our perception of people living with inequities and how we understand our role in addressing SDOH (NCCDH, 2025).

Education and health literacy

Housing

Childhood experiences

Food security

Working conditions

- SDOH determine the range of options individuals have to support and prioritize their health (NCCDH, 2025).

- The person I discussed at the beginning is living in an **unsafe home and cannot afford food**, so checking their blood sugar to manage their diabetes falls lower on their list of immediate concerns.

(Cherry, 2023)

Income stability

Stigma and racism

Healthcare access

Social networks

First Step: Reframing the Narrative

The Facts

1. Individuals often direct their efforts toward the **most immediate and severe threats** in their lives (Marks et al., 2022).

2. Individuals engage in behaviours they believe will **resolve the most immediate and severe of these threats.**

A Common Experience in Canada

- Unaffordable, unsafe or unstable housing affects **up to one in five households** (Bai et al., 2025; Gorski et al., 2025).
- Food insecurity touches nearly a **quarter of households** (Bhawra et al., 2021; Liu et al., 2023; St-Germain et al., 2025).
- **One in ten** adults lives below Canada's official poverty line (ESDC, 2024).
- **One-third** of Canadians aged 15 and older have experienced child maltreatment before age 15 (Statistics Canada, 2017).
- **60%** of adults and **88%** of seniors lack proficient health literacy (CPHA, 2014).

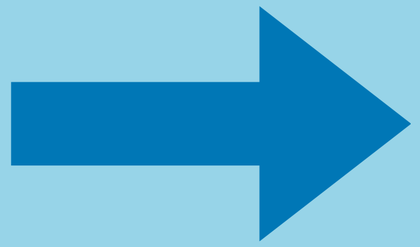
Non-adherent / Non-compliant

(Judge, 2020)

Structurally constrained

(Osmosis, 2024)

Non-adherent / Non-compliant



Structurally constrained

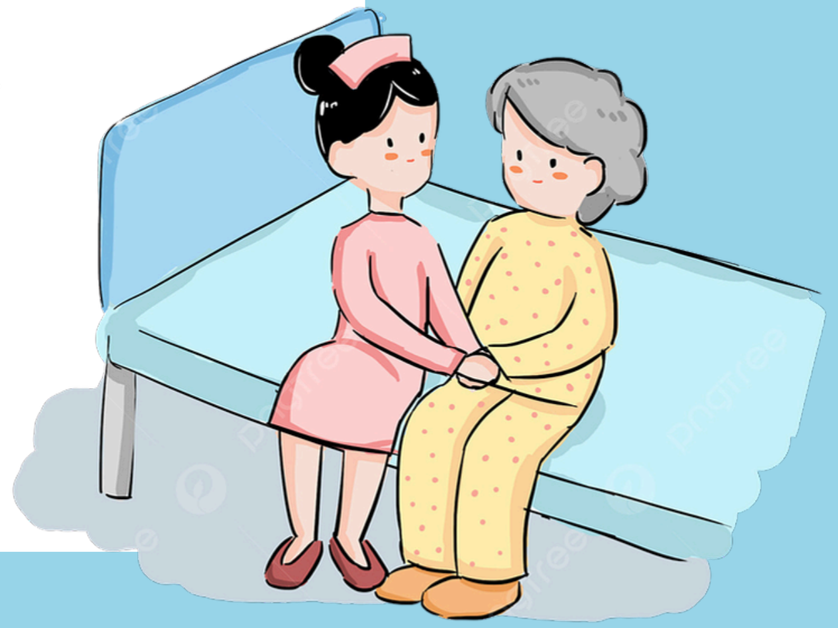
"If he just ate healthy, his blood sugars would be better controlled, and he wouldn't be here with repeated infections."

"His basic needs like food security, safe housing, and income stability are not met, so managing his diabetes is not his top priority right now."

SHIFTS RESPONSIBILITY TOWARD SYSTEMS AND POLICIES

Start the Conversation at the Bedside

- Establish therapeutic relationships and **screen for social needs** (NASEM, 2021; Tiase et al., 2022).
- Create realistic care plans: **meet patients where they are.**
- Learn what is meaningful and actionable for patients.
- Keep a simple log of recurring barriers.
- Adopt a **trauma-informed** perspective (Marks et al., 2022).



Foster Recognition at an Organizational Level

- Bring patterns to team rounds, highlighting structural constraints to health behaviours (Tiase et al., 2022).
- Promote awareness among colleagues of how SDOH shape patient outcomes.
- Engage in quality improvement work.
- Collaborate with social services.

Advocate on a Systemic Level

- Engage professional organizations, such as the RNAO or CNA.
- Share stories that highlight inequities among populations and communities.
- Collaborate with community groups and advocacy organizations (NASEM, 2021).

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
Speaking out for nursing. Speaking out for health.

Integrate into the work you already do!

- Every time you **admit or discharge** a patient, ask them:
  - Are there barriers that make it hard for you to manage your health?
  - How can I help?

- A **brief conversation** is a step toward understanding context, building trust, and delivering care that fits the realities of the patient's life.

- **Small, thoughtful moments** can transform the way we care without adding an overwhelming burden.

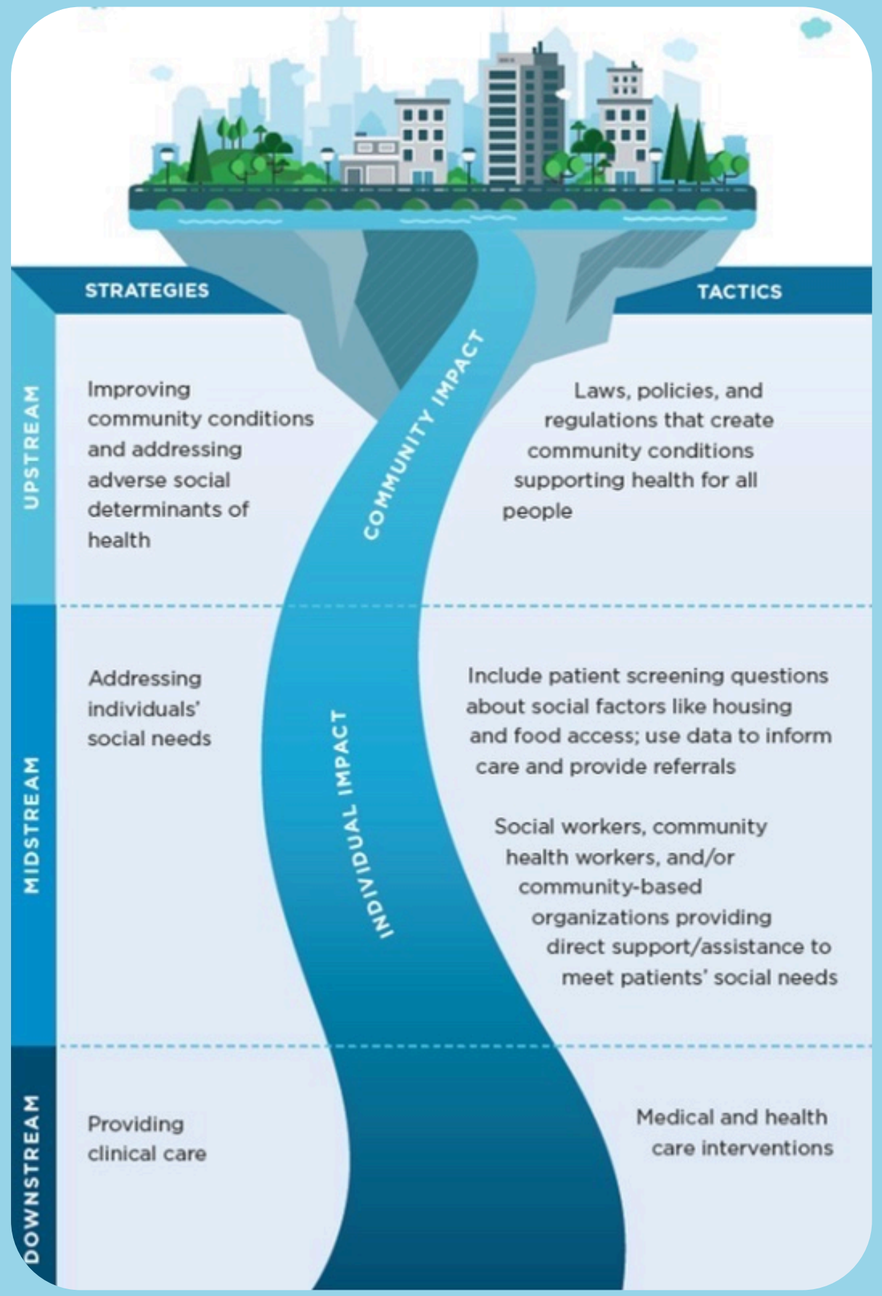
Pause & Reflect

Pause. Take a moment to think about your assumptions when discussing patients in the clinical setting.

Reflect. Consider the structural constraints that affect your patients. Shift judgment to curiosity!

Act. Adapt your approach to meet patients where they are.

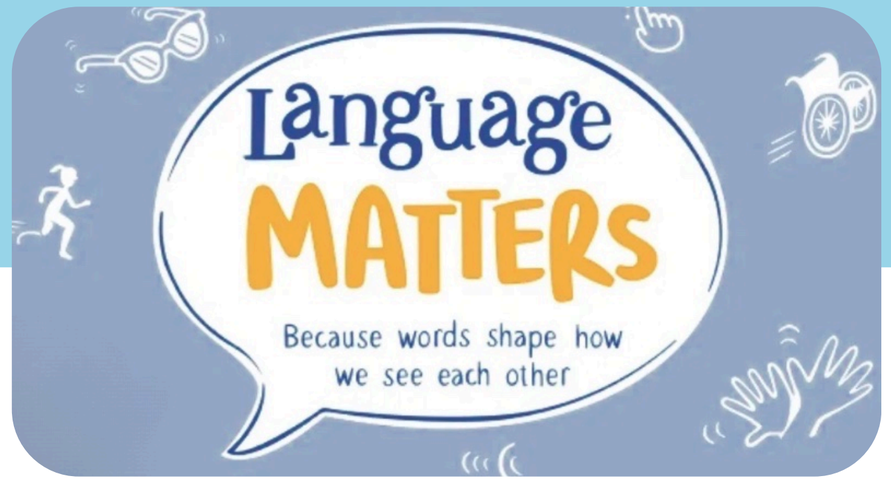
Advocate. Use your voice to highlight barriers and promote policy change.


STRATEGIES
TACTICS
UPSTREAM
Improving community conditions and addressing adverse social determinants of health
COMMUNITY IMPACT
Laws, policies, and regulations that create community conditions supporting health for all people
MIDSTREAM
Addressing individuals' social needs
INDIVIDUAL IMPACT
Include patient screening questions about social factors like housing and food access; use data to inform care and provide referrals
Social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients' social needs
DOWNSTREAM
Providing clinical care
Medical and health care interventions

(NASEM, 2021)

(Ahlefeldt, 2019)

Key Takeaways

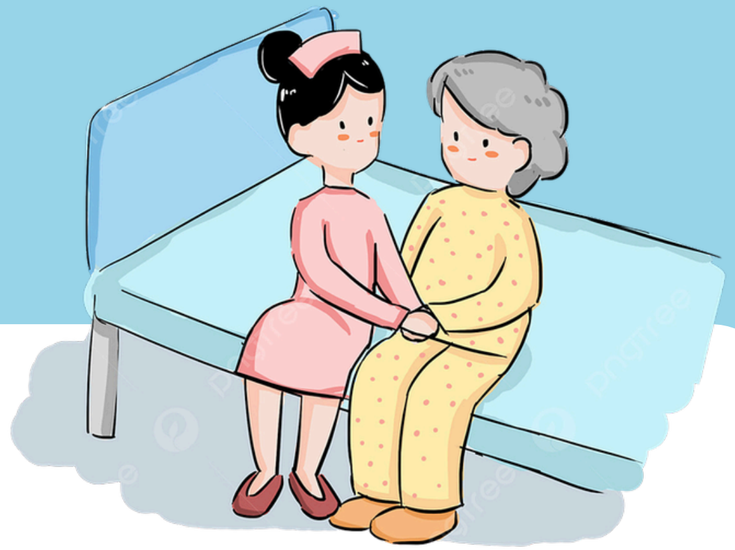


LANGUAGE SHAPES CARE

Words like “non-adherent” or “non-compliant” place blame on patients and ignore their structural and social context. Reframing as “structurally constrained” shifts focus to systems and policies.

Ask yourself, **“Why?”** (NCCDH, 2025).

Key Takeaways



SMALL ACTIONS AT THE BEDSIDE MATTER

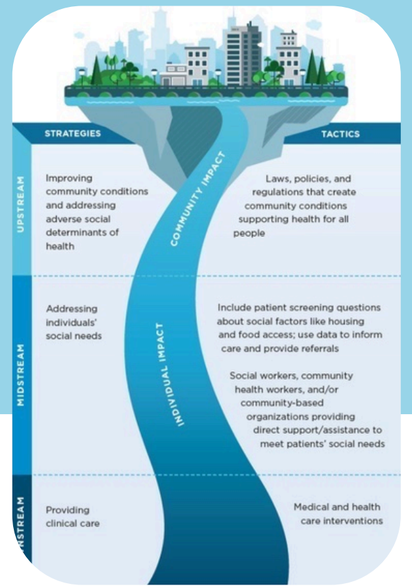
Asking patients, “What makes it hard for you to manage your health?” can build trust, reveal barriers, and guide realistic, individualized care plans.

Key Takeaways

PATTERNS REVEAL SYSTEMIC ISSUES

When you notice recurring SDOH, bring them to your team and consider quality improvement initiatives.

Key Takeaways



(NASEM, 2021)

WE ARE NOT POWERLESS

Every time we recognize constraints instead of placing judgment, we begin to shift the story and **influence midstream and upstream change.**

Nursing Week should remind us that we are a part of a **collective voice** with the power to influence systems, policies, and population outcomes.

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