Political representation for social justice in nursing

Introduction

The use of participatory approaches in health and social care research are well documented. Participatory methods are particularly popular in the fields of child health (Lundy, McEvoy and Byrne 2011; Bradbury-Jones and Taylor 2015), mental health (Ochocka, Janzen and Nelson 2002; Gillard, Borschmann, Turner, Goodrich-Purnell, Lovell and Chambers 2012; Schneider 2012) and in challenging health inequities for those who are living in the margins of society, for example, substance misusers (Weeks, Dickson-Gomez, Mosack, Convey, Martinez and Clair 2006; Stewart, Wright, Sims, Russell Tyner and Montgomery 2012) and refugees (Guruge and Khanlou 2004; Cuthill, Abdalla and Bashir 2013; Keygnaert, Dias, Degomme, Devillé, Kennedy, Kováts et al. 2015). Participation can be achieved through a range of means, including; using participants as simply part of an advisory group to the full inclusion of participants in the design, implementation and analysis of the research project. Nurse researchers working from a critical perspective have been particularly interested in the use of participant methodologies as a way to challenge ruling relations of domination and oppression. In particular, they have sought to explicate the ways that power circulates and is negotiated in marginalised spaces (Shannon, Kerr, Allino, Chettiar, Shoveller and Tyndall 2008) and have drawn attention to the sites of power that operate around the intersections of 'race', gender, culture, social class, sexuality and disability (Varcoe 2006; Corbett, Francis and Chapman 2007). Often invisible, these taken-for-granted, normalized and dominant perspectives have been articulated and used to challenge the ways that social inequities impact on health (Reimer-Kirkham and Browne 2006; Lynam, Judith, Browne, Reimer Kirkham

and Anderson 2007; Anderson, Rodney, Reimer-Kirkham, Browne, Khan and Lynam 2009). Nurse researchers working within the frame of emancipatory nursing practice and praxis have been particularly interested in the use of participatory research as a means of challenging health and social (in)justice, and as a way to promote empowerment and meaningful action (Dexheimer Pharris and Pavlish 2014; Evans-Agnew, Sanon and Boutain 2014; Fortin, Jackson, Maher and Moravac 2014). While nurse scholars recognize that the concept of social justice can have many different meanings (Buettner-Schmidt and Lobo 2012), in this paper social justice is understood as the ways that nurses challenge 'patterns of systematic disadvantage that profoundly and pervasively undermine prospects for well being across multiple dimensions . . . whether due to oppression, domination or subordination, [these are] patterns of systematic disadvantage linked to group membership [that] are among the most invidious, thorough going and difficult to escape'. (Powers and Faden 2006, 87)

Nonetheless, despite many notable gains in both epistemology and practice, challenges remain. In this journal, in a very honest account of their research with drug using women in Canada, Salmon, Browne and Pederson (2010) have questioned the ability of participatory research to fulfil its promise to be a tool for social action and empowerment. In particular, they conclude that, while participatory methods can 'provide a mechanism for organizing against oppressive social, economic and political structures, it cannot transform those structures in ways that achieve and sustain improvements in the material conditions of women's lives' (Salmon, Browne and Pederson, 2010, 342). The challenge then is how can we, as nurse researchers,

challenge these structural barriers in a globalizing capitalist world.

While participatory approaches are widely recognized as a means of critiquing and deconstructing the essentialised categories of the 'other' in emancipatory research, the focus of this paper is somewhat different. In continuing the dialogue that Salmon, Browne and Pederson (2010) initiate, this paper considers some of the opportunities that participatory research opens up, but then the ways that researchers can also struggle to take these further. In presenting three important challenges encountered by researches working with peer participants in a research project with people who find themselves destitute following the asylum process in the UK, these challenges are explored, opposing voices outlined and some possible solutions suggested. The work of the political theorist, Nancy Fraser (2003, 2008, 2009) is drawn upon as an exploratory theoretical framework to examine the oppressive social, economic and political structures that silence the results of emancipatory research. The central contention of this paper is that while participatory research methods and critical methodologies have given us the tools and theoretical framework to explicate the threads of 'representation' and participant 'voice', it has not equipped us, theoretically or practically, to take research findings into a globalizing neoliberal world. The stated goal of much emancipatory nursing endeavor using participatory research is to empower participants to meaningful action, and yet, researchers have struggled to translate research findings into sustained action. The stumbling block is not in relation to the representation of the 'voice' of the oppressed – this has been addressed by feminist and postcolonial scholars (Spivak 1987; hooks 1994; Mohanty 2003) and furthered in

nursing scholarship (Anderson, Perry, Blue, Browne, Henderson, Basu Khan et al. 2003; Aranda 2005; Browne, Varcoe, Smye, Reimer-Kirkham, Lynam and Wong 2009) over the last two decades. Rather, the issue to consider is how these representations, created with and through the participation of those living marginalized lives, can be heard in our contemporary world where these voices are subsumed under more powerful global neoliberal economic discourses. The focus therefore, is not on the epistemological debates of positionality or representation in participatory research (Reid, Tom and Frisby 2006), but rather on the ways that we, as nurse researchers interested in the praxis of social justice, can use the outcomes of this type of research to impact social injustice.

The challenges encountered in a participatory research study with people who find themselves destitute following the asylum system in the United Kingdom (UK) will be considered and, suggestions put forward as to how the outcomes of participatory research with people living in the margins of society can be reframed. It is proposed that for emancipatory nursing to further its goal of empowerment for those living in marginalized spaces in society, new political theoretical frameworks needs to be explored in order to expand discussions beyond 'recognition'. In addition, educational programs engaging with social justice need to be expanded, along with teaching nurses the practical skills of political engagement.

Research context

The purpose of this paper is not to describe the details of the research project, as this has been done elsewhere (Cuthill, Abdalla and Bashir 2013), but to give a brief account of the socio-political context for the research, in order to situate it within

the wider discourses in the UK as part of the global capitalist economic system.

Despite the widespread reporting of the influx of people seeking asylum and refugees in boats from North Africa to European shores in recent months (Bell 2015), the migration of people in search of sanctuary from war, disaster and poverty to Europe is nothing new (for a historical account see Mayblin 2014). The last two decades have not only witnessed an increase in the numbers of people seeking asylum in Europe, but the political significance of these migrants has also taken on new proportions. Zetter (2007) argues that a deliberate confusion of the terms asylum seeker[1], refugee[2] and illegal migrant[3] has served to redefine this issue as a crisis. Bloch and Levy (1999) stated almost 15 years ago that the 'crisis' in refugees in the UK had 'little to do with numbers' (492), rather it had become a politicization of the phenomenon. There is little evidence to suggest that this has changed. While the numbers of people seeking asylum in Europe increased by 47% from 2013 to 714,000 claimants in 2014 (UNHCR 2015), increasingly restrictive legislation that aims to ensure that migration control operates outside of the UK (Hyndman and Mounitz 2008) has ensured that the numbers of claimants for asylum in the UK has actually dropped over the last decade. Reaching a peak of 84,132 in the UK in 2002, the most recent figures from the United Nations High Commission for Refugees (UNHCR) (2015) indicates that 31,300 people claimed asylum in the UK in 2014, up only 5% compared to 2013 figures. Nonetheless, while the actual increase in numbers in the

[1] An asylum seeker is someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the ECHR.
[2] A refugee is a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country…' (Definition quoted from the 1951 Refugee Convention).
[3] This term is applied to people who enter the country by clandestine means (such as hiding in a lorry), by deception (which can include lying about identity or using false documents) or are in the country in breach of a deportation order.

UK over the last year has been small, the politics of migration in UK domestic politics have been increased in both potency and political power. In addition, the securitization of migration has entered public and political discourse over the last decade (Kernerman 2008). The rise of right wing nationalist parties has grown in both popularity and political power across Europe and in the UK, what is of note is not that the UK right wing Independence Party fought the recent general election on a restriction of immigration manifesto, but that the other mainstream parties did too. Lentin (2007) argues that, 'in constructing migrants and asylum seekers as both a 'new' and a 'problem', the state reconceptualises 'the nation' not only as homogenous, but also as 'invaded' by 'floods' of refugees, and as arguably 'porous' (623).

Nonetheless, the UK remains a signatory of the 1951 Geneva Convention on Refugees and, as such, is obliged under international law to admit people who claim they are seeking safety (asylum) to the UK and to give basic accommodation and support until their claim for asylum is processed. The target time period to process an asylum application in the UK is around 6 months, but it is often much longer. The asylum process over successive left- and right-wing governments has been considered adversarial (Bloch and Schuster 2005; McDonald and Billings 2007; Schuster 2011) and broadly leaves the person seeking asylum one of three outcomes. The first, and considered the best by those claiming asylum, is that the UK government will grant them a form of leave to remain in the UK. In 2013, 34% of initial decisions for asylum were granted (Refugee Council 2014). Secondly, that they will be granted emergency accommodation and are able to stay in the UK until the

situation in their country either changes or stabilizes enough that it is deemed safe for them to return. While both of these options have been critiqued for inconsistencies, both ensure that the UK government grants a basic level of financial and material support to those seeking asylum. The third option, and most devastating to the applicant for asylum, is a refusal of their claim and the demand that they leave their accommodation within 21 days and voluntary return to their country of origin. For many claimants, the option to return to their country of origin is not seen as any sort of 'option' at all, as they believe that they have a legitimate claim for asylum but have been unable to prove their claim to the UK Home Office. Parents with children remain in their accommodation until deportation to their country of origin can be arranged but for single claimants, predominantly young men, they are evicted from their accommodation and requested to return voluntarily to their country of origin. In reality, many are left to fend for themselves on the streets. Prohibited from any form of work, education or mainstream social benefits, they become 'living ghosts' and survive by sleeping on the sofas/floors of friends or by sleeping rough (Lewis 2009; Crawley, Hemmings and Price 2011; Gillespie 2012). This process and experience has been well documented over the last decade by a variety of high profile and well-respected humanitarian and human rights organizations (Amnesty International UK 2006; British Red Cross 2010), but continues to be largely ignored by the UK government. A variety of charities, churches and voluntary organizations have emerged in the UK over the last 15 years to meet the need at a local and community level, but the plight of those who find themselves homeless following the asylum process is consistently ignored under stronger and more powerful discourses in the media and political arena of

'scroungers' and 'illegals'. In addition, the outflow of young British Muslim men and women to Syria to join the fight with the 'Islamic State' has fueled into fire the narrative of 'the enemy within' in the UK popular press (Beckford and Nicol 2015).

This research project was a peer participatory research project that grew out of an initial ethnographic study. The original ethnographic study took place at a church community project, where people who were made destitute following the asylum process in the UK attended one afternoon a week to have a hot meal, play games together (table tennis, pool etc.) and to socialize in a safe place. The researcher had been part of this project for several years and so was well known to the participants and a trusted member of the group. Ethical approval was granted from the University of Sunderland Ethics committee. As part of the ethnography, it became clear that far from accounts of 'vulnerability', there were many narratives of strength within the lives of these participants and so a second part of the study began, which was to engage, train and work alongside peer researchers to uncover the strengths and resiliencies of people who find themselves destitute following the asylum process in the UK. The original aims of this research were:

- To document the lived experiences of people in the North East of England who find themselves destitute following the asylum process.
- To uncover the ways in which they find the strength to survive.

In seeking to document 'strength', the research did not seek to negate the health impact that forced migration and/or destitution can have on physical and mental health. This has been extensively documented in a variety of settings and is a lived reality for many forced migrants (Priebe, Matanov, Schor, Straßmayr, Barros, Barry

et al. 2012). In addition, people seeking asylum in Europe are at risk of gender-based violence (Keygnaert, Dias, Degomme, Devillé, Kennedy, Kováts et al. 2015) and caring for irregular migrants has become an important challenge for health professionals in Europe (Dauvrin, Lorant, Sandhu, Devillé, Dia, Dias et al. 2012). Nonetheless, the research did seek to disrupt the binary discourses of 'vulnerable' and/or 'terrorist within' that are evident in UK political and health discourse.

Taking a critical stance and using an intersectional lens, peer researchers were central to the research process in order to explicate the ways that inequities shape the health and wellbeing of people who find themselves destitute following the asylum process in the UK. The peer researchers were involved with the research process from the inception of the idea and research question, to undertaking the interviews, analyzing the research and presenting the results in both journal form and orally at two conferences. Initially 4 peer researchers were recruited but two had to withdraw due to the uncertain and at times chaotic circumstances they found themselves living in. The research participants were predominantly from Sudan but also from Libya, Palestine, Eritrea and Somalia. Twenty-two of the participants were male and 2 were female.

The results of the research found intersecting axes of discrimination and struggle in the lives of the research participants, but also accounts of individual agency and resilience (Cuthill, Abdalla and Bashir 2013). Accounts of strength and resilience were found in all of the narratives of the accounts of the 24 people interviewed in the research. The research process encountered many of the ethical dilemmas that have been encountered in similar research, including; difficulty in working with peer

researchers who live fragile and mobile lives, issues with language and cultural translation and controversy over the appropriate level of remuneration for the peer researchers and participants for their work (Khanlou and Peter 2005). Nonetheless, the focus of this paper is primarily on the next stage of the research; having uncovered strength and resilience in the lives of the participants, a question remained as to how these results could be taken it further? Two main issues arose very quickly: first, how to position the research findings within the polarizing discourses of 'vulnerability' and 'terrorist' that operate in the UK, without being used by either discourse for their own ends, and second, how to advocate at the political and policy level within the constraints of our research funding and aims? These issues inform the subsequent discussion.

Discussion

While emancipatory nursing scholarship grapples with the dialectic of theory and action (Kagan, Smith and Chinn 2014), the goal of peer researchers is often very clear; they hope that the research project will improve their lives in a tangible way and will result in some meaningful social action. Social justice as praxis shares similar goals; to translate 'the critical perspectives that we theorize about into action – action with the political intent of changing oppressive structures' (Anderson 2014, xiii). Nonetheless, while the results of this research study demonstrated agency, strength and resilience in the lives of people who find themselves destitute following the asylum process in the UK, it was a struggle to translate these findings into meaningful social action. The participants described in vivid terms the devastation they had felt when their application for asylum was refused but how, over time, they

had drawn strength from charities, friends and faith-based organizations for food, shelter and emotional support. While the explicit aims of the research were both realized and achieved, the implicit aim of challenging social injustice remained unanswered and the small research team was left with a feeling of helplessness and frustration. For the peer researchers, to fulfill the academic aim of the research was not enough; they wanted political action. Congruent with the study described by Salmon, Browne and Pederson (2010) of working with drug using women, the peer participant researchers in this study had become engaged with the research in order to leverage some social or political action, and yet what resulted for them were a few publications (one a policy recommendation and two publications in academic journals) and a talk at a conference on 'race' and migration. While these outcomes worked towards furthering the career of the principal investigator (an academic nurse researcher), the peer researchers found these insufficient. While all of the research team wanted the Home Office to be aware of the plight of the research participants and present narratives of strength within marginalized lives, it became increasingly clear that to leverage political action was beyond the reach of the team.

In this paper, three challenges have been identified as contributing to the inability of the research team to translate the research findings into action to challenge oppressive structures – theoretical, institutional/professional and practical. Each challenge is presented, oppositional views highlighted and a solution presented.

Challenge 1: Lack of a theoretical framework

The first challenge encountered in the pursuit of social justice as praxis from this participatory research study was the lack of a robust political theory within nursing

scholarship to frame the study. The work of critical social theorist, Nancy Fraser has recently been explored by several scholars in nursing (Thompson 2014) and social work (Garrett 2010; Hölscher 2014) for its usefulness in theorizing social justice beyond the micro encounters of everyday life. Nurse scholarship is increasingly being urged to conceptualize social justice in a way that engages with the global constraints of advanced capitalist economies (Yanicki, Kushner and Reutter 2015) and Fraser's most recent work (2009) offers a potential way forward in theorizing the multifaceted nature of oppression beyond national boundaries.

For Fraser (2009), social justice is theorized as a three-dimensional model: redistribution, recognition and representation. By this she conceptualizes redistribution as related to material goods, to ameliorate against the damaging impacts of poverty, poor education, inadequate housing and social deprivation. Recognition pertains to social justice as cultural recognition in relation to racial and social identity and values. Fraser's earlier work developed her theory of social justice on a two pillared approach, that of redistribution and recognition (Fraser 2003). Not without her critics, Fraser has responded in recent years to the accusation that her two pillared theory lacked a political aspect in a neoliberal global world (Garrett 2010). As a consequence of many open discussions with her critics (Fraser and Honneth 2003; Fraser 2008), Fraser subsequently developed a third pillar to her work, that of representation. In *The Scales of Justice* (2009), Fraser answered her critics by retheorizing social justice with a political aspect and by asserting that social justice is only possible when 'participatory parity' is achieved, including; parity of the distribution of material resources (redistributive justice), parity of cultural identity

and values (recognitive justice) and parity of political voice/representation. For Fraser (2007), justice will only be enacted when there are social arrangements 'that permit all to participate as peers in social life. On the view of justice as participatory parity, overcoming injustice means dismantling institutionalized obstacles that prevent some people from participating on a par with others, as full partners in social interaction' (27).

Nursing scholarship has long acknowledged socio-economic and cultural injustice but Fraser's work presents a challenge to interrogate theoretical perspectives that address political injustice as a path to achieving social justice. In *Reframing justice in a global world* (2008) Fraser asserts that redistribution and recognition are inadequate conceptualizations to use to achieve social justice, unless a political dimension is also added. Justice, she argues, will only be achieved when all three pillars, including equitable representation in political spaces, is realized. In arguing that social justice must move beyond representation and identity politics, she asserts that a reframing is required; where injustice is framed within a politics of representation and where social, economic and cultural structures and relations of oppression are identified and challenged. Equity of political participation in society is a crucial pillar of social justice.

In participatory research, participants are accorded a 'voice' in creating the shape and outcomes of the research. Scholars concerned with authorial representation of the participant voice have developed novel tools to both collect and to present the data, including; photography or Photovoice (Catalani and Minkler 2010; Fortin, Jackson, Maher and Moravac 2014), poetry (Clarke, Febbraro, Hatzipantelis and

Nelson 2005.; Hill 2005; Stenhouse 2014) and performance art (Lieblich 2006). Nonetheless, as Garrett (2010) warns in relation to social work, research may have focused on 'micro-encounters and interactions' and paid 'insufficient attention to the role of the neo-liberal state' (1517). Fraser's work presents a political theoretical framework to take social justice in nursing further – to push for adequate political representation – to ensure that it is paid as much attention as redistribution and recognition has had in the past.

This is ever more pressing in a globalizing neoliberal world, where transnational finance, migration and global medial flows converge to create a complex and contested world. Fraser (2009) identifies mis/framing as a global phenomenon, where particular questions of (in)justice are enacted beyond national boundaries. Social justice requires that political space be reframed to include the voices of those who are marginalized. To become a refugee is both the consequence of colonial, political and global re-constitutions and conflict but refugees are accorded no political voice on the global stage. Participatory research methods, combined with a creative turn in representation, have been successful in articulating a more authentic participant 'voice' but continue to struggle with a theoretical conceptualization of how that 'voice' fits into a global neoliberal world. It is suggested that the political theory of Nancy Fraser may offer a point of entry into furthering theoretical conceptualizations of social justice for nursing scholarship.

Challenge 2: Institutional/professional constraints

If the first challenge in this research project was theoretical, the second was in relation to institutional/professional boundaries. While universities in highly

developed economies have a long and proud history of academic freedom, increasingly attention is being drawn to the ways that academia is being shaped by global economic pressures. Nursing knowledge has not escaped the pressures to conform to funding priorities that are defined by the global economy of health (Milton 2015). Rolfe (2012) asserts that the production of knowledge has become commodified and thinking has become a subversive activity in universities. He argues that the demands of the university corporate research agenda intent on generating profit are focused on pleasing the corporate funders, rather than in the pursuit of knowledge. This research study did not escape these constraints. While the university was very supportive of the research project and the research team were very grateful for the financial support given towards the project, there was an underlying nervousness in relation to the 'political' nature of the research. In particular, there were questions asked by senior members of academic staff about the 'legality' of the participants in relation to their citizenship status in the UK. It was clear that normative discourses of the 'threat within' had also permeated the academic institution, concerned with institutional reputation.

Critical scholars have repeatedly asserted that nursing as a profession is predominantly rooted in liberal philosophies of social justice, where the focus is on individualised care (Reimer-Kirkham and Browne 2006). A number of nurse scholars in the 1980s and early 1990s (Robinson 1991; Salvage 1985) sought to encourage the engagement of nurses in wider political dialogue, but in recent years, this has been subsumed by discourses of caring and compassion framed as a virtue ethic in the UK. Aranda and Jones (2010) have challenged this, drawing attention to the ways that

dignity, widely recognised as central to the notion of caring, is part of a much wider political discourse. Nonetheless, while Kagan, Smith and Chinn (2014) assert that social justice is 'embedded in nursing's ontology, epistemology, and ethic'(9), this remains inconsistent across the international literature.

The researchers in this project were confronted by institutional and professional constraints in taking political action as part of their endeavour to further social justice. While professional bodies in both the USA and the UK recognise that nurses must work to reduce health inequalities within a wider public health agenda (ANA 2010; NMC 2015), there was little support at either institutional or professional level in the UK for nurses to further political engagement. The International Council of Nurses (2012) and the Canadian Nurses Association (2010) have taken positive steps in recent years to integrate social justice as a core nursing value, but in the UK there is little evidence of this. While many nurses in the UK work hard in the pursuit of social justice and are 'Nursing at the edge' (RCN 2014), this is not explicit in the Nursing and Midwifery Council Code of Professional Ethics (2015). Recently the Royal College of Nursing (RCN) in the UK has taken some very welcome steps forward in encouraging nurses to challenge health inequalities (RCN 2012a) and to centre human rights in core nursing values (RCN 2012b). Nonetheless, there is no cohesive nursing policy relating to social justice in the UK.

Nursing has a strong and proud history of engaging with issues of social justice. Nurse leaders through history have inspired social change, from Florence Nightingale (Watson 2008) to Lillian Wald and Mary Seocole. Understanding that the political and the social are inextricably intertwined with health, these nurse leaders have

driven forward social change to improve health and in doing so, changed both nursing philosophy and society. Nonetheless, the emancipatory nature of nursing practice receded in the late 20th Century, as discourses of holistic nursing turned the philosophical gaze towards individual patient care and in recent years, managerialism, bureaucracy and efficiency targets have taken priority (Latimer 2014). While nurses retained their awareness of issues of social justice, the body of scholarship turned more towards a philosophy of care based on humanistic conceptualisations of humankind (Fitzpatrick 2003; Buettner-Schmidt and Lobo 2012). Recent years have witnessed a resurgence in both the philosophy and practice of emancipatory nursing in Canada and the United States (Cohen and Gregory 2009; Kagan, Smith, Cowling and Chinn 2010) and these scholars have called for social justice principles to be reinstated as explicitly core values in nursing (Boutain 2005, 2008; Thorne 2014; Yanicki, Kushner and Reutter 2015).

While Thompson (2014) asserts that 'evasion of the consequences of social justice for the profession of nursing as a whole is becoming more difficult to justify, in light of contemporary practice models, professional codes of ethics, health disparities research, and emerging scholarship on the role of professionals in a democracy' (E18), issues of social justice remain at the 'edge' of many nursing educational programs and professional policy documents. While it is recognized that considerable progress has already been made over the last decade in moving social justice to be a foundational value of nursing policy and education, nursing scholarship and education need to continue to push this forward to ensure that nursing becomes a profession where researchers and practitioners who act in

pursuit of social justice are able to flourish.

Challenge 3 Lack of skills for political or policy advocacy

The third challenge that this research project opened up was the inability of the researchers to translate critical knowledge into political action. The researchers lacked the practical skills to engage with local and national political organisations and also with the media to ensure that their carefully worked research findings made an impact beyond academia.

While this was primarily a practical challenge, it was predicated on the difficulty of knowing how to re-represent asylum seekers through a lens of 'strength', rather than of 'vulnerability' and yet not collude with the normative discourses which are entangled with those claiming refugees as the 'terrorist within'. Butler (2004) reminds us that those whom society portrays as 'vulnerable' is defied by cultural normative discourses. In a polarised debate, where dualities are heightened within social and political discourse, the struggle was to know how to engage with this debate but without causing further damage. Refugee representative organizations and humanitarian groups work hard to counter negative media narratives. While recognising the health needs of people seeking asylum and refugees, in such a contested and complex asylum environment, it was also understood that people seeking asylum can represent themselves as 'vulnerable' in order to gain access to health care and as a means of brokering sympathy in a hostile environment (Farrier 2012). The researchers were acutely aware that the results of this research, presented in a particular way, could potentially be damaging to the participants. Presenting the findings of the primary research at the British Sociological Association

annual conference in March 2015, fellow academics were quick to caution about disseminating discourses of 'strength' within the current political climate surrounding refugees and people seeking asylum in the UK, as they might be used against the very people we were trying to help.

Critical knowledge is an important requirement for social justice and nursing (Anderson, Rodney, Reimer-Kirkham, Browne, Khan K and Lynam 2009) but this research suggests that active political and social engagement is again needed in nursing, as health inequalities widen and a growing body of evidence demonstrates the impact of the wider social determinants on health (Marmot, Allen, Goldblatt, Boyce, McNeish, Grady et al. 2010; Wilkinson and Pickett 2011). The nurse researcher and the peer researchers jointly lacked the skills and knowledge to successfully deal with the media or the wider political arena. They managed to submit one local press release but lacked the skills and confidence to take the results of their research to a wider audience.

Nursing bodies throughout the world call for an increase in nurse leadership across the global structures in order to increase the profile and power of nurses (Ferguson 2015). Nonetheless, engagement with politics (both local and wider) must be enacted by nurses at all levels for social injustice to be challenged. Waite and Brooks (2014) make a strong case for cultivating social justice skills and learning at all levels of nursing, not just at strategic leadership. Varcoe and colleagues (2014) argue that nurses should focus on everyday practices as sites to enact social justice, rather than at political or policy level. While both approaches are needed, this research demonstrates that unless nurses becomes more engaged in the daily politics of

health, the profession will struggle to move concerns with social (in)justice from conversations to praxis. Nurses in both academia and practice understand the texture of social and structural constraints, but often lack the skills to challenge them.

In concurring with several nurse educationalists calling for a strengthening of the links between global citizenship and nurse education (Chavez, Bender, Hardie and Gastaldo 2010; Mill, Astle, Ogilvie and Gastaldo 2010), nurse educationalists continue to interrogate the ways that this can be achieved in the classroom setting (MacNeil and Ryan 2013). Canadian colleagues are pushing forward the agenda for social justice to be included in the educational curriculum of all undergraduate and postgraduate programmes (Browne, Varcoe, Smye, Reimer-Kirkham, Lynam and Wong 2009). Canales and Drevdahl (2014) also concur that social justice in the USA should be part core nursing curricula in North America, while also noting the lack of attention paid to the *how* of tackling social injustices. These are welcome moves forward.

It is not enough that nurses become aware of the broader socio-economic inequities that impact on health (AACN 2008; RCN 2012a; NMC2015), they also need to develop the practical skills to be able to act and to engage with the real-life politics of their local, national and global environment (Drevdahl 2013). To engage with the politics of health is to acquire the skills of advocacy, media engagement, joint working with other groups working for social justice and to understand the local political processes.

The researchers in this study were not equipped with the skills or knowledge to

engage with this arena and it is suggested that media training should be an integral part of the nursing research process. In addition, skills of advocacy and political engagement should be central to nursing curriculum that shares a focus on social justice.

There are several limitations to this paper. It is based on the experiences of a very small research team, one nurse researcher and two peer researchers. The perspectives of the research team are shaped by experience, knowledge and culture and these are recognised as having shaped their experiences and the research outcomes. The research team lacked capacity and it is acknowledged that a larger research team may have managed some wider political engagement. Nonetheless, the experiences of the research team led to some interesting challenges and in presenting these challenges, suggestions for theory development, professional development and practice have been presented.

Conclusion

In this paper, three challenges experienced during a participatory research project with people who found themselves destitute following the asylum process in the UK have been presented. For each challenge, opposing perspectives have been highlighted and solutions suggested. These three challenges can be summarised as first, theoretical, second, institutional/professional and third, practical. It is suggested that the work of US political theorist Nancy Fraser be interrogated as a theoretical conceptualisation to move critical discussions on social justice beyond theories of recognition, to include considerations of mis/framing in globalizing neoliberal world. It is recognised that discourses of social justice remain largely at

the fringes of nursing curricula and policy documents and it is suggested that nurse scholarship continues to push for social justice to become core to the profession of nursing globally. Finally, it is suggested that nurses should have the opportunity to acquire the practical skills to be able to engage meaningfully with local, national and global politics and the media in order to effectively challenge social injustice in society. While it is recognised that this will not necessarily be desirable for all nurses, this paper argues for a space in nursing education and practice where the skills of social justice can be learned and enacted.

Nursing has a history of successful social and political reform, challenging social norms and in re-framing dominant and oppressive discourses. The challenge for nurse scholars and practitioners in our current global neoliberal context is to find that again and in doing so, to meaningfully contribute to the reduction of health inequalities and inequities that are witnessed in the day-to-day work of many of the people we care for.

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