FRAMEWORK FOR EMPOWERING STUDENT NURSES FOR SOCIAL JUSTICE PRAXIS

VICTOR KPANDEMOI ABU

https://orcid.org/0000-0003-3877-7467

A thesis submitted in partial fulfilment of the

requirements of London South Bank University

for the degree of Professional Doctor of Education

June, 2022

ABSTRACT

INTRODUCTION

Social justice is considered the root of nursing responsibilities due to historical and enduring practices of promoting health and redressing social barriers that impact on health. This statement is supported in the literature and philosophies of national and international nursing organisations. However, in the United Kingdom, scholarly interest and nursing organisational position is ambiguous on social justice.

AIM AND OBJECTIVES

My research aim was to explore ideas for empowering student nurses to engage in actions that promotes social justice practices. The objectives included understanding the meaning of social justice, recognising the impact of social injustice on health, ascertaining the visibility of social justice learning in nurse education, and developing ideas for incorporating social justice practices in nurse education.

METHODS

Research methods were situated in critical interpretivism and constructivism grounded theory qualitative research design. Data was collected from semi-structured interviews with eleven student nurses and focus groups with eleven nurse educators, in a City of London nurse education institution. Data was analysed using Charmaz's grounded theory initial, focused, and theoretical coding levels.

FINDINGS

Firstly, social justice was understood as conditions that fosters health experience. Secondly, social injustice was recognised as conditions that hinders health experience. Thirdly, social justice learning was found to be equivocal in nurse education. Lastly, it was discovered that frameworks can be used to incorporate social justice learning into nurse education.

DISCUSSION

I have created a framework on Awareness for Social Justice Action for the purpose of developing the critical student nurse for social justice awareness and action. This is my unique contribution to knowledge that reconcile educational theories with aspirations of research participants in the context of nurse education.

CONCLUSION

Doing the Professional Doctor of Education programme provided opportunities for shaping my research ideas. Systematic processing of these ideas was demonstrated throughout my research and contributed to my framework on promoting social justice nurse education to address persisting health inequities.

TABLE OF CONTENTS

ABSTRACT **2**

ACKNOWLEDGEMENT **8**

ABBREVIATIONS **9**

FIGURES **10**

APPENDICES **11**

CHAPTER 1: INTRODUCTION **12**

1.1.INTRODUCTION 12

1.2. STATEMENT OF INTENT 12

1.3. MEANING OF SOCIAL JUSTICE 13

1.4. CONTRIBUTION TO KNOWLEDGE 14

1.4.1. What is Known? 14

1.4.2. What is Unknown? 14

1.4.3. Relevance of Social Justice Nurse Education 15

1.5. RESEARCH AIM AND OBJECTIVES 16

1.5.1. Research Aim 16

1.5.2. Research Objectives 17

1.6. MY POSITION AS RESEARCHER 18

1.7. OVERVIEW OF THESIS 19

CHAPTER 2: LITERATURE REVIEW 21

2.1. INTRODUCTION 21

2.2. SEARCHING FOR RELEVANT LITERATURE 21

2.2.1. Stating Research Questions 21

2.2.2. Identifying Search Terms 22

2.2.3. Searching Databases 23

2.2.4. Criteria for Inclusion and Exclusion 25

2.3. REVIEWING THE LITERATURE 28

2.3.1. Meaning of Social Justice in Nursing 28

2.3.2. Impact of Social Injustice on Health 31

2.3.3. Social Justice in Nurse Education 33

2.3.4. Frameworks for Social Justice Nurse Education 36

2.3.4.1. Anti-discriminatory Pedagogy 37

2.3.4.2. Facilitating Humanisation 39
2.3.4.3. Transformative Nursing Praxis 41
2.3.4.4. Cultural Competence 42
2.3.4.5. Poverty Pedagogy 43
2.4. SUMMARY 45
CHAPTER 3: THEORETICAL FRAMEWORKS 46
3.1. INTRODUCTION 46
3.2. THEORY OF SOCIAL JUSTICE 46
3.2.1. History of Social Justice 46
3.2.2. An Understanding of Social Justice 48
3.2.2.1. Social and Justice 48
3.2.2.2. Meaning of Social Justice 49
3.3.3. Theories of Social Justice and Healthcare 51
3.3.3.1. Libertarian Social Justice 51
3.3.3.2. Utilitarian Social Justice 52
3.3.3.3. Marxism of Social Justice 52
3.3.3.4. Liberalism of Social Justice 53
3.3.3.5. Capability Theory of Social Justice 53
3.3.3.6. Recognition Theory of Social Justice 54
3.3.4. My Position on Theory of Social Justice 55
3.4. CRITICAL PEDAGOGY 56
3.4.1. Theory of Transformational Learning 57
3.4.2. Theory of Empowerment Learning 58
3.4.3. Theory of Praxis Learning 59
3.4.4. Critique of Critical Pedagogy 59
3.5. SUMMARY 60
CHAPTER 4: METHODOLOGY **61**
4.1. INTRODUCTION 61
4.2. PHILOSOPHICAL ASSUMPTIONS 61
4.3. RESEARCH PARADIGMS 64
4.4. RESEARCH DESIGNS AND METHODS 66
4.5. GROUNDED THEORY 67
4.6. ETHICAL CONSIDERATIONS 69
4.7. PILOT STUDY 70

4.8. METHODS OF SAMPLING ... 71
4.8.1. Sample Universe ... 72
4.8.1.1. Criteria for Inclusion and Exclusion of Samples ... 72
4.8.2. Sample Size ... 73
4.8.3. Sample Strategy ... 74
4.8.4. Sample Sourcing ... 75
4.9. METHODS OF DATA COLLECTION ... 76
4.9.1. Online Semi-structured Interview ... 77
4.9.2. Online Focus Group ... 78
4.9.3. Arrangements for Online Interviews and Focus Groups ... 80
4.10. METHODS OF TRANSCRIPTION ... 82
4.11. METHODS OF DATA ANALYSIS ... 83
4.11.1. Coding ... 84
4.11.1.1. Initial Coding ... 84
4.11.1.2. Focused Coding ... 86
4.11.1.3. Theoretical Coding ... 87
10.12. SUMMARY ... 87
CHAPTER 5: FINDINGS ... 89
5.1. INTRODUCTION ... 89
5.2. CODE 1: SOCIAL JUSTICE FOSTERS HEALTH ... 90
5.2.1. Favourable Ethical Principles ... 91
5.2.2. Good Access to Resources ... 92
5.2.3. Individual Lived Experience ... 93
5.2.4. Rhetorical Term ... 93
5.3. CODE 2: SOCIAL INJUSTICE HINDERS HEALTH ... 94
5.3.1. Marginal Health Conditions ... 94
5.3.2. Social Deprivation ... 95
5.3.3. Minimal Access to Health Resources ... 96
5.3.4. Adverse Impact on Practitioner ... 96
5.4. CODE 3: SOCIAL JUSTICE LEARNING IS EQUIVOCAL IN NURSE EDUCATION ... 97
5.4.1. Implicit References to Social Justice ... 98
5.4.2. Lack of Explicit Curriculum ... 98
5.4.3. Limited Educator Knowledge ... 99
5.4.4. Dearth of Nurse Leaders' Support ... 100

5.5. CODE 4: FRAMEWORKS FOR SOCIAL JUSTICE EDUCATION 101
5.5.1. Explicit Social Justice Curriculum 102
5.5.1.1. Module on Social Justice 103
5.5.1.2. Reflective Practice 104
5.5.1.3. Social Justice Learning through Discussion 104
5.5.1.4. Community Placement 104
5.5.1.5. Different Learner Facilitators 105
5.5.1.6. Dedicated Social Justice Curriculum 106
5.5.2. Educate Nurse Educators 108
5.5.3. Attract Nurse Leaders and Organisational Support 109
5.6. SUMMARY 111
CHAPTER 6: DISCUSSION 113
6.1. INTRODUCTION 113
6.2. AIM AND OBJECTIVES 113
6.3. FINDINGS 114
6.4. INTERPRETATION OF FINDINGS 114
6.4.1. Social Justice Fosters Health 114
6.4.2. Social Injustice Hinders Access to Health Resources 116
6.4.3. Equivocal Social Justice Nurse Education 119
6.4.4. Frameworks for Social Justice Nurse Education 120
6.4.4.1. Critical Student Nurse 121
6.4.4.1.1. Anti-discriminatory Pedagogy 121
6.4.4.1.2. Poverty Pedagogy 122
6.4.4.1.3. Practice Pedagogy 123
6.4.4.1.4. Multicultural Competence Pedagogy 124
6.4.4.2. Critical Conscious Nurse Educator 126
6.4.4.3. Servant Nurse Leader 127
6.5. RESEARCH LIMITATIONS 130
6.6. RECOMMENDATIONS 131
6.6.1. Contribution to Knowledge 131
6.6.1.1. Framework on Awareness for Social Justice Action 131
6.6.2. Opportunities for Future Research 134
6.7. QUALITY AND RIGOUR 135
6.7.1. Credibility 136

6.7.2. Dependability 138
6.7.3. Confirmability, Reflexivity, and Positionality 139
6.7.4. Transferability 140
6.7.5. Plausibility 140
6.8. SUMMARY 141
CHAPTER 7: CONCLUSION 143
REFERENCE LIST 147
APPENDICES 164

ACKNOWLEDGEMENT

I am grateful to the following for the support rendered to me during my Professional Doctor of Education programme, an experience that started in October 2017.

Prof Calvin Moorley and Dr Martyn Higgins, for supervising my research.

Student nurses and nurse educators who participated in interviews and focus groups, respectively.

Mynesha Sankar, Audley Graham, and Jane Crussell, for peer support as fellow doctoral candidates.

Prof Nicki Martins and Dr Helen Young, for developing the social justice doctoral programme at LSBU.

Teaching and administrative staff at the London Doctoral Academy, LSBU.

Current and former educators at the Institute of Health and Social Care, LSBU, for peer feedback.

Prof Andrew Whittaker, Dr Anita Atwal, Prof Leslie Bailey, Dr Martha Shaw, and Prof Bertha Ochieng, for panel reviews and feedback.

Members of the Milton Margai Alumni United Kingdom, for opportunity to exercise servant leadership; special thanks to Mr and Mrs Ben and Tenneh Koroma, for being special friends.

My wife, Patricia Magainda, for calm and persistent enquiry, ‘how is it going?’, and for our love.

Our children, Aaron, Elsie, and Louise, for unwavering love among us.

I dedicate my Professional Doctor of Education to my dad, Joseph Gbegbepen Abu, the Head Teacher of ABC and Truth, for instilling in me the values of education and respect; and my mom, Elsie Mamie Abu, the Mother of Calm and Content, for nurturing in me the principles of serenity and attentiveness.

ABBREVIATIONS

AACN: American Association of Colleges of Nursing

ANA: American Nurses Association

ASJA: Awareness of Social Justice for Action

BAME: Black and Minority Ethnic

BERA: British Educational Research Association

CAN: Canadian Nurses Association

CAQDAS: Computer Assisted Qualitative Data Analysis Software

CINAHL: Cumulative Index to Nursing and Allied Health Literature.

COVID-19: Coronavirus Disease 2019

CSDH: Commission on Social Determinants of Health

EBSCOhost: Elton B. Stephens Company host

ICN: International Council of Nurses

IHSC: Institute of Health and Social Care

LDA: London Doctoral Academy

LSBU: London South Bank University

LSS: School of Law and Social Sciences

MS Teams: Microsoft Teams

NE: Nurse Educator participant

NMC: Nursing and Midwifery Council

ONS: Office of National Statistics

PHE: Public Health England

PIS: Participant Information Sheets

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analysis

RCN: Royal College of Nursing

SDH: Social Determinants of Health

SN: Student Nurse participant (followed by number attributed to the participant)

SocINDEX: Sociology Index

UK: United Kingdom

UN: United Nations

USA: United States of America

WHO: World Health Organisation

FIGURES

1.1. Alignment of research aim, objectives, and questions 16
2.1. Applying SPICE framework to identify search terms 23
2.2. Record of database search 24
2.3. PRISMA of inclusion and exclusion of literature 26
2.4. Summary of literature included for evaluation 27
2.5. Synthesis of literature on meaning of social justice 29
2.6. Synthesis of literature on impact of social injustice on health 31
2.7. Synthesis of literature on social justice in nurse education 34
2.8. Synthesis of literature on frameworks for social justice nurse education 37
4.1. Philosophical assumptions and application 62
4.2. Research paradigms and application 64
4.3. Research designs, methods, and application 66
4.4. Sampling methods 72
4.5. Demographic of research participants 76
4.6. Duration and transcript of interviews and focus groups 82
4.7. Summary of research methodology 88
5.1. Summary of findings on empowering student nurses for social justice praxis 89
5.2. Findings on meaning of social justice 91
5.3. Findings on impact of social injustice on health 94
5.4: Finding on visibility of social justice learning in nurse education 97
5.5. Findings on incorporating social justice in nurse education 102
6.1. Framework on Awareness for Social Justice or ASJA 132
6.2. Educational activities for framework on Awareness for Social Justice Action or ASJA 133
6.3. Ideas for future research in social justice nurse education 134
7.1. Timeline of Victor's Professional Doctor of Education programme 143

APPENDICES

The list of documents below were included in my thesis for assessment, but they have now been removed from this final copy to maintain confidentiality.

- Publication by Abu, V.K. (2020) on social justice nurse education
- Article submitted for publication by Abu et al. on social justice nurse education
- Ethics application
- Procedure of research project
- Invitation of student nurses for interview
- Invitation of nurse educators for focus group
- Schedule for semi-structured interview
- Schedule for focus group
- Letter of approval from gatekeeper
- Participant information sheet and consent form for interview
- Participant information sheet and consent form for focus group
- Participant debriefing form
- Ethics approval ETH1920-0025
- Pilot study
- Transcripts and coding of interviews
- Transcripts and coding of focus groups
- Presentation of my reflection on students’ experience
- Presentation of chapter on literature review
- Participation in national forum on nursing research
- Presentation of chapter on methodology
- Presentation at mock viva
- Educational activities for framework on Awareness for Social Justice Action or ASJA
- Report on my development as Professional Doctor of Education

CHAPTER 1

INTRODUCTION

1.1. INTRODUCTION

This chapter establishes the thesis context with information on statement of intent, meaning of social justice, contribution to knowledge, research aim and objectives, position of the researcher, and overview of thesis.

1.2. STATEMENT OF INTENT

During the taught phase of the Professional Doctor of Education or EdD programme, I discovered the interest of nurse scholars and nursing organisations in social justice nurse education. This interest focused on the need for nurse professionals to be at forefront of addressing persisting disparities in health caused by unjust social structures. This was my lightbulb moment of awakening and interest in social justice nurse education.

Following this awakening, I decided to investigate the interest or position of nurse education institutions in the United Kingdom or UK on social justice nurse education. In May 2020, I searched for the term *social justice* on websites and documents of the Nursing and Midwifery Council or NMC (NMC, 2015; 2018), the organisation that regulates these professions in the UK. There was no explicit mention of the term social justice in the organisation's documents (Abu, 2020). Also, I searched nurse education curricula across the UK but did not identify a course or module that focused specifically on social justice practices in nursing. These findings questioned the stance of UK nursing organisation on social justice as professional nursing responsibility. This contrasts the significance attached by other national and international nursing organisations, whose recognition of nursing social justice responsibilities, has resulted in explicit documents or charters on social justice practices in the

profession (American Nurses Association, 2015; Canadian Nurses Association, 2010; 2017; International Council of Nurses, 2012; 2021).

The situation in the UK diminishes opportunities for incorporation of the topic into nursing curricula to prepare nurses for social justice responsibilities. These responsibilities were manifested in actions by nursing forebearers and present practitioners who aims at improving social conditions that hinder health and wellbeing. These conditions are associated with practices, policies and systems that perpetuate health disparities caused by poverty, unemployment, homelessness, discrimination, lack of education, among other social malaise. It is incumbent on nurses as the largest workforce in healthcare to lead on actions that improves social situations for better health access and outcome. To maintain professional leadership, scholars should continue to provide empirical evidence on relevance of social justice issues in nurse education, research, and practice.

1.3. MEANING OF SOCIAL JUSTICE

In Chapter 3, Section 3.2, of this thesis, I discussed the history, meaning and theories of social justice. Meanwhile, this section introduces contextual discussion on the meaning of social justice in nurse education.

Social justice can be understood as a form of justice wherein social arrangements are assigned for apportioning rights and duties in institutions of society for appropriate distribution of benefits and burdens (Rawls, 2001). The profession of nursing has longstanding and enduring history of general commitment to social justice principles and issues. It is plausible to suggest that social justice was the pursuit of Mary Seacole, Florence Nightingale, and other forebearers of nursing, who pioneered and engaged in social reforms during world crisis and redressing injustices in their communities. To date, nurses initiate and participate in bedside and community social justice care in areas of safeguarding and advocacy, among others.

This mission has translated into explicit inclusion of social justice philosophies or charters in documents of national and international nursing organisations, such as, the American Nurses Association (ANA), Canadian Nurses Association, (CAN), and International Council of Nurses (ICN). For instance, the ANA (2015) referred to social justice as "engaging in social criticism and social change by analysing, critiquing and changing social structures, policies, laws, customs, power, and privilege, that disadvantage or harm vulnerable social groups through marginalisation, exclusion, exploitation, and

voicelessness" (ANA, 2015, p.5). This definition by a nursing professional organisation can be understood that social justice nurse education entail learning activities that enable nurses to assume responsibilities for changing unjust systems and structures, to improve health and wellbeing. Therefore, it is important that nurse scholars contribute to knowledge that inform nurse professionals to engage in social justice responsibilities.

1.4. CONTRIBUTION TO KNOWLEDGE

Contribution to knowledge in research is adding to discourse on a subject by providing evidence to substantiate the processes and outcomes of a study (Petre and Rugg, 2010). This contribution can be in the form of confirming or replicating a chosen theory, extending an existing theory, contradicting part, or whole theory, or eliminating theory as obsolete for the subject (Presthus and Munkvold, 2016). These considerations have been made in the literature review of existing knowledge, as conveyed in the next chapter of this thesis. Meanwhile, I will advance my contribution to knowledge by explaining aspects of the subject that are already known, aspects that are unknown, and relevance of my contribution to knowledge on the subject.

1.4.1. What is Known?

It is important to know what is already known about a subject to avoid repeating work that has already been done. About social justice nurse education, the following knowledge are already known.

Firstly, it is known that the concept of social justice is complex to define and there are different meanings of the term in different contexts or disciplines.

Secondly, there is evidence to support the view that social injustice can have negative impact on health of individuals and populations.

Thirdly, nurse scholars and nursing organisations in countries such as the United States of America or USA and Canada promotes the idea that social justice is nursing responsibility and advocates for visible incorporation of social justice learning in nurse education.

1.4.2. What is Unknown?

Knowledge of the unknown aspects of a topic provide gap for empirical evidence on the relevance of new knowledge. On the topic of social justice nurse education, the following knowledge are yet unknown.

Firstly, it is not known how student nurses, nurse educators, nurse practitioners or nurse leaders in the UK perceive the meaning of social justice in the context of nursing profession.

Secondly, the view of UK student nurses, nurse educators, nurse practitioners or nurse leaders is not known about the impact of social injustice on people's health in the UK.

Thirdly, there is lack of evidence on the visibility of social justice learning in nurse education in the UK.

Lastly, there is lack of knowledge on whether there is space or interest, or how to create space or develop interest for incorporation of social justice learning in nurse education in the UK.

These aspects of unknown knowledge create gap in our knowledge on social justice learning in nurse education in the UK and they form the basis for the relevance of my research.

1.4.3. Relevance of Social Justice Nurse Education

The gaps in knowledge on social justice learning establish the novelty of my research as the first that advanced exclusive empirical knowledge on social justice nurse education in the UK. This research confirmed and extended the evidence on social justice nurse education in the context of nurse education in the UK, through the following new knowledge.

Firstly, this research confirmed social justice as nursing responsibility as applicable in the context of nurse education in the UK. This is achieved by understanding the meaning and attributes of social justice as perceived by research participants in an UK nurse education institution.

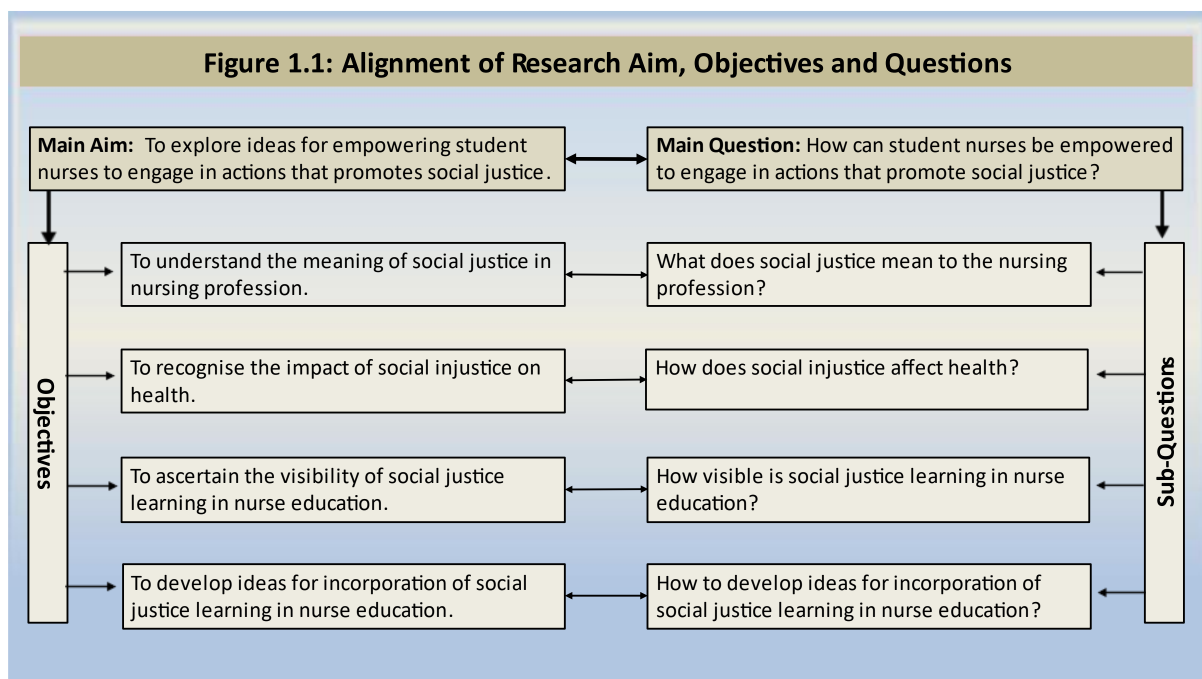
Secondly, this research verified knowledge on the impact of social justice or injustice on health of individuals or populations in the UK. This is achieved through collaboration of literature evidence with views of research participants on UK health systems, which vary from health systems of other countries including the USA and Canada, where social justice nurse education is promoted.

Lastly, this research developed ideas on opportunities for visible incorporation of social justice learning in nurse education in an UK institution. This is achieved by amalgamating social justice and education theories with experiences and aspirations of research participants for developing frameworks for visible incorporation of social justice learning in an UK institution.

These issues of significance direct the research aim and objectives or questions.

1.5. RESEARCH AIM AND OBJECTIVES

The aim and objectives indicate the issues, ideas, topics, questions, or problems of interest that the research intend to address. Research aim state the 'what', while the research objectives state the 'how', of the information of interest to the researcher, which are products of prior ideas of the researcher or literature on the topic of interest (Thomas and Hodges, 2010). **Figure 1.1** illustrates the alignment of the research goal and objectives or research questions.



1.5.1. Research Aim

The research aim, sometimes referred to as goal, of research is the 'what' aspect of information that the researcher is seeking to know about in the study. It states the overarching purpose of the research

study in a sentence or sentences in brief. Thomas and Hodges (2010) believed that research aim should capture the broad and introductory rather than specific or focused aspect of the study.

My research aim was:

- To explore ideas for empowering student nurses to engage in actions that promotes social justice.

This aim encapsulates my intention to know, or the key idea that I intended to explore in this research, that is, promotion of social justice nurse education. Therefore, the primary research question was: How can student nurses be empowered to engage in actions that promote social justice? This aim or question emanated from paucity of literature evidence on promotion of social justice nurse education in the UK, compared with copious literature evidence on the subject in countries such as the USA and Canada.

1.5.2. Research Objectives

Research objectives state the 'how' or the steps taken to achieve the research aim. The objectives of this research comprised of specific statements about key steps or topics of interest that achieved the exploration of ideas for promotion of social justice nurse education. These objectives are listed for the purposes of clarity and referencing at various points of this research.

The research objectives were:

- To understand the meaning of social justice to the nursing profession.
- To recognise the impact of social injustice on health.
- To ascertain the visibility of social justice learning in nurse education.
- To develop ideas for incorporation of social justice learning in nurse education.

These objectives together with the research aim and question, provide information about topics, contexts, participants, methodologies, and desired outcomes of this research. The key topics covered include meaning of social justice, impact of social injustice on health, visibility of social justice learning in nurse education, and incorporation of social justice learning in nurse education. These topics were studied in the contexts of nurse education classroom and practice learning. Participants whose perspectives informed the topics and contexts were student nurses and nurse educators. These perspectives were gathered and interpreted by use of constructivist grounded theory qualitative

research methods of semi-structured interviews, focus groups, and coding. The desired outcome was to develop ideas or frameworks for promotion of social justice education in nursing.

This research was situated in the continuum of curriculum-pedagogical studies that provides empirical evidence on improvement of education programmes. It was intended to improve the pre-registration nursing programme by exploring learning and teaching initiatives that promotes social justice in the profession. Literature evidence and data generated from research participants were used to understand the implementation of social justice awareness and action. My intention was to support and challenge existing nursing programmes to respond proactively to the health needs of the 21st century care receiver and contribute to research capacity in the profession.

My position needs to be made explicit on views expressed throughout this thesis, as accommodated in the critical interpretivist philosophy adopted in this research.

1.6. MY POSITION AS RESEARCHER

The position of the researcher, also referred to as positionality, describes the researcher's worldview and position about activities in the social and political context of the research (Rowe, 2014; Savin-Baden and Major, 2013). Positionality concerns the philosophical and methodological assumptions about the nature of interactions between the researcher and the social, natural, and cultural environments in which the research takes place (Grix, 2019; Holmes, 2020; Scotland, 2012). Savin-Baden and Major (2013) suggested three-stage approach to positioning the researcher, that is, locating the self or the researcher, locating the research participants, and locating the research context and process.

Firstly, I acknowledged the potential influence of my personal positions in the research activities. These were the social, cultural, and professional influences related to my worldview about social justice (Savin-Baden and Major, 2013). I am a middle-aged heterogenous male, of sub-Saharan African origin, and first-generation citizen of the UK. I grew up in the home of an educationist with Methodist Christian values and liberal social philosophies. As a young adult, I participated in Pan-Africanism Movement with the aim of strengthening bonds of solidarity between people of African descent, and student unionism that involved national political activities. I continued to participate in community activities that foster association and cooperation between people from similar or diverse background.

These personal experiences shaped my values of love and compassion, emancipation and anti-colonialism, and equality and non-discrimination.

Secondly, I acknowledged the potential influence of my professional position with research participants. During the period of this research, I was employed as senior lecturer in the department and university where student nurses and nurse educators were recruited to participate in this research. The professional relationship with student participants included module tutor for all eleven participants, cohort leader for three participants, and personal tutor for one participant. The eleven nurse educator participants were colleagues that I knew and worked with for between six months and five years. These professional relationships were declared for ethical considerations and appraised throughout this research.

Lastly, I acknowledged the potential influence of my professional position in two contexts. Firstly, my research was influenced by learning expectations of the professional doctoral education programme with specific focus on social justice and inclusive education. My participation in this programme influenced the choice of topic on social justice, curriculum, and pedagogy, topics that might not have featured in other doctoral programmes that I might have been directed toward. Secondly, this research was influenced by the contents of the preregistration nurse programme of the university in which I was employed during the research. The lack of specific course on social justice in this nurse education programme was viewed as gap in curricula practice and an opportunity for empirical evidence on the topic.

These situations describe the potential influences that my social experiences, professional relationships, and professional contexts might have had on the processes and outcomes of this research. It was important to acknowledge and declare the influences of researcher positions for ethical purposes and transparency in research activities.

Positionality relates to insider/outsider perspectives and complexities of researching with the participants who may share some commonalities. In this research my insider outsider commonalities were that of being a nurse, a nurse educator and employed by the organisation that is the setting of the study. My insider perspective was as a researcher sharing identities with student and educators in terms of professional relationships. On the other hand, outsider perspective relates to my lack of information about participants lived experiences of social justice. To balance these perspectives, I informed and assured participants about separation of my roles as a researcher from that of educator, and emphasis of the research on participants lived experiences. My intention was to minimise undue

negative impact of insider perspective such as power relationship and familiarity and maximise the positive impact of outsider perspective on participants lived experience. This action was further demonstrated through credible and transparent processes in my interaction with participants, data analysis, presenting findings and interpretation of findings.

1.7. OVERVIEW OF THESIS

The sections that preceded this first chapter included cover page, abstract, acknowledgement, content page, list of figures, and abbreviations.

Chapter one introduced the purposes and relevance of my research including statement of intent, meaning of social justice, contribution to knowledge, research aim and objectives, researcher position, and overview of thesis.

Chapter two describe literature search strategies and review of themes and gaps in knowledge on meaning of social justice in nursing, impact of social injustice on health, situating social justice in nursing, and social justice nurse education frameworks.

Chapter three examine social justice and critical pedagogy as frameworks that substantiate the theory and practice of social justice nurse education.

Chapter four identifies and justifies the application of critical interpretivism as philosophical and paradigmatic assumptions and grounded theory qualitative research methods for sampling, data collection and data analysis.

Chapter five explain the findings on social justice as conditions that fosters health, social injustice as conditions that hinders health, social justice learning as being equivocal in nurse education, and frameworks for incorporation of social justice in nurse education.

Chapter six discuss the findings and my contribution to knowledge in the form of framework for Awareness for Social Justice Action, as an approach for developing critical student nurse supported by critical conscious nurse educator and servant nurse leader.

Chapter seven summarise reflection of learning experience during my Professional Doctor of Education programme.

Referencing conforms with the Harvard Referencing style. Appendices provided are resources that support ideas and activities in this research.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The rationale of this literature review is to search, select and evaluate documents with information and evidence on the purpose of this research, that is, to explore ideas for empowering student nurses to engage in actions that promotes social justice. This review demonstrates what is known about social justice in nurse education by searching for relevant literature and evaluating selected literature on topics of interest in this research.

2.2. SEARCHING FOR RELEVANT LITERATURE

Searching for literature is an organise process of seeking for quality documents from published sources on topics of interest (Cronin et al., 2008). Systematic approaches have been applied in selecting the literature for identifying relevant themes on social justice as broad topic in the context of nurse education (Cooper et al., 2018; Synder, 2019). This approach does not accomplish comprehensiveness required in systematic or meta-analysis review but captures literature on themes of interest for narrative review (Grant and Booth, 2009). Systematic approaches applied for searching the literature

includes stating research questions, identifying search terms, searching databases, and stating inclusion and exclusion criteria.

2.2.1. Stating Research Questions

The first action in searching the literature is to state clear questions that align with the research aim and objectives, to clarify the purpose and direction of the research. As illustrated in **Figure 1.1.**, the main question that directs the research purposes is: How can student nurses be empowered to engage in actions that promote social justice? This question subsumes the research objectives and sub-questions and serves as the main question for identification of search terms.

2.2.2. Identifying Search Terms

The second step in searching the literature is to identify search terms that occur or imply in the research questions. This process can be aided by using frameworks to demonstrate the association between research questions and terms for searching the literature. Multiple frameworks are suggested for this purpose including SPICE or Setting, Perspective, Intervention, Comparison, Evaluation; PEO or Population, Evaluation, Outcome; PICO or Population, Intervention, Comparison, Outcome; SPIDER or Sample, Phenomenon of interest, Design, Evaluation, Research type; PICo or Population/Problem, Interest, Context; PICOS or Population, Intervention, Comparison, Outcome, Study type; PFO or Population, Prognostic Factors, Outcomes; CoCoPop or Condition, Context, Population; PICOC or Patient/Population/Problem, Intervention, Comparison, Outcomes, Context; CLIP or Client, Location, Improvement, Professional; ECLIPSe or Expectation, Client, Location, Impact, Professionals, Service (Booth, 2006; Eriksen, 2018; https://libguides.city.ac.uk/). Each framework can be applied to specific research questions, for example, qualitative questions use SPICE, PEO, SPIDER or PICo frameworks to evaluate the experiences or meaningfulness of phenomenon (Booth, 2006; Eriksen, 2018; https://libguides.city.ac.uk/). Quantitative questions apply PICO or PFO or CoCoPop to evaluate effectiveness or prognosis, or prevalence, respectively, while PICOC, CLIP or ECLIPSe are used for evaluating cost and economics (Eriksen, 2018; https://libguides.city.ac.uk/).

The SPICE framework was applied in this research because it provides significant fit for associating qualitative research questions and search terms (Booth, 2006). SPICE is explained as **S**etting or where the research is conducted, **P**erspective or from whom information is collected, **I**ntervention or what information is collected, **C**omparison or what other information is considered, and **E**valuation or what is expected to be found (Booth, 2006). The SPICE framework is appropriate for formulating social science research questions (Booth, 2006), which is the paradigm approach in this research. The SPICE

framework is applied in **Figure 2.1** to illustrate the association between the main research question and search terms.

Figure 2.1: SPICE Framework for Identifying Search Terms

Main Question: How can student nurses be empowered to engage in actions that promote social justice?

SPICE	Key Terms	Synonymous Terms
Setting	▪ Education institution	▪ University, Hospital
Perspective	▪ Student nurses ▪ Nurse Educators	▪ Learner, Practitioner ▪ Lecturer, Tutor, Assessor
Intervention	▪ Nurse Education	▪ Teaching, Practice
Comparison	▪ Not applicable	▪ None
Evaluation	▪ Social Justice	▪ Equality, Fairness, Justice, Rights, Human rights, Advocacy, Respect, Participation

Figure 2.1 illustrate key terms directly associated with the main research question. On the other hand, synonymous terms identify several terms especially for 'social justice', which makes it impossible and distracting to decide on which synonymous term to include or exclude in searching the literature. Therefore, I applied two cluster key terms, that is, 'social justice' and 'nurse education', to ensure that the search process focussed directly on relevant topics, instead of different synonymous terms.

2.2.3. Searching Databases

Databases are organised collection of computerised sources for searching and retrieving information from journal articles, books, documents, and other multimedia formats. Selection of appropriate databases facilitates the search and retrieval of literature that is relevant to the research topic. The Elton B. Stephens Company or EBSCOhost database of the University that awards my doctoral degree was selected because it amalgamates social science databases including Search Complete, Education Research Complete, SAGE Premier, CINAHL, ScienceDirect, SOCindex, and Taylor & Francis. These databases are suitable for retrieval of literature on selected key terms clustered into two broad key terms, that is, "social justice" and "nurse education".

As clarified above, the choice of key terms was guided by focus on topics that directly answer the research question and avoid hits that were not of interest on broader topics of education and social justice. This focus was enhanced by using Boolean operator to combine “social justice” AND “nurse education” to retrieve productive results and eliminate inappropriate hits. Similarly, focus on topics on interest was augmented by using truncation or asterisk symbols for justice, that is, just* and education, that is, educat*, to reduce the variations for searching these key terms. Other limiters that focused on relevant literatures included period of publication from January 2010 to January 2021 for current literature, documents written in English that I can read without translation, abstracts and full documents that provides adequate information, journal articles for peer review materials, textbooks for seminal information, and nursing organisation documents for nurse education standards. These strategies were applied in searching the EBSCOhost database, a process that was completed on 9th January 2021, and the outcome illustrated in **Figure 2.2.**

Figure 2.2: Record of Database Search

Search strategy	Search result
Boolean/Phrase:	SU “social just*” AND SU “nurs* educat*”
Expanders	apply related words, also search within the full text of the articles, and apply equivalent subjects.
Limiters	full Text, scholarly (Peer Reviewed) Journals, published Date: 20000101-20210231
Limit	to full text and scholarly peer reviewed journals
Publication Date	from 1/1/2010 to 31/1/ 2021
Source types	all results– 263, journal 247, CEUs 18, reports 21.
All Databases	CINAHL Complete 113, MEDLINE 60, Academic Search Complete 24, APA PsyInfo 15, Education research Complete 14
Subject Thesaurus Term	social justice (27), nursing education (24), health services accessibility (10), nurses (10), nursing practice (9), nursing students (9)
Subject Major Heading	social justice (62), education, nursing (32), students, nursing (27), nursing practice (19), education, nursing, baccalaureat (18), attitude of health personnel (14).
Subject	social justice (25), foreign countries (7), higher education (5), nurses (4), nursing education (4), descriptive statistics (3).
Publisher	Lippincott Williams & Wilkins (46), sage publications inc. (25), Elsevier B.V. (22), sage publications (15), tucker publications, inc. (11), national league for nursing (8).
Company	American nurses’ association (1), association of black nursing faculty inc. (1), international council of nurses (1).
Language	English (238), Portuguese (2), German (1), Korean (1).
GEOGRAPHY	USA (79), United States (22), Europe (17), Canada (12), Australia (3), Finland (2).
Methodology	empirical study (5), quantitative study (4), literature review (2), qualitative study (2), follow up study (1), interview (1)

In addition to the 263 documents retrieved from searching the EBSCOhost database, 160 literatures were identified for scrutiny from email topic alerts set in 2019 to develop portfolio on topics on social justice nurse education. Topic alerts were set on Taylor & Francis, Academia, and Google Scholar databases because they are credible sources for academic materials on social science subjects.

Lastly, 24 nursing organisation documents and 6 seminal textbooks were identified from citations in journal articles or textbooks and searching the internet. The documents comprised of national and international standards or codes or charters on nurse education, while the textbooks covered social justice or critical pedagogies in nurse education.

2.2.4. Criteria for Inclusion and Exclusion

Inclusion and exclusion of literatures involved appraisal of their quality based on the research questions. All literatures identified from searching databases and other sources were appraised for eligibility using predetermined themes, as demonstrated below in the **Figures** of synthesis on each theme. The core themes were *social justice and nurse education* which aligns with the key search terms and key purposes of this research. The decision to use predetermined themes was to ensure that only literatures that focused on the purpose of the research were identified and to eliminate literatures that were not of direct interest in this research.

Different criteria were used for appraising the eligibility of the different literatures, to justify the inclusion and exclusion of identified journal articles, nursing organisation documents, and seminal textbooks. Journal articles retrieved from EBSCOhost and email alert databases were appraised by perusing titles, abstracts, backgrounds, literature reviews, theoretical frameworks, findings, and discussions (Critical Appraisal Skills Programme, 2018; Moorley and Cathala, 2019). Nursing organisation documents were appraised by their direct relevance to nurse education in the United Kingdom. Seminal textbooks were judged for incorporation of topics or theories on social justice theories in nurse education. These approaches in appraising literatures guided the formulation of inclusion and exclusion criteria.

Criteria for inclusion of literature for evaluation

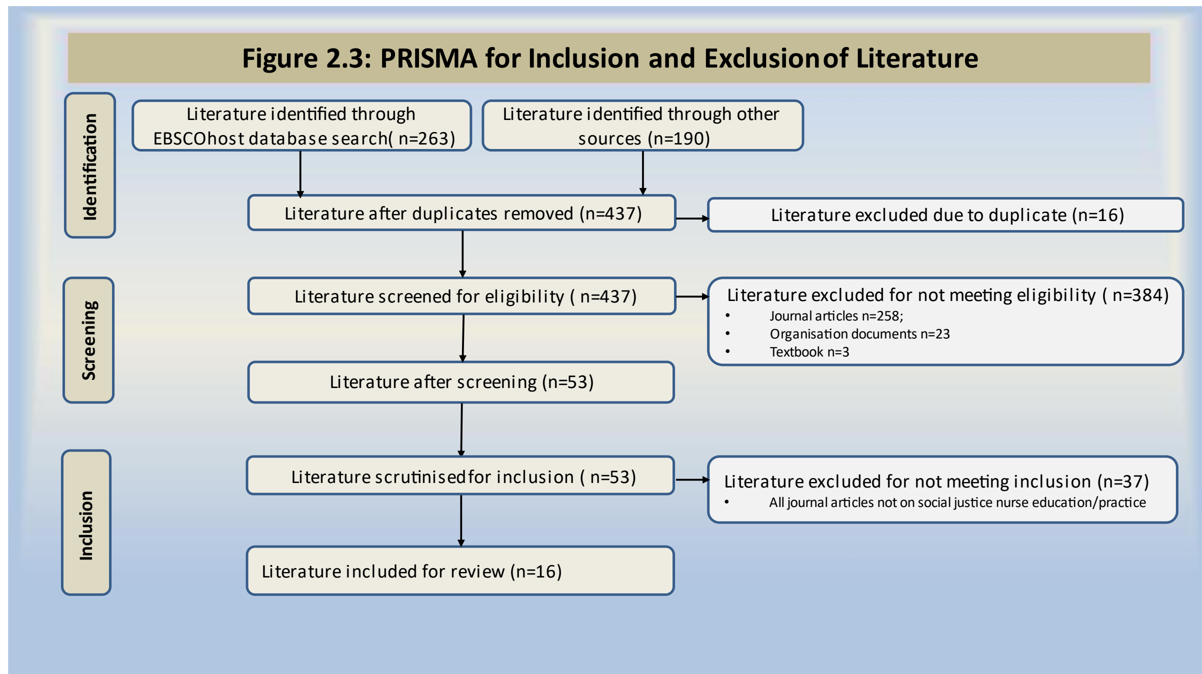
- Abstracts or full texts of articles published in peer review journals, written in English, and addresses social justice in nurse education, including qualitative or quantitative research, discussion paper or review studies.
- Textbooks that cover topics or theories of social justice nurse education.
- Nursing organisation documents about nurse education in the United Kingdom.
- Literatures published between 2010 and January 2021

Criteria for exclusion of literature for evaluation

- Journal articles that do not have abstracts or full texts or not published in peer review journals, or not written in English, or does not address social justice in nurse education.

- Textbooks that do not cover topics or theories of social justice nurse education.
- Nursing organisation documents that are not about nurse education in the United Kingdom.
- Literatures published before 2010

Figure 2.3 is an adapted Preferred Reporting Items for Systematic Reviews and Meta-Analysis or PRISMA flow diagram of the steps taken to include and exclude literature for evaluation.



Sixteen (16) literatures met the inclusion criteria for evaluation of existing evidence on social justice nurse education. They comprised qualitative studies n=4, quantitative studies n=4, review studies n=2, discussion paper n=3, seminal textbooks n=2, and nursing organisation document n=1. **Figure 2.4** shows the summary of literature included for evaluation.

Figure 2.4: Summary of Literature Included for Evaluation

No	Author(s), title, location	Study type	Objectives	Participants	Findings	Key themes
1	Chen et al. (2012) The impact of service – learning on students **(USA)**	Quantitative, quasi experiment	Enhancing students' cultural competence through service learning	26 student nurses	Increase in cultural knowledge and the total score of cultural competence.	Cultural competence, service-learning
2	Dyson (2018) Critical pedagogy in nursing transformational approaches to nurse education in a globalized world **(UK)**	Textbook	Transformative pedagogies for nurse education	Not applicable	Global health and global nurse education; Pedagogy in nurse education; Transforming nurse education; Preparing nurses for contemporary nursing practice.	
3	Garneau et al. (2016) Integrating social justice in health care curriculum: Drawing on anti - racist approaches toward a critical anti - discriminatory pedagogy for nursing **(Australia)**	Discussion paper	Relevance of a critical anti-discriminatory pedagogy for nursing.	Not applicable	Critical anti-discriminatory pedagogy offers opportunities for nurses to counteract systemic discrimination in health care.	Anti-discriminatory, critical pedagogy
4	Grace & Willis (2012) Nursing responsibilities and social justice: An analysis in support of disciplinary goals **(USA)**	Discussion paper	Discuss models of social justice in nursing	Not applicable	Wellbeing as universal human needs; people's experience of decent life.	Social justice, nursing responsibility, health disparities
5	Groh et al. (2011) Service learning: learning in nursing education: Its Impact on Leadership and Social Justice. **(USA)**	Quantitative, questionnaire	Impact of service learning on leadership and social justice	306 student nurses	Service and academic learning increase social justice awareness for student nurses	Service learning, leadership, social justice
6	Hatchett et al. (2015) Integrating Social Justice for health professional education: self - reflection, advocacy, and collaborative Learning **(USA)**	Qualitative, narrative	Explore education that reduce health disparities	5 educators	Possibilities for integrating social justice principles and values into nurse education	Self-reflection, advocacy, ethics, social justice, collaboration
7	Hellman et al. (2018) Understanding Poverty: Teaching Social Justice in Undergraduate Nursing Education **(USA)**	Qualitative; reflective journal	Poverty simulation on student nurses empathy and social justice beliefs.	113 nursing students	Simulation motivate student nurses to understand poverty, advocate for patients and become change agents.	Forensic nursing education, poverty, social justice
8	Hutchinson (2015) Anti -oppressive practice and reflexive lifeworld -led approaches to care: a framework for teaching nurses about social justice **(UK)**	Review study	Enabling nurses to challenge social justice in health care	Not applicable	An anti-oppressive framework can be used for teaching social justice in health care	Anti-oppressive, reflexivity, social justice
9	Kagan et al. (2014) Philosophies and Practices of Emancipatory Nursing: Social Justice as Praxis **(USA & Canada)**	Textbook	Frameworks for social justice, critical theories, emancipatory and praxis	Not applicable	Facilitating humanization: liberating the profession of nursing from institutional confinement on behalf of social justice	
10	McCann & Brown (2020) The needs of LGBTI+ people within student nurse education programmes: a new conceptualisation **(UK – Ireland)**	Discussion paper	Assess inclusion of LGBTI + health in nursing	Not applicable	Students need to address social justice, health inequalities, person - centred care for LGBTI +	LGBT+; Skills simulation; Practice learning.
11	Nursing and Midwifery Council (NMC) (2018) Future nurse: Standards of proficiency for registered nurses **(UK)**	Organisational document	Proficiencies, benchmark for nurse students registration	Not applicable	Being an accountable professional, promoting health and preventing ill health, providing and evaluating care, improving safety and quality of care	
12	Perry et al. (2017) Exercising nursing essential and effective freedom in behalf of social justice: a humanizing model. **(USA)**	Qualitative, narrative	Model for nurses to engage in actions for social justice	5 nurse educators	Model for facilitating humanisation enables nursing action for social justice	Health equity, liberation, nursing, social justice
13	Scheffer et al. (2019) Student nurses' attitudes to social justice and poverty: an international comparison **(UK, Netherland & USA)**	Quantitative, cross-sectional	Assess UK and US student nurses' attitudes towards social justice and poverty	230 student nurses	Identified differences between countries in attitudes to poverty and social justice	Health inequity, poverty, social determinants of health
14	Thurman & Pfitzinger- Lippe (2017) Returning to the profession's roots: social justice in nursing education for the 21st Century **(USA)**	Review study	History of social justice in nursing and designing social justice education	Not applicable	Need for incorporation of social justice in nurse education to address structural inequalities and social injustices	Health inequities, nurse education, social justice in nursing
15	Vliem (2015) Nursing students' attitudes toward poverty **(USA)**	Quantitative, questionnaire	Use simulation to assess attitudes to poverty	44 nursing students	Poverty simulation provides chances for students to learn about social justice	Student nurses, poverty, social justice
16	Walter (2017) Emancipatory nursing praxis: a theory of social justice in nursing **(USA)**	Qualitative, grounded theory, interviews, focus group	Develop mid-range social justice theory on social justice nursing action	27 nurses and 6 social justice nurse experts	Lack of nursing education and organisation support for social justice nursing action	Inequity, nursing praxis, nursing theory, social justice

The summary of identified literatures highlights three areas of interest. Firstly, there is significant scholarship interest on social justice nurse education in the USA compared with the UK, which justifies the relevance of my research in the UK context. Secondly, there are indications for combining literatures from different study types to broaden the scope of exploring themes or theories or standards of research interest. Lastly, the objectives, findings, and key themes shows the association between existing literatures and predetermined themes on social justice and nurse education. These themes are further explored by reviewing literatures for gaps in knowledge.

2.3. REVIEWING THE LITERATURE

Literature review is the next phase after the literature search. Literature review is one of fourteen typologies of reviews, others include critical review, mapping review, meta-analysis, mixed method or studies review, overview, qualitative systematic review, rapid review, scoping review, state-of-the-art review, systematic review, systematic search and review, systematised review, and umbrella review (Grant and Booth, 2009). Literature review is the typology applied in my research because it makes provision for narrative evaluation of *thematic information* (Grant and Booth, 2009; Wong et al., 2013) that fits the purpose of social justice in nurse education and gaps in knowledge in these topics. Apart from thematic information evaluation, other forms of literature review not addressed in this chapter but in other chapters of this thesis are conceptual and methodological information, while chronological information is not of interest in this thesis.

With knowledge of predetermined themes of interest, the full text of all identified journal articles, nursing organisation document and textbooks were thoroughly read to develop clear understanding of their purposes and contents. The evaluation and synthesis of each document is summarised in **Figures** shown for each theme below, to identify, select and organise patterns of information. I utilised predetermined themes that aligns with the research objectives to develop subtopics to present the review. These themes include meaning of social justice, impact of social injustice on health, social justice in nurse education, and framework for social justice nurse education. These decisions aided clear focus on exploring topics or themes of specific interest within the broader and complex scope of social justice and nurse education.

The discussion in each subtopic follows this trend. Firstly, rationale for choice of themes explained their fit with the purposes of this research. Secondly, **Figures** on synthesis of themes illustrated the combination of literatures to identify patterns of themes and gaps in knowledge. Thirdly, evaluation of selected and additional relevant literatures elucidated gaps in knowledge and relevance of my research.

2.3.1. Meaning of Social Justice in Nursing

The theme on the *meaning of social justice* focuses on the research objective of *understanding the meaning of social justice for the nursing profession*. It is pertinent to clarify the literature evidence on the perspective of nursing professionals on a topic that has different meaning in various contexts. This is a challenge even in the discipline of nursing where social justice is claimed to be a core value

(Garneau et al., 2016). Therefore, selected literatures were scrutinised to identify key themes and gaps in knowledge on the meaning of social justice for the nursing profession, as shown in **Figure 2.5.**

Figure 2.5: Synthesis of Literature on Meaning of Social Justice

References	Key themes	Comments
Hutchinson, 2015	• Fairness in balancing the benefits and burdens of citizens	• What are health benefits and burdens? • What is fairness and what determines fairness?
Perry et al., 2017	• Participation in society, balancing benefits and burdens, just ordering of society	• Also, AACN, 1998
Thurman & Pfitzinger-Lippe, 2017	• Managing the benefits and burdens of society	• Also, CAN, 2010, 2017 • Health, nursing, education as sectors of society
Walter, 2017	• Form of justice that engages in social criticism and change	• Also, ANA, 2015 • How can students engage in social criticism and change?

Further comments	• Inconsistent and ambiguous definition of social justice in nursing (Bekemeierand Butterfield, 2005) • No clear goals or guidance on upholding social justice in nursing (Grace and Willis , 2012) • NMC definition or position on social justice is unclear (Abu , 2020)
Gap in knowledge	➢ Lack of knowledge on meaning of social justice in context of UK nurse education
Relevance of knowledge	➢ Understanding UK nurse professionals perspectives on relevance of social justice nurse education

The definition of social justice in the literature takes the approaches of an understanding that develops from the works of the writers (Hutchinson, 2015; Thurman and Pfitzinger-Lippe, 2017) or references to defintions by nursing organisations (Perry et al., 2017; Walter, 2017). The review study by Thurman and Pfitzinger-Lippe (2017), on social justice as root of nursing, referred to social justice as a concept that relates to managing the benefits and burdens of society. Similar definition was stated in the review study by Hutchinson (2015), on poverty simulation to teach social justice, although this writer added *fairness* in balancing the benefits and burdens for all citizens.

Comparable understanding of social justice was portrayed in a qualitative study on models for social justice nursing actions by Perry et al. (2017). These writers used the definition of social justice by the American Association of Colleges of Nursing (AACN), which stated that social justice is the "full participation in society and the balancing of benefits and burdens by all citizens, resulting in a just ordering of society" (AACN, 1998, p.948). The ideals in this dated definition were replicated in works by Thurman and Pfitzinger-Lippe (2017) and Hutchinson (2015).

In a qualitative grounded theory on emancipatory nursing praxis, Walter (2017), used the definition of social justice by the American Nurses Association (ANA), which stated that:

> Social justice as a form of justice that engages in social criticism and social change … analyse, critique, and change social structures, policies, laws, customs, power, and privilege, that

> disadvantage or harm vulnerable social groups through marginalisation, exclusion, exploitation, and voicelessness; with the end for more equitable distribution of social and economic benefits and burdens, greater personal, social, and political dignity; and a deeper moral vision for society (ANA, 2015, p.5).

This definition introduced several attributes of social justice that applies to different sectors of society including nursing and education. Also, the ANA (2015) definition made provision for nursing professionals to engage in social responsibilities that address unjust social, economic, and political systems and structures as a form of upholding social justice values. Similar position is taken by national nursing organisations that provide standards that guides nursing professionals' understanding of issues that cause inequities and engaging in actions that redress social injustices that impact on health (CAN, 2017; ICN, 2021). However, in the qualitative narrative study of nurse educators, Perry et al. (2017) found that there is lack of guidance by these nursing organisations for nurses to uphold social justice because of their failure to define the term as critical component of nursing. Also, there is lack of clarity in nursing organisation documents on forms of actions that nurses can take to change social conditions that perpetuate inequalities in health, as demonstrated in above statements and definitions.

It is worth noting that the NMC which is the regulator of nursing and midwifery professions in the UK, has neither mentioned the term 'social justice' or taken clear position on social justice issues in nursing profession (Abu, 2020). This is a cause for concern and call for critical review of the professional standards of the NMC and similar nursing organisations to add to fodder of nursing action for social justice (Bekemeier and Butterfield, 2005). This call has been responded to by Abu et al (unpublished), in their critical review of NMC standards for unequivocal social justice nurse education.

This discussion on the meaning of social justice reveals differences and similarities in nursing scholars and organisations understanding of social justice for the profession. However, it exposes the lack of knowledge on meaning of social justice in context of UK nurse education. Therefore, my research investigated the meaning of social justice as perceived by UK student nurses and nurse educators. This knowledge created an understanding on UK nurse professionals' perspectives on relevance of social justice learning in nurse education.

2.3.2. Impact of Social Injustice on Health

The theme on the *impact of social injustice on health* focuses on the research objective of *recognising the impact of social injustice* on health. It is relevant to clarify the literature evidence on the

perspective of nursing professionals on how issues of social injustice may affect the health of individuals and population. This issue is pertinent in a multicultural community, such as, the UK, where issue of social injustice in health might be questioned due to the availability of National Health Services or NHS to citizens. Therefore, selected literatures were perused to identify key themes and gaps in knowledge on the impact of social injustice on health, as shown in **Figure 2.6.**

Figure 2.6: Synthesis of Literature on Impact of Social Injustice on Health

References	Key themes	Comments
Garneau et al., 2016; McCann & Brown, 2020	• Discrimination produce and sustain inequities that affects peoples' health	Also, by PHE, 2020; CO, 2020c; ONS, 2020
Grace & Willis (2012)	• Lack of minimally decent social living conditions impact on health	
Hellman et al. 2018; Vliem, 2015	• Poverty impact on people's access and use of health care	Also, by Jerrell et al. 2014)
Perry et al. (2017)	• Social injustice cause portions of societies to suffer greater proportion of health burdens	Also, by Marmot et al. 2020; WHO, 2020
Scheffer et al. 2019	• Hostile economic conditions cause most deprived groups or communities to fall behind in health outcomes	Also, by Cylus et al., 2015

Further comments	• Health disparities are due to unfair and unequal distribution of health goods and services, and lack of access • How to support students become aware of and change discriminatory practices?
Gap in knowledge	• Lack of literature evidence on emphasis in UK nurse education on impact of social injustice on people's healt
Relevance of knowledge	• Promoting awareness and action to change discriminatory practices that impact on health

The impact of social injustice on health and wellbeing recognises causes of illnesses and poor health due to unequal or unfair practices in allocating health resources for optimal benefit of citizens of society. Perry et al. (2017) study on exercising nursing essential and effective freedom for social justice, found that social injustice cause portions of societies to suffer greater proportion of the burden of health in the forms of disease, morbidity, and mortality. Similar assertions are made in national and international studies about avoidable differences in health among population groups based on social, economic, demographic, or geographical conditions (Marmot et al., 2020; World Health Organisation, WHO, 2020). In the UK, high-level of disparities is found in health across different areas due to hostile economic conditions, which makes the most deprived groups or communities continue to fall behind in health outcomes (Cylus et al., 2015; Marmot et al., 2020; Scheffer et al., 2019).

A discussion study on critical anti-discriminatory pedagogy in nursing by Garneau et al. (2016), associated health disparity to discrimination created by structural conditions and power dynamics. These writers argued that discriminatory practices produce and sustain inequities and injustices which have profound effects on peoples' health, access to care and overall well-being. They furthered that people face discrimination on basis of their gender, race, sexual orientation, social class, immigration status, age, and abilities or disabilities. Garneau et al. (2016) believed that these intersections among individuals and populations creates distinct health needs and disparities due to social or economic or historic reasons. This argument holds true for recent experiences during COVID-19 pandemic when higher proportion of diagnosis and death was reported among people from Black and Minority Ethnic (BAME), compared with White ethnic group (Public Health England, 2020). The causes of these disparities in health conditions relate to social and structural issues of settlement in deprived urban areas, overcrowded households, immigration, and employment exposure to jobs with higher risk for COVID-19 infection and death (Cabinet Office, 2020c; Office of National Statistics, 2020). Similar reasons for health disparities caused by unfair and unequal societal and institutional structures, systems and policies are reported for people with mental illness, long term health conditions, intellectual disabilities, older people, immigrants, and Lesbian Gay Bisexual Trans and Intersex + (LGBTI+) (Garneau et al., 2016; International LGBTI Association, 2017; McCann and Brown, 2020). Professional trade unions and human rights charities believed that despite the recognition of social issues of health disparities, there remain significant barriers in the forms of social discrimination, marginalisation, inclusion, and human rights to enable these populations to have fair access and use of healthcare (Royal College of Nursing, 2017; Stonewall, 2017).

Poverty was linked with social injustice issue in a qualitative study by Hellman et al. (2018), which found the impact of socioeconomic status of persons on their health. In the reflective journal study by 113 nursing students on poverty simulation, these writers argued that the impact of poverty can be in ways that reduce access to health care, lack of primary care provider, not seeking or delay treatment due to cost, and inability to afford medication (Hellman et al., 2018). Similar findings were made in a quantitative study on use of simulation to assess attitudes to poverty with 44 nursing students by Vliem (2015), who associated these impacts of poverty to behavioural and structural conditions. Behavioural poverty was said to be associated with the individual's conditions such as laziness and individual choices or failures, while structural poverty was associated with societal barriers that perpetuate discrimination from accessing good health or education (Jarrell et al., 2014; Vliem, 2015). These writers believed that both forms of poverty are caused by unjust social systems and structures (Jarrell et al., 2014; Vliem, 2015).

In a discussion paper on nursing responsibilities and social justice, Grace and Willis (2012), referred to the lack of minimally decent social living conditions that impacts on health. These writers believed that the aspects of health that can be affected by the lack of minimally decent living conditions includes personal security, discrimination, attachment, and self-determination. Grace and Willis (2012) explained these conditions as follows. Personal security as conditions that deter individuals or populations sense of environmental safety or hazards to health, such as, violence, neglect, abuse, threat, rape, assault, and torture. Discrimination as disrespectful act against people because of their race, gender or sexuality, behaviours that impact on psychological wellbeing. Attachment as social differences that impacts on people's sense of care and empathy in their relationships, such as, language and race. Self-determination as withholding or unduly interfering with people's ability to self-determine their lives because of power differences or societal hierarchies. However, in a review of the Minimalist approach to human rights obligations, Pearson (2011), critiqued that the impact of these Western ideals on minimally decent social living condition on health do not necessarily apply as determinants of health and wellbeing on universal basis or in certain cultures. Notwithstanding critical view about minimally decent life, social disparity is linked to avoidable differences in health and social conditions (WHO, 2020). This global outlook is supported by Marmot et al. (2020) who stated that there is 30 to 55% impact of social determinants of health, caused by barriers for accessing health or lack of equal and fair opportunities to pursue decent living conditions.

This discussion shows the consensus among scholars on the negative impact of social injustice on health. However, it uncovers the lack of literature evidence on emphasis in UK nurse education on impact of social injustice on people's health. Therefore, my research explored nurse professionals' views on the impact of social injustice in the context of UK healthcare. This knowledge promotes awareness and action for changing discriminatory practices that impact on health.

2.3.3. Social Justice in Nurse Education

The theme on *social justice in nurse education* centres on the research objective of *ascertaining the visibility of social justice in nurse education*. This theme relates to the interest of nursing professionals and institutions in social justice learning, history of social justice in the profession, and social justice as nursing responsibilities. To develop this understanding, I evaluated and synthesised selected literatures to identify key themes and gaps in knowledge on the visibility of social justice learning in nurse education, as shown in **Figure 2.7.**

Figure 2.7: Synthesis of Literature on Social Justice in Nurse Education

References	Information	Comments
Grace & Willis, 2012 Thurman & Pfitzinger-Lippe, 2017	• Social justice is the root of nursing • Social justice is the responsibility of nursing	• Also, Anionwu, 2016; Bekemeier & Butterfield, 2005; Baer, 2012; D'Antonio, 2013; Ruel & Wald, 2014 • How can student nurses know the history of social justice practices in nursing.
Thurman & Pfitzinger-Lippe, 2017	• Nurses to engage in advocacy and political activism to change laws and social conditions to promote health • Nurses to think broad for community health to promote action for social justice	• How can students engage in advocacy and political activism for social justice? • How to refocus community knowledge and action for social justice?
NMC, 2018	• Nurses to understand discriminatorybehaviour and reduce health inequalities	• Also, Abu, 2020
Further comments	• History and practices of social justice not explicit in nursing documents and curriculum in UK (Abu, 202C • Ambiguity in call to understand and act for social justice in nursing (Bekemeier & Butterfield, 2005)	
Gap in knowledge	• Lack of knowledge on concern for social justice learning in UK nurse education	
Relevance of knowledge	• Ascertaining opportunities for incorporation of social justice learning in UK nurse education	

Nursing organisations and scholars have attached relevance of social justice issues in the profession in the forms of definitions, standards, and charters. These actions support the beliefs by nursing scholars that social justice is the root and responsibility of the nursing profession (Grace and Willis, 2012; Thurman and Pfitzinger-Lippe, 2017). This means that the practices, philosophies, and histories of nursing profession are rooted in social justice responsibilities of providing care for people from all background.

Nursing profession has longstanding and enduring history of social justice, which can be traced to foundational and contemporary practices in the profession. This history relates to advocacy and other social actions by forerunners of the profession against poor conditions that cause ill health and death. In the UK and around the globe, Florence Nightingale and Mary Seacole are known for advocating for improvement in healthcare for soldiers during the Crimean war, healthcare for all British people, hunger relief in India, abolition of prostitution laws that endangered women, expansion of opportunities for women workers, and social freedom (Anionwu, 2016; D'Antonio, 2013). Similar histories are accounted on social justice activities by nursing forerunners in the USA, including Lillian Wald, Mary Brewster, Mary Eliza Mahoney, and Lavina Dock, who advocated for nursing services for immigrant populations, formed organisations against racial discrimination, or pioneered nursing education and women's right to vote (Baer, 2012; Ruel and Wald, 2014).

This brief history demonstrates ways that individuals and groups of nurses used their experiences of living conditions of their patients and communities to engage in activities for social reform. It

demonstrates nurses understanding that the environment of individuals is critical for their wellbeing and restoration of full health. These nursing forebearers recognised the need for addressing the social injustice responsible for health problems faced by their patients and communities. These practices demonstrates that core to compassion and caring practices are nursing advocacy and social political activism that changes laws and social conditions to promote health (Thurman and Pfitzinger-Lippe, 2017).

To date, nurses continue to engage in social justice issues, although with challenges in terms of actualising social reforms and activism, as noted by Grace and Willis (2012), in a discussion paper on nursing social justice responsibilities. Aspects of nursing professional values bear elements of social justice or efforts to address concerns of people who are vulnerable or powerless. This is demonstrated in the NMC document on *Future nurse: Standards of proficiency for registered nurses*, which is the current standards for preparing student nurses in the UK, with platforms on criteria and outcomes to achieve at point of registration (NMC, 2018). For instance, the platform on student nurses being *accountable professional*, stated that student nurses should act "in best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate" (NMC, 2018, p.7). The suggested outcome for achieving this criterion is that student nurses should:

> demonstrate an understanding of, and the ability to challenge discriminatory behaviour; and provide and promote non-discriminatory, person-centred, and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments (NMC, 2018, p.8-9).

Also, the platform on *promoting health and preventing ill health* stated that future student nurses should "engage in public health, community development and global health agendas, and in the reduction of health inequalities" (NMC, 2018, p.10). The outcome for this criterion is that student nurses should "understand the factors that may lead to inequalities in health outcomes" (NMC, 2018, p.14). However, the NMC's position for students to understand conditions such as inequalities in health, is not supported by standards on actions that address these implicit references to social justice issues (Abu, 2020). Lack of explicit reference to social justice in the NMC standards on education diminishes interest on the subject in UK nursing scholarship, including education programmes, practice guidelines and research (Abu, 2020). Notwithstanding this limitation, Abu et al. (unpublished), argued that implicit references in current NMC documents, creates opportunities for explicit incorporation of social justice learning in nurse education and future NMC documents.

The lack of, or ambiguity, in the inclusion of social justice learning in nurse education or call for nursing action for social justice is not unique to the NMC (Bekemeier and Butterfield, 2005). In a critical review on concepts of social justice, these writers found inconsistences by nursing organisations in the USA on directions to social justice learning in nurse education and believed that this is due to the dominant biomedical focus on individual care. Similar claim was made in a review study on returning to nursing root of social justice in the 21st Century, by Thurman and Pfitzinger-Lippe (2017), who referred to this inconsistency as due to "think small" for the individual, rather than "think broad" for the community approach in the profession (p.4).

The call for nurses to act for social justice can be contentious for persons who believe the nurse should just stay in the hospital, by the bedside of patients, where they belong. This view minimises the greater social justice responsibility of the profession. It fails to understand the journey of the patient, from hospital to the community, the community where patients contact disease, and the community to which patients return after discharge from hospital. It is a journey that entails policies and systems responsible for social justice or injustice issues that characterise housing, environmental, employment, immigration, and discriminatory conditions that causes diseases and illnesses, that impact on healing and wellbeing and health of the patient in hospital bed.

This synthesis of the literature underscores the inconsistencies and ambiguities in embracing the history and responsibilities of social justice in nursing education. Likewise, it reveals the lack of knowledge on the concern for social justice learning in UK nurse education. For this reason, my research explored the opinions of nursing scholars on the visibility of social justice learning in the context of UK nurse education. This knowledge was relevant for ascertaining opportunities for incorporation of social justice learning in the profession.

2.3.4. Frameworks for Social Justice Nurse Education

The theme on *frameworks for social justice nurse education* focuses on the research objective of *developing ideas for incorporation of social justice learning in nurse education*. This theme relates to the necessity for identifying and embedding topics that enable learners and learner facilitators to engage in activities that promotes social justice awareness and action. To develop this understanding, selected literatures were evaluated and synthesised to identify key themes and gaps in knowledge on frameworks for social justice nurse education, as shown in **Figure 2.8.**

Figure 2.8: Synthesis of Literature on Frameworks forSocial Justice Nurse Education

Reference	Topic framework	Comments
Thurman & Pfitzinger-Lippe, 2017	• Framework enable students to understand and act against social injustice that impact on health	• How to develop social justice nursing framework?
Groh et al., 2011	• Evidence for frameworks, but limited research for incorporation into nurse education	• How to incorporate social justice framework into curriculum?
Garneau et al., 2016; Hutchinson, 2015; McCann & Brown, 2020	• **Anti-discriminatory pedagogy** promote critical consciousness to examine structural and power to change social injustice.	• What is the content of a critical consciousness curriculum?
Grace & Willis, 2012; Hatchett et al., 2015; Perry et al., 2017	• **Facilitating humanization** promote critical understanding of human flourishing by eradicatingdehumanisingconditions.	• How to promote humanisationin the curriculum?
Dyson, 2017; Kagan et al., 2014; Walter, 2017	• **Transformative nursing praxis** promote critical emancipatory knowing; transform learner into change agent	• How does transformational learning fit into nursing?
Chen et al., 2012	• **Cultural competence** promote critical knowledge of issues that affects health of people from diverse cultures	• How to incorporate cultural learning in nursing curriculum?
Scheffer et al., 2019; Vleim, 2015	• **Poverty pedagogy** promote learning for transforming poor conditions that impact people's health	• Also, Bourquin et al., 2020; Cylus et al., 2015; Dickman et al., 2017

Gap in knowledge	• Lack of framework for incorporation of social justice learning in UK nurse education
Relevance of knowledge	• Developing learning frameworks for social justice nurse education

Thurman and Pfitzinger-Lippe (2017) believed that a framework for social justice nurse education would enable nursing professionals to understand and act on the concerns of social injustices caused by structural discrimination, historical oppression, and lack of access to health good. However, a quantitative study with 306 nursing students on leadership and social justice, by Groh et al. (2011), found that there is limited evidence on frameworks for incorporating social justice education into pre-registration nursing programme. Such framework will guide the development of education programmes that address gaps identified in this review on meaning of social justice, impact of social injustice on health and nursing social justice responsibilities. Topics or concepts identified in the literature for this purpose includes anti-discriminatory pedagogy, transformative nursing praxis, facilitating humanisation, poverty pedagogy, and cultural competence.

2.3.4.1. Anti-discriminatory Pedagogy

An anti-discriminatory pedagogy was discussed by Garneau et al. (2016), in a discussion paper on integrating social justice in health care curriculum, as the use of critical consciousness to examine structural conditions and power dynamics that impact on caring practices and for changing unjust social conditions. This understanding of anti-discriminatory pedagogy in nursing proposes approaches for empowering nurses to counter prevailing individualist and racialising cultures in society and responding to inequities in health (Garneau et al., 2016). Similar views by Hutchinson (2015), in a review study on anti-oppressive frameworks for teaching social justice in nursing, mentioned

opportunities that anti-discriminatory pedagogy can create for student nurses to analyse power relations and disrupt structures that produce and perpetuate systemic discrimination, oppression, and marginalisation. These writers believed that anti-discriminatory pedagogy focuses on human rights and social justice, and advocates for promoting anti-oppressive or anti-discriminatory social justice agendas in healthcare (Garneau et al., 2016; Hutchinson, 2015). Two approaches suggested for incorporating critical anti-discriminatory pedagogies in nurse education includes reflexive learning and multi-dimensional learning.

Hutchinson (2015) found that reflexive learning can enable nurses to challenge anti-oppressive practice in nursing and healthcare. Reflexive learning or reflexivity is defined by Fook (2006) as the ability to look inwards and outwards to recognise the social and cultural understandings that influence human behaviour. Hutchinson (2015) believed that this form of learning can be achieved by engaging learners on their practice, practices of others, and the socioeconomic and cultural situation in which care takes place. These learning processes enable learners develop inward and outward recognition of lived experiences of self and others, including patients and carers, while focusing on anti-oppressive issues as social justice issues in nursing practice. Hutchinson (2015) argued that reflexivity put learners in situations wherein they can use human stories or experiences to understand and transform behaviours, attitudes, and beliefs, in environments that obscure oppressive structures and practices. This form of reflexive learning enables students to uncover, challenge, and disrupt discriminatory practices associated with race, gender, social class, and unequal and inequitable access and use of health goods. However, it can be argued that for learners to engage in effective reflexive learning to address anti-discrimination, they will need to recognise and acknowledge their own bias in terms of the care environment, political and sociocultural circumstances, nursing philosophy, and relationships. Similarly, learners will need to be supported to exercise good listening and acknowledging abilities to take on board the experiences of care receivers and to empower care receivers to identify their own needs and transform their own lives.

Multi-dimensional learning was found by Garneau et al. (2016) and Hutchinson (2015) as an approach for critical anti-discriminatory or anti-oppressive pedagogy. These writers referred to multi-dimensional learning as learning that accounts for local and global structures, processes, and policies that shape health care environments, and influence the experiences of patients and student nurses (Garneau et al., 2016; Hutchinson, 2015). In nurse education programme, multi-dimensional learning can be achieved by embedding topics such as health policies, health politics, power relations in health, positionality, classism, racism, sexism, gender, ageism, and disability. These topics or concepts will help to associate local and global issues of discrimination with the health impact on individuals and

populations. A form of multi-dimensional anti-discriminatory learning for LGBTI+ nursing curriculum was suggested in a discussion paper on incorporating the needs of LGBTI+ people, by McCann and Brown (2020). These writers suggested incorporation through theories, practice simulations and practice placement experience for learners to provide holistic care for this population. However, the success of this form of anti-discriminatory learning depends on support for learners to respect the diverse cultures and preferences of individuals or populations or institutions.

2.3.4.2. Facilitating Humanisation

Facilitating humanisation is explained as the process of enabling nursing professionals to pay attention to themself and other individuals in relation to their experience of the world (Grace and Willis, 2012). It is the process that ensures the recognition of the common humanity of people and treating people in suitable or less unpleasant ways. Facilitating humanisation promotes human wellbeing and flourishing by eradicating social injustices that cause "dehumanising conditions such as racism, violence, heterosexism, classism, ableism, and other systemic power imbalances" (Grace and Willis, 2012; Perry et al., 2017, p.6). Perry et al. (2017) believed that humanisation can liberate nurses from individualist medicalised paradigm and instead enable them to adopt actions that address inequities produced by social determinants of health. Three proposals of framework for facilitating humanisation in nurse education include effective freedom, essential freedom, and liberation for social justice action (Grace and Willis, 2012; Perry et al., 2017).

Nursing effective freedom is a form of facilitating humanisation that enable nurses to develop knowledge of and engage in actions against internal and external barriers to social justice activities in the profession (Perry et al., 2017). Internal barriers are causes of limited macro knowledge of social justice, perceived powerlessness of nurses, and fears of risk taking (Perry, et al., 2017). Learning activities that address internal barriers include understanding nursing foundation and social justice, barriers to nursing disciplinary goals, broader scope of nursing experiences or knowledge, challenging status quo, and transforming internal perception of nursing (Perry et al., 2017). On the other hand, external barriers are causes of historical disempowerment, institutionalised role constraints, and limited opportunities that impinge on the exercise of social justice (Grace and Willis, 2012; Perry et al., 2017). Learning activities that address external barriers include community collaboration and partnerships, expanding nursing roles and opportunities, advancing genuine image of nursing in public sphere, and transforming external perception of nursing (Grace and Willis, 2012; Perry et al., 2017).

Nursing essential freedom is a form of facilitating humanisation that support nurses to develop knowledge for the specific purpose of social justice consciousness through critical reflective activities (Perry et al., 2017). Critical consciousness is popularly associated with Brazilian educationist, Paulo Freire, who critiqued traditional banking model of education, wherein the teacher deposits knowledge into the learner recipient of knowledge, to reproduce knowledge that maintained the status quo, and oppression of marginalised populations (Freire, 2005). Perry et al. (2017) and others suggests that critical reflective learning activities can promote critical consciousness on personal, cognitive, and emotional experiences through dialogue and discussion (Hallman et al., 2017; Freire, 2005). According to Freire (1993), *conscientization* was about reflective reading of the world, while focusing on inequalities in society and acting as agents of change through engaged discourse, collaborative problem-solving, and a 'rehumanization' of human relationships' (Freire, 2005; Kumagai and Lypson, 2009, p.783). Critical consciousness develops from reflective learning that explores unexamined assumptions of individual or institutional cultures of healthcare and raises awareness (Hallman et al., 2017). As in anti-discriminatory pedagogy, critical consciousness enables nurses to question power relations among individuals, groups, and systems that perpetuate and reproduce inequitable social conditions (Hodges, 2014; Ng et al., 2015). However, it has been argued that while reflective practice has been part of nursing profession for half a century (Gibbs, 1988; Johns, 2000), it remains devoid of critical consciousness approaches for facilitating humanisation (Martimianakis et al., 2015; Perry et al., 2017).

Third proposal for nurses to facilitate humanisation and human flourishing is by creating learning opportunities that liberate nurses for social justice action (Perry et al., 2017). These writers referred to liberation for social justice action as the means of increasing effective freedom and social justice for marginalised groups and achieving equitable health outcomes. The concept of liberation in health can be related to the broader concept of liberation in theology, which calls on "listen first and foremost to the voices of those who suffer" (Campbell, 1995, p.1-2). This religious context faded into secular and universal ideas on health as freedom, with subjective notions of right to promote and maintain freedom from negative health and freedom to positive health (Keeler, 2013). Negative freedom is about not preventing one's wishes, while positive freedom is about accommodating one's wishes of their life (Campbell, 1995). Nursing education that facilitates liberation for social justice promotes and maintains individual and community ideals of health through partnership and collaboration.

2.3.4.3. Transformative Nursing Praxis

Transformative nursing praxis as framework for social justice nurse education incorporates emancipatory nursing praxis by Walter (2017), transformative pedagogy by Dyson (2017), and social justice praxis by Kagan et al. (2014). These works focussed on critical curricula that goes beyond the call for social justice awareness, to that of advocacy for social justice praxis that transform discriminatory practices that cause health problems.

A mid-range theory by Walter (2017), developed from qualitative grounded theory studies with nurses and social justice nurse experts, described emancipatory nursing praxis as a transformational learning for nursing engagement in social justice, with inter-relational concepts and contextual categories. Inter-relational concepts were classified into becoming, awakening, engaging, and transforming (Walter, 2017), and described and applied as follows. Becoming is use of personal characteristics and socio-environmental conditions to explore unconscious or earliest memories or perceptions of social injustice or unfairness. Awakening is identifying impact of personal role or structures of society on people's health, through positioning beliefs, dialoguing ideas, dismantling injustices, and confirming new worldview, also by Paton et al. (2020). Engaging is taking actions for specific transformative goals, by analysing and recognising power imbalances, collective strategising and collaboration, praxis for reflection and action to transform, and persisting to manage forces that sustain praxis, also by Freire (2005). Transforming is expanding nursing consciousness and reconditioning thinking, feeling, and action on social justice issues in health. On the other hand, contextual categories of emancipatory nursing praxis, include relational and reflexive categories, as described by Walter (2017), and applied as follows. Relational context is learning from multitude relations in healthcare at individual, group, organisational, community, national, or global levels. Reflexive context is examining person role in creating and maintaining structures and practices through reflection, self-awareness, criticality, and emancipatory learning activities. The exercise of these concepts and contexts enables human flourishing, create conditions of wellness and quality of life, promotes equity in access to health and other basic human necessities, and transforming social relationships (Perry et al., 2017; Walter, 2017).

Transformative pedagogy is proposed in studies by Dyson (2017) on critical transformative pedagogy and Kagan et al. (2014) on critical theories in nursing. Transformative learning theory was introduced by Jack Mezirow to advance human autonomous critical thinking of understanding and interpreting experiences, purposes, beliefs, judgments, and feelings (Mezirow, 1997). Dyson's (2017) response to criticisms of the Francis Report in 2013 in the UK on poor and missed nursing care, suggested transformative pedagogy as framework for preparing nurses for uncovering and transforming hidden

nursing curricula that perpetuate social and cultural injustice and cause poor care. Dyson's (2017) ideas aligns with those of Kagan et al. (2014) on need for nursing praxis for increasing nursing knowledge beyond traditional ways of knowing, to critical and emancipatory knowing. Both frameworks promote constructivist learning approaches that adopt active, problem-based, critical reflection, constant assessment and questioning of self-knowing, creation of expert learners, and knowledge transfer across time and settings (Dyson, 2017; Kagan et al., 2017). These works argued for critical nursing pedagogy that support nurse learners to become change agents that influence decision making in healthcare. Transformative pedagogy stimulates independent critical thinking, co-production between learners and service-users, and volunteering through exposure to variety situations, learning experiences that increase self-confidence from acquired lived experience.

2.3.4.4. Cultural Competence

Framework on cultural competence creates opportunities for nurses to understand and act on issues of culture that impact on health (Chen et al., 2012). The concept of cultural competence can be traced to intercultural models on different cultures in nursing care practices, values and beliefs, and concepts of health and diseases (Leininger and McFarland, 2006); and culturally competent compassion, courage, and intercultural communication in healthcare (Papadopoulos et al., 2016). These ideas relate to the findings by Chen et al. (2012) on enhancing cultural competence in service or practice learning through cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire. These forms of cultural competence can be understood and applied to nurse education as follows.

Cultural awareness can be achieved in situations wherein learners purposefully self-examine their biases, prejudices, assumptions, and stereotypes, in relation to the cultures of patients and other professional they collaborate with. Cultural knowledge can be learnt in settings where students develop the ability to understand multi-cultural practices and beliefs of patients and the wider care team. Cultural skill learning can be facilitated by enabling students to develop the ability of collecting information for understanding different cultures. Cultural encounter learning can occur in situations wherein students have opportunities of interacting with patients and colleagues from diverse cultures. Cultural desire can be promoted in circumstances wherein students are motivated to aspire or engage in activities that increase their cultural competence, such as, elective placements in foreign countries or community projects in cultures different from their background. These learning experiences can be promoted through diverse activities including practice placement in multicultural communities or elective placements in different regions, reflective journaling, classroom discussions, storytelling, and

arts. However, conditions need to be put in place for supporting students to understand and respond to different cultures and practices in multicultural regions. Likewise, students will benefit from support to write literary and reflective journals or discuss their lived experiences.

Thackrah and Thompson (2013), in a study on refining the concept of cultural competence, believed that the exercise of cultural competence can be limited in situations where there is focus on specific groups and failure to address large disparities in health outcomes. These writers thought that a narrow concept of culture that blends culture with race and ethnicity can fail to address diversity within groups, cultural complexity, structural determinants of inequality and power differentials within health care (Thackrah and Thompson, 2013). Notwithstanding these limitations, it is important that nurse education incorporate cultural competence because of the multiple levels of interactions that nurses have with their colleagues, patients, and the public. Cultural competence increases effective collaboration and access to health services, and reduces "health disparities, structural inequalities, and poorer quality health care and outcomes among people from minority backgrounds" (Horvat et al., 2014, p.1; Thackrah and Thompson, 2013).

2.3.4.5. Poverty Pedagogy

Framework for poverty pedagogy in social justice nurse education focuses on learning about poverty and its impacts on health (Scheffer et al., 2019; Vleim, 2015). Poverty is described in the Britannica (https://www.britannica.com/topic/poverty) as the state of lacking "usual or socially acceptable amount of money or material possessions" needed to satisfy basic needs. The lack of basic needs for survival characterises issues of starvation or death at the extreme or need for nutrition, housing, and clothing to preserve adequate life. Poverty is associated with poor health, low levels of education or skills, inability, or unwillingness to work, high rates of disruptive or disorderly behaviour, and improvidence. Poverty pedagogy addresses the prevalence of poverty across the globe, including the UK, where around 22% or 14.8 million people out of 67.6 million people live in relative poverty (Bourquin et al., 2020). While health inequities persist across the UK, it is the poor for whom there is greater resistance of health improvement (Marmot et al., 2020), a situation that widens gap between the most deprived and the most privileged (Cylus et al., 2015; Dickman et al., 2017).

In a cross-section international study with 230 student nurses, Scheffer et al. (2019), drew attention to the relevance of poverty in nurse education for maintaining pace with the evolving challenges of population health that are due to poverty. This is due to frontline access that nurses have to people living in poverty, marginalised situations, poor housing, deprived environments, or those that lack knowledge and access to health and social care services. It is a situation that makes it imperative for

nursing professionals to understand and act to transform poor conditions that impact on people's health and wellbeing. One approach for achieving this objective is through the simulation of poverty and it impact on health (Scheffer et al., 2019; Vleim, 2015). These writers believed that simulation of poverty in education provides an excellent tool for students to explore the knowledge and experience of poverty and link this to opportunities for redressing inequities in health. Students can acquire knowledge through explanation on reasons and structures that cause differences and inequalities, and gain experience by imagining or being exposed to situations in which people live in poverty and the impact on their lives. This form of simulation provides contextual safe learning environments on nuanced of poverty and reflection on misconceptions, biases, and judgments regarding people living in poverty and experience they face (Scheffer et al., 2019).

Poverty pedagogy that incorporates community or other placement areas with homeless persons, enable learners to experience direct connection between poverty and homelessness and exposure to inequalities associated with physical, social, and mental health problems (Scheffer et al., 2019; Vleim, 2015). This view is supported by Loewenson and Hunt (2011) who found that students nurses developed positive attitudes and support for poor people following placement experience in facilities that catered for homeless people. My personal experience is that preregistration adult nursing students allocated to a community placement of homeless persons express fear and concern dealing with challenging behaviours posed by homeless clients, but often students reported great satisfaction and positive experiences after this placement. Therefore, it is important that students receive information about personal and professional expectations before they attend this sort of placement to enable them deal with associated concerns.

Classroom discussion can be used to incorporate poverty pedagogy in nurse education using topics that link poverty and health, negative influences of poverty on society, and ways to decrease the effects of poverty (Vleim, 2015). Discussions can cover students lived or simulated experience of poverty and the consequences of decisions about lifestyle or social or economic choices and relate the causes of poverty to social determinants of health, including education, employment and housing, and implication of these for health inequities at global and community levels.

This discussion reveals the relevance of frameworks and key frameworks for incorporating social justice learning in nurse education. However, there is lack of knowledge on framework for incorporation of social justice learning in UK nurse education. Therefore, the intended outcome of my research was to develop framework on learning activities that empower nurse learners for social justice awareness and action.

2.4. SUMMARY

This chapter on literature review covered processes of searching and evaluating the literature on ideas that promotes social justice learning in UK nurse education. Searching for the literature involved statements on research questions, identification of search terms, description of databases, and explanation for inclusion and exclusion of literatures. Evaluation of literature using predetermined themes revealed specific gaps in knowledge, associated with specific research questions, and relevant for specific knowledge.

Firstly, gap in knowledge on meaning of social justice in UK nurse education, was associated with research question on what social justice means to the nursing profession, and relevant for understanding UK nurse professionals' perspectives on relevance of social justice nurse education.

Secondly, gap in knowledge on emphasis in UK nurse education on social injustice in health, was associated with research question on how social injustice impacts on health, and important for promoting awareness and action to change discriminatory practices that impact on health.

Thirdly, gap in knowledge on concern for social justice learning in UK nurse education, was related to research question on how visible social justice is in nurse education, and pertinent for opportunities to incorporate social justice learning in UK nurse education.

Lastly, gap in knowledge on frameworks for incorporation of social justice learning in UK nurse education, was linked with research question on how to incorporate social justice learning in nurse education, and relevant for developing learning that promotes social justice nurse education.

The next chapter discussed social justice and critical pedagogy as theoretical frameworks that supports this research.

CHAPTER 3

THEORETICAL FRAMEWORKS

3.1. INTRODUCTION

Theoretical framework refers to the ideas and concepts or theories about the phenomena of a research (Merriam and Tisdell, 2016). The purpose of theoretical framework is to articulate theories that answers the research question on ideas for empowering student nurses to engage in actions that promotes social justice. In grounded theory research, as applied in this research, theoretical framework provides the frame for developing theoretical sensitivity or general awareness of topics that help answer the research questions (Bryman, 2016; Charmaz, 2006; Glaser, 1978). It was for this reason that I wrote a separate chapter on theoretical framework to evaluate social justice and critical pedagogy as theories that create theoretical awareness and sensitivity on topics of interest in my research.

3.2. THEORY OF SOCIAL JUSTICE

The theory of social justice permeates ideas, models, and concepts in this research on education practices that ensures actions for equality and equity in people's access and use of health resources. Clear understanding on the relevance of the theory of social justice was established by discussing the history of social justice, meaning of social justice and theories of social justice that applies to health and nursing.

3.2.1. History of Social Justice

The notion of social justice is as aged as mankind's aspiration for fairness in the affairs and welfare of human communities. Ornstein (2017) traced the idea to Christian doctrine of helping less fortunate people and biblical passages that advocate for helping and caring for people facing injustices. Jackson (2005) referred to profound philosophical and political discussions dating from Plato to Aristotle in ancient times, and John Rawls to Amartya Sen and others in modern times. The idea of social justice

is a perennial debate and dialogue by humankind, always portraying the pertinence of the topic and in all societies.

Social justice has been the doctrine and ideas of monotheistic religions, philosophers, and leaders striving for just societies, righting injustices, and promoting care and compassion (Waite, et al. 2020). Barad (2007) associated the thoughts and actions of social justice to human and world history, and the strive to redress misfortunes of greed, power, and socio-political and economic violence. In fact, Carey (2008) believed that humanity might be disposed towards fairness and even endowed with a fairness gene.

Thoughts and actions of social justice has their origin in political and religious philosophies (Bales, 2018), but other disciplines have contributed to defining the theoretical and philosophical underpinning of the term (Khechen, 2013). There are different and sometimes conflicting sources of the origin of the term. Writers traced the first use of the term to the theology of Luigi Taparelli, an Italian Jesuit Priest, whose theology was popularised in the works of Antonio Rosmini-Serbati in mid nineteenth century (Clark, 2015; Zajda et al., 2006). Ancient times references to social justice are linked to Plato's writings about class systems, justice as human virtue, equal treatment in proportion to people's worth, slavery, subjugation of women, privilege groups and appropriate response to injustice; and Aristotle's reference to the distribution of goods and assets according to merit (Pérez-Garzón, 2019; Woods and Pack, 2012).

With due regard to the ancient historical depiction of social justice or justice of society, writers accept that Catholic thinkers, Luigi Taparelli and St. Thomas Aquinas, were key in introducing the term in Europe from mid-nineteenth century (Hayek, 1998; Novak, 2009). Religious doctrines on social justice are said to have influenced the works of philosophers, such as, John Stuart Mill on Utilitarianism, and John Dewey on democracy (Duignan, 2015; Festenstein, 2018). Social justice is a foundational and continues as fundamental doctrine for religious institutions such as Catholicism, Methodism, Evangelicalism, Islamism, Judaism, and Hinduism (Esposito, 1998; Patil, 2015; Sullivan, 2010).

Contemporaneous use of the term is linked to the International Labour Organisation (ILO) inaugural Constitution stating that "peace can be established only if it is based on social justice" (ILO, 1919, no page number; Rodgers et al. 2009). Similar stance is taken in the current Constitution of the ILO on "advancing social justice, promoting decent work" (ILO, 2020, no page number). Other international organisations that have adopted the ideals of social justice in their operational documents includes the United Nations (UN) and WHO (UN, 1948; WHO, 2020). This global embrace has translated into

social justice movements by social organisations such as nurses for social justice (https://www.nurses4socialjustice.org/).

3.2.2. An Understanding of Social Justice

As noted in the historical account, social justice can be understood as different things in different situations, as part of human aspiration of achieving and enjoying better living conditions in society. My approach to elaborating this understanding was to first explain the terms 'social' and 'justice', followed by discussion of the meaning of social justice.

3.2.2.1. Social and Justice

It was important to first separate the meanings of the two terms 'social' and 'justice' that comprised the phrase 'social justice'. This was an approach that I have not found in the literature but consider important for introducing an etymological understanding of social justice.

The term 'social' in broad sense means "association" and narrower sense means "human aggregates or humans-among-themselves" (Dolwick, 2009, p.21-22). Dolwick (2009) referred to association as relational effects and performative aspects of social connections and interactions between humans (Dolwick, 2009). On the other hand, Scott (2007) referred to human aggregate as understanding human beings as the primary agents of the social world. Social pertains to the systems and practices that influence interaction, co-existence, co-habitation, and common welfare between individuals or groups (Albertsen and Diken, 2003; Bourdieu, 1985; Sen, 2011). This understanding of 'social' concerns the interaction and co-existence between agents or stakeholders of social world of nurse education including student nurses, nurse educators, nurse leaders, patients, relatives of patients, and nurse managers.

The term 'justice' broadly pertains to the principle that human beings receive that which they deserve, or impartial and fair treatment of people (Rawls, 1999). Justice describes systems for establishing just institutions based on equal liberty and equal opportunities for all, in the forms of distributive, retributive, restorative, global, environmental, economic, and relational justice (Barry, 1989; Brighthouse, 2004; Rawl, 1999; Sen, 2011). These attributes of justice relate to ethical and moral recognition of rights, wrongs, rewards, or punishments that people deserve or apportion to humans. This understanding of justice applies to impartial and fair treatments that should exist between stakeholders of nurse education, as mentioned above.

3.2.2.2. Meaning of Social Justice

An understanding of the terms social and justice does not diminish challenges in defining social justice, which writers believe lacks a definition that is acceptable to all disciplines, because no set of words can fully describe the term in all contexts (Khenchen, 2013; Novak, 2009). If you ask five people to define social justice, you are likely to receive five different answers that explain similar ideas. This applies to the following statements and documents by British politicians and political parties on their position on social justice in the context of the UK.

Margaret Thatcher, as Secretary of State and Prime Minister of the Conservative Party government, viewed social justice as a situation where we should "Let Our Children Grow Tall" and people assuming responsibilities for their lives (Thatcher, 1975; 1987, no page number). The New Labour Party ideas in opposition in 1990s and in government in early 2000s, envisaged social justice as equal worth of citizens, equal rights, and abilities to meet basic needs, spreading opportunities, removing unjust inequalities, giving equal political, economic, and social citizenship, and not taking from successful people to give to the unsuccessful (Powell, 2002). Tony Blair, as Prime Minister of the Labour Party, advocated for social justice that harness the power of the market to serve public interest (Blair, 1998). Gordon Brown, as Leader of the Labour Party and Prime Minister, viewed social justice as fairness in treating individuals according to merit, need and equally (Brown, 2007). David Cameron, as Prime Minister of the Conservative Party, referred to "The Big Society" as an approach of social justice and redistribution from the state to individuals and local communities (Cameron, 2009). In 2012, the Conservative Party commissioned a document on social justice transforming lives, which stated that "social Justice is about making society function better, providing the support and tools to help turn lives around" (Smith, 2012, p.4). In July 2021, Boris Johnson, as Prime Minister of the Conservative Party, assumed a social justice stance on "Levelling up", referring to "creating opportunity … relieving the pressure in the parts that are overheating ... raise living standards … improve our public services and restore people's sense of pride in their community (Johnson, 2021, no page number).

These personal and political statements and positions highlight the copious interpretations of social justice. Due to differential and indiscriminate use of the term social justice in the literature, it makes it difficult to have a position acceptable to all, except for those who commit to specific definition. It is important to acknowledge these challenges and sensible to adopt generic or disciplinary stance in defining the term.

A sensible position to adopt at the start is to provide dictionary definitions which gives generic information about social justice. The Oxford Reference Online defines social justice as “the objective of creating a fair and equal society in which each individual matter, their rights are recognised and protected, and decisions are made in ways that are fair and honest” (www.oxfordreference.com). Other online dictionary definitions refer to social justice as “possession of wealth, commodities, opportunities, and privileges … distribution of wealth, opportunities, and privileges within a society” (www.lexico.com). These definitions used words that apply in everyday or discipline-specific use of the term, a position adopted by many writers as discussed below.

David Miller, a prominent English writer on principles of social justice, stated that social justice “involves how the good and bad-things in life should be distributed among the members of a human society” (Miller, 1999, p.1). Miller’s focus on distribution of society’s wealth and deprivations, is interpreted by Oppenheimer (2002) to being mindful of “how we handle the poor, the needy, and the entrepreneurially successful …” (p.295). This can be understood in ways of managing diverse interests of the poor and rich in distributing what Rawls refer to as the “benefits and burdens of society” (Rawls, 1999, p.2).

John Rawls’ thesis on *A Theory of Justice or Justice as Fairness*, deserves popular intellectual reference for contemporary debates on social justice (Rawls, 1999; 2001). Rawls espoused the American liberal, political, and legal philosophies in the works of Philosophers such as John Dewey, by advocating for the duty of the state to distribute certain vital goods. A British Philosopher of social justice, Brian Barry, agreed with Rawls’ view which equates to egalitarianism or equal opportunities with regards to rights, opportunities, and resources (Barry, 1989). However, Barry argued against Rawls’ advocacy for giving blanket equality in situations that arise through voluntary well-informed choices from an initially equal set of opportunities (Barry, 1989). Barry’s view was that where all persons have equal opportunities at start, then they, and not society, should take responsibility for their successes and failings.

Ornstein’s (2017) position was that social justice is a movement that creates a democratic society based on fairness, equality, and human rights. Ornstein argued for social justice movement that aims for “improving the lives of people; encouraging democratic principles of equality, opportunity, and mobility; reducing the gap in income and wealth among its citizenry; all lives have equal value, equal opportunity and equal chances for success” (Ornstein, 2017, p.546-7). These principles align with the view that social mobility occur in situations where open and fluid social structures help address the difficulties faced by certain individuals or groups. In this sense, social justice is a movement of people and groups with the objective of making better society for all persons, especially the marginalised and

deprived. Novak (2009) captured this view of social justice movement as progressive agenda of righting wrongs, and compassion for the disadvantaged in society. Novak (2000) advanced this position by advocating for social justice movement borne from cooperation and association between persons and organisations with the purpose of creating change from which all persons and groups can benefit.

Other writers advocated for goals and processes of social justice to focus on equal and mutual participation of all peoples and groups in shaping an inclusive society that affirms human agency (Bell, 1997; Fraser, 2003; Young, 1990). These writers argued for parity of participation in areas such as decision making about the distribution of human opportunities. These are stance for equal involvement of all capable people, in decision-making and production processes for achieving common progressive human goals. Bell (1997) believed that a potent way of involving people is empowering them to be able to collaborate in the creation and utilisation of the opportunities available to them in their society. The issue of empowerment recognises differences in power and privilege, which are responsible or influence the systems and practice for social just distribution of resources and opportunities for human benefits (Hackman, 2005). According to Bell (1997), social justice as a tool for human empowerment is an enabling force for people's participation in actions for social and transformational changes.

These different understandings justify the argument for adopting personal and discipline specific definitions of social justice, as have been accomplished in earlier and later parts of my thesis. In the next section, I discussed specific theories that applies to social justice in health and nursing care.

3.3.3. Theories of Social Justice and Healthcare

The diverse and enduring interests in social justice can be embedded in different theories that applies in different human contexts including health and nursing care. Dominant theories selected in my thesis that applies to social justice issues in relationships between individuals or society and healthcare includes libertarianism, utilitarianism, Marxism, liberalism, recognition, and capabilities theories (Gunnar, 2017).

3.3.3.1. Libertarian Social Justice

Libertarianism is the political philosophy that advocates for only minimal state intervention in the free market and the private lives of people (Powell and Matzko, 2020). Libertarian view on social justice is

that society should comprise of an association of independent and equal individuals, whose purpose is to serve human needs and create governance for the protection of individual rights (Nozick, 1974). Libertarians believe that individuals should use their free will and self-responsibility to achieve collective wellbeing, while government provides for individuals wellbeing without imposing burdensome regulations. Individuals' freedom of choice is limited to matters that they give their consent to and matters that preserve essential rights of other people (Vallentyne et al., 2005). Society's responsibility is to preserve natural rights of individuals such as right to life, and rights that arise from voluntary contracts with other individuals or organisations they choose to associate with. Libertarianism can be applied in healthcare situations wherein individuals have the freedom to choose health lifestyles or health associations if this does not impinge on essential rights of others. On the other hand, Libertarianism can apply to the responsibilities of society or authorities to make laws or guidelines that prevent harmful practices to individuals in that society or institution.

3.3.3.2. Utilitarian Social Justice

Utilitarianism is the doctrine that actions are right if they are useful or for the benefit of a majority (Driver, 2014). Utilitarian view of social justice concerns the distribution of utility or valued resources, such as health goods and service, by use of systems and practices that makes available maximum resources to maximum number of people (Vallentyne et al., 2005). Utilitarian advocate for individual voluntary relationships among autonomous other individuals, and society responsibility for just distribution of resources of society (Miller, 2017). Social contract between individuals and society determines rights and wrongs, maximises happiness and well-being, doing least harm to the least number of persons, or preventing most harm to majority of persons, and opposes actions by institutions that infringe natural rights (Gunnar, 2017). Utilitarianism applies in healthcare in giving to individuals the responsibility of doing least harm or preventing most harm to the health of others in their voluntary relationship. On the other hand, society has responsibility for making institutional arrangements and regulations that create maximum health benefits to maximum number of people.

3.3.3.3. Marxism of Social Justice

Marxism is broadly described as a collection of doctrines on the responsibility of society for securing fundamental rights of wellbeing, maximising equal liberties, and creating equal and just social and economic opportunities for individuals (Sayer, 2021). The position of Marxism on individual responsibility is that individuals should contribute to production of the resources of society according to their ability, and benefit from use of resources of society according to their need (Wolff, 2017).

These positions posture the ideals of equity and commonwealth, and democratic socialist views, and oppose class society (Gunnar, 2017). Marxism advocate for equal opportunities to attain positions, participate in decision-making, and justify socioeconomic inequalities only if they benefit the disadvantaged. In terms of health resources, Marxism concern of social justice hold that individuals have responsibility to produce health resources such as through payment of taxes or provision of professional talent, according to their ability. On the other hand, society is responsible for creating systems and policies that ensures equal access to health resources and participation in healthcare decision making, with specific consideration for marginalised groups.

3.3.3.4. Liberalism of Social Justice

Liberalism is a philosophy that advocates individuals have freedom of liberty, the restriction of which must be justified by political authority and law (Courtland et al., 2022). John Rawls' form of liberalism that is commonly embraced on social justice issues in healthcare, concerns morally proper distribution of social benefits and burdens among individuals in society (Rawls, 2001). Rawls advanced fairness or procedural justice and equality or distributive justice, in the ways that society allocate scarce resources among individuals with competing needs (Lucas et al., 2011). In terms of health resources, liberalism advocate for society or institutional responsibility for creating conditions for equal and fair health opportunities for all persons, with special consideration for disadvantaged persons. On the other hand, individuals are free to choose health and wellbeing resources so long this choice does not encroach on health needs of others.

3.3.3.5. Capability Theory of Social Justice

The capability theory claims that the freedom to achieve well-being is of primary moral importance and that well-being should be understood in terms of people's capabilities and functioning (Robeyns and Byskov, 2021, no page number). The capability approach, as pioneered by Amartya Sen and Martha Nussbaum, purports that "freedom to achieve well-being is a matter of what people are able to do and to be, and thus the kind of life they are effectively able to lead" (Robeyns and Byskov, 2021, no page number). The theory advanced that society should arrange and create opportunities for individuals to be or do or realise their wishes in life (Nussbaum, 2003; 2020; Sen, 2004; 2011). These opportunities should account for individual endowment and need, physical and social conditions, agency, and freedom to function to achieve wellbeing. In terms of health, capability theory advocate for society to be responsible for providing opportunities that enable individual functioning to achieve their individual capabilities and preferences of wellbeing, such as, life, bodily health, and affiliation

(Nussbaum, 2020). On the other hand, individuals are responsible for acting in ways that reduce injustice in society and contribute to making the world a better place (Sen, 2011).

3.3.3.6. Recognition Theory of Social Justice

Theory of recognition propose that individual practical identity depends on the feedback of other individuals and society (Iser, 2019). Recognition theory advances the social arrangements that allow individuals to form and determine the sense of who they are and their value as an individual. Recognition theory embraces features and identities that individuals possess and for treating individuals with respect and as equals. The failure for individuals to receive their practical identity is believed to cause psychological harm as it creates feelings of exclusion and inferiority (Fanon, 1986; Taylor, 1992). Theory of recognition emerged from critical evaluation of the distributive justice paradigm of Liberalism and argument that justice is not primarily concerned with the resources that individuals should have but the standing they merit in relation to other individuals (Young, 1990).

Recognition of individual can be based on conditions such as self-consciousness or elementary recognition developed from mutual relationships between individuals, respect recognition pertaining to equal dignity and moral standing among individuals, and esteem recognition that addresses use of dominant values to neglect identities of others (Ikäheimo and Laitinen 2011; Iser, 2019). Theory of recognition relates to debates on politics of difference, identity politics, recognition of minority views, parity of participation and inclusiveness (Blue et al., 2019; Fraser, 2003; Habermas, 1994; Patten, 2014; Young, 1990; 2011). Recognition theory can apply in healthcare situations wherein mutuality, respect and esteem are demonstrated in the relationships among healthcare providers and healthcare receivers. Also, recognition theory can apply in relationships between the 'recognised' individual or authority in dominant or power position of provision of resources and the 'recogniser' individual in dominated or less powerful position of receiving resources (Young, 1990).

Other theories that relate to social justice issues of equal distribution of benefits, and basic human rights for individuals, especially the marginalised and disadvantaged includes, egalitarian, difference, desert-based principles, welfare-based and feminist principles (Anderson, 2013; Fabre, 2013; Rawls, 2001; Roland, 2020; Schroth, 2008; Sher, 2010). These theories and those discussed here elucidate the relevance of understanding and applying social justice issues in different disciplines including health and nursing care. The discussion signifies the responsibilities of individuals and society or institutions in the application and realisation of equality, equity, and justice in the distribution of

resources for the benefits of the majority in society, with recognition of the needs and capabilities of disadvantaged or marginalised individuals.

The next section discussed my position on the theory of social justice, as a reflexive activity and for purposes of transparency and rigour, as required in research that adopts interpretivism approach, as applied in my research.

3.3.4. My Position on Theory of Social Justice

It is important to clarify my position on the ideas of social justice due to the different conceptions of the subject and to make the subject meaningful to the purposes of my research. My position on social justice is not about the use of top-to-bottom approach to create a socially just society or healthcare or health education system. This is because the top-to-bottom approach advocates for governments or institutions to be the sole agent of changing the unequal and unfair situations that people live. Writers have argued against top-to-bottom approach because it is about individual intentional actions, not social, emergent outcomes, or the enforcement of specific outcome pattern (Hayek, 1998; Nozick, 1974). Top-to-bottom form of social justice is believed to be meaningless and inevitable to fail because it relies on those in power to implement the change for fair and equal society (Hayek, 1998).

I stand for social justice that demands for improving conditions of disadvantaged individuals and groups through equal and fair access to health resources, participation in decision-making, and recognition. I advocate for social justice that focus on ending structural and institutional causes of inequity and inequality and reform of problems faced by individuals discriminated against due to their differences or otherness. I believe that to resolve problems of discrimination in healthcare or any system, requires not only enlightening individuals about discrimination, but taking actions that change deeper structural politics, social, and economic institutions that perpetuates their existence.

I believe that institutions generate incentives that lead good people to do bad-things or do things whose unintended consequences perpetuate social injustices. My social justice responsibility is to identify the history of institutions that generate problematic incentives and unintended consequences, including health and educational institutions. My position is to explore, propose and implement alternative institutional arrangements that abolish policies and systems of injustices. It is a social justice role for academic and social movements to investigate and implement changes of regulations and curricula activities of institutions so that individuals of least advantages can experience better health care or educational experience. My social justice position is that health

problems lie within the institutions and structures responsible for healthcare, and the remedy lies in changing ideas about the social world of these institutions and systems. In the next section, I evaluated the theory of critical pedagogy as an approach for supporting nurse learners to develop social justice responsibilities for transforming problematic systems and structures.

3.4. CRITICAL PEDAGOGY

It is often the case that different theoretical frameworks can apply to research, especially research with implication for professional practice, such as mine. In this research, social justice is the theoretical framework with overarching implication for ideas that promotes social justice nurse education. However, critical pedagogy has been considered as an additional framework for understanding, implementing, and closing gap between abstract theories of social justice and learning practices in nurse education. Critical pedagogy is deemed in my research to align with social justice as practical approach for addressing normative traditional education practices that makes learners the receivers of knowledge instead of active contributors to their education.

The discipline of pedagogy seeks answers about the kind of human being learners are, should become in society, ways they can be raised to become such human beings, and in the context in which upbringing takes place (Ponte and Smit, 2013). Critical pedagogy is a form of pedagogy that is historically rooted in critical thinking and critical theory traditions of scholars of Frankfurt School in Germany and Stanford University in the USA, in early to mid-20th Century (Fuch, 2015). Many associate the popularity of critical pedagogy to the 1968 publication by the Brazilian educationist, Paulo Freire, on *Pedagogy of the Oppressed* (Freire, 2005). The publication addressed inequity that violates rights of less privileged persons and denial of their basic human rights and called for critical education to highlight institutionalised inequity (Freire, 2005). Freire argued for education that empower individuals to understand oppression by reading the word, reading the world, critical reflection, comprehension, and act to transform or deconstruct dominant Eurocentric thoughts (Wink, 2000). One of Freire’s mentees, Ira Shor, advanced a seminar definition of critical pedagogy as:

> Habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions, dominant myths, official pronouncements, traditional clichés, received wisdom, and mere opinions, to understand the deep meaning, root causes, social context, ideology,

> and personal consequences of any action, event, object, process, organization, experience, text, subject matter, policy, mass media, or discourse (Shor, 1997, p.129)

Shor's (1997) definition encapsulated the radical philosophy of education and social revolutionary movements with the goal of emancipation from oppression through an awakening of critical consciousness for social critiquing, political action, and self-actualisation. These ideals have been developed by critical pedagogues who argue for critical re-assessment of modern education with the view that learners need to form an awareness of various levels of inequity and think critically in the context of democratic societies (Giroux, 2011; 2016; Mclaren, 2016).

In the learning environment, critical pedagogy can generate critical knowledge that enables learners to become active members of their community through reflection on political situations for enhancing equity across multiple social identity groups, and promoting social action (Bell, 1997; Cochran-Smith et al., 2010; Freire, 2005). Critical pedagogues believe that the role of the learner facilitator or teacher is that of an active political player who promotes freedom in the learning environment to entertain, cultivate, and reproduce democratic values on human rights and social justice (Shor, 2012). Critical pedagogy is learner-centred approach for social interaction, criticism, research, problem-solving and hands-on experience with consciousness potentials on reality and insight into personal lives and construction of meaning of events. Critical pedagogy challenges teachers and students to empower themselves for social change, to advance democracy and equality as they advance their literacy and knowledge (Shor, 2012). Critical pedagogical approaches that can be applied for enabling social justice nurse education includes but not limited to transformative learning, learning for empowerment, and learning for praxis.

3.4.1. Theory of Transformational Learning

Transformative learning is a form of critical pedagogy that promotes active learner-centred approaches for questioning assumptions and expectations through critical reflection and discourse, to achieve deeper understanding and change perspectives that guide actions (Kleinheksel, 2014). Transformative learning theory was first introduced by Jack Mezirow in the USA and developed as a theory that stimulates independent thinking toward a frame of reference that is "more inclusive, discriminating, self-reflective, and integrative of experience" (Mezirow, 1997, p.6). Mezirow (1997) described frames of reference as cultural assimilations that shape the interpretation of belief, value judgement, attitude, feelings, and actions.

Transformative learning can be facilitated by enabling learners to become aware and critical of their own assumptions and that of others by recognising frames of reference and redefining problems from different perspective. It can be promoted in learning environment that support effective discourse that validates understanding and judging assumptions and expectations of cultural or social experiences (Tsimane and Downing, 2020). It can be triggered through discourse on uncomfortable situations, disorientating dilemma, or challenges to one's worldview (Tsimane and Downing, 2020). Transformative learning can be exercised through self-reflection, investigative, collaborative, interactive and high order thinking, or metacognitive learning activities. These practices develop an autonomous democratic thinking citizenry, with transformative and competitive perspective in the global market and on social justice for all (Tsimane and Downing, 2020).

3.4.2. Theory of Empowerment Learning

Learning for empowerment is a form of critical pedagogy that promotes individual change and discovery through strategies that enable the individual to uphold just and healthy societies (Joseph, 2020). Empowerment theory is consistent with ideas that challenge existing situation and changing social constructed intersections based on power, gender, sexual or religious orientation (Turner and Maschi, 2015). The seminal work by Kurt Lewin on groups and social activism in mid-20th Century (Maynard, 2012) is attributed to implicit form of empowerment, while watershed occurred in late 20th Century, with advocacy for social justice in politics and policies by academics (Boehm and Staples, 2002; Calvès, 2009). Empowerment theory is underpinned by emancipatory principles on personal biases and prejudices that are debilitating. It is based on assumptions that individuals understand their needs better than others, individuals have power to define and act upon their needs, individuals have ability to build on their strengths, that empowerment is a lifelong endeavour, and personal knowledge and experience are valid and useful for coping effectively (Whitmore, 1988). According to Giroux (2016), the application of empowerment pedagogy can enable the dismantling of repressive systems, structures, policies, and ideologies.

Empowerment pedagogy can be facilitated through learner development based on their abilities, needs and aspirations, awareness of learner progress, valuing and capitalising on lived experiences (Bovill et al., 2011). These objectives can be achieved by creating environment for reflective learning, integrating appropriate information and communication technologies, and promoting knowledge and skills of discovery and debate (Kift and Nelson, 2005; Krause, 2007).

3.4.3. Theory of Praxis Learning

Historical background of praxis relates to classical Aristotelian understanding of action that is morally committed to right conduct in particular situations and post-Hegelian perspectives on social, moral, and political actions of individuals and collectives that produce and reproduce history (Kemmis and Grootenboer, 2008). Aristotle's understood praxis as intentional or conscious choice through observation, desires, and intellect to achieve goal or happiness through action (Kemmis and Grootenboer, 2008a). This goal can be achieved through individual agency and capabilities or influenced by collective human history of cultural, social, and political arrangements.

In nursing profession, praxis can be understood as "professional practice directed by and toward social justice goals and outcomes – which include reflexivity, action and transformation" (Kagan et al., 2014, p.1). The conceptualisation of praxis was pivotal in Paulo Freire's critical pedagogy, as an action orientated form of learning that involves concurrent reflection and action with the intention of transforming the world (Freire, 2005; Kagan et al., 2014). Chinn (2013) believed that transformation that occurs from praxis should aim at altering social conditions and power dynamics that maintain hardship for some and opportunity for others in the direction of equality, fairness, and justice for all persons

Praxis learning can create space for critical consciousness to explore moral intentions and the consequences of moral and political actions in terms of the good of humankind (Ax and Ponte, 2008). Praxis learning can be applied in environments that enable learners to critically evaluate social situation by probing into a problem to find solutions through reflexive exercise (Kagan et al., 2014). It can apply in situations that accommodate collective exploration, understanding and action for appropriate outcome. In praxis, learning can be organised to support the capabilities of learners under guidance of expert opinions or teachers for clarification and advancement of creative knowledge instead of indoctrination (Kagan et al., 2014). For instance, Mohammed (2006) applied praxis learning approaches to implement framework of critical social justice pedagogy in preregistration nursing courses on examining health issues in American Indians. The course contents covered root causes for health inequities, examining self and mainstream healthcare, and addressing health inequities.

3.4.4. Critique of Critical Pedagogy

Critical pedagogy is not without its critiques, including Brayner (2017), who accused followers of Paulo Freire as personality cult and doctrinal faithfulness or "Paulofrerieanism". Brayner (2017) described

these faithful followers as secular believers in the miracle of Angicos, a reference to the Brazilian city that symbolised struggle against illiteracy and for universal education to overcome narrow vision that superior degrees are only for elites. Similarly, Gibson (2008) alleged that critical pedagogy based on Freire's ideology as a publishing group with uncritical recognition for Freire (Gibson, 2008). Gibson (2008) criticised critical pedagogy posited by Freire as being logically inconsistent on personal and conceptual association with Marxism (Gibson, 2008). Gibson criticised Freire's bourgeois mentality and accused "Freire as usually a revolutionary wherever he was not – or after the revolution was won – and a liberal reformer wherever he was..." (Gibson, 2008, no page number).

Critical pedagogy has been critiqued by Searle (1990) as misplaced and disingenuous effort by political radicals with antagonistic tendencies that polarise traditional and progressive education, and challenges ideals of citizenship, public wisdom, and Western canon. In same vein, Hairston (1992) criticised critical pedagogy for simplistic explanations of resolving complex and deep-seated cultural issues such as racial discrimination, economic injustices, and inequities of class and gender. These criticisms conform the views that critical pedagogy focuses on ideological matters and issues of privilege at the expense of proficiency, imagination, and actual political engagement (Ford, 2017; O'Dair, 2003).

These critical views indicates that critical pedagogy and Freire's ideas can be understood and interpreted in many ways. Regardless, I agreed with the view of Stańczyk (2021) that critical pedagogy is an unfailing learning approach for expounding truth and bringing about different effects in human thoughts and behaviours.

3.5. SUMMARY

This chapter evaluated social justice and critical pedagogy as the theoretical frameworks that substantiate ideas in my research. The history, meaning and theories of social justice are situated in diverse historical, philosophical, and disciplinary contexts, which explains the need for clear objectives to understand its relevance and application in nursing and healthcare. Critical pedagogies that support learning for social justice are shown to include transformative, empowering and praxis learning.

The next chapter on research methodology is a critical discussion of philosophical and methodological considerations that guided decisions and processes in this research.

CHAPTER 4

METHODOLOGY

4.1. INTRODUCTION

This chapter articulates critical discussion on the methodological considerations in this research on exploring ideas for empowering student nurses to engage in actions that promotes social justice. These considerations follow a systematic order, including philosophical assumptions, paradigm positions, research designs and methods, grounded theory, pilot study, ethical considerations, methods of sampling, methods of data collection, methods of data transcription, and methods of data analysis.

4.2. PHILOSOPHICAL ASSUMPTIONS

Philosophical assumptions are abstract ideas that enlightens the researcher about the nature of reality, knowledge, values, language, and methods, respectively referred to as, ontological, epistemological, axiological, rhetorical, and methodological assumptions (Creswell and Poth, 2018). These assumptions are the deeply ingrained beliefs or ideas that often initiates research ideas and guides the research process. They are beliefs that influence questions of interest, and methods for gathering, interpreting, and reporting the data. These assumptions form the persona of the researcher and are instilled by social upbringing, educational training, and professional development. Creswell and Poth (2018) stated the importance of recognising these assumptions and clearly incorporating them into academic research because they inform the researcher's choice of theories and methods. **Figure 4.1** shows philosophical assumptions and their application in my research.

Figure 4.1: Philosophical Assumptions and Application

Abstract ideas that informs the source, justification, valuing, style, and procedures for seeking knowledge

Philosophical assumptions	Taxonomies	Application in my research
Ontology: source of knowledge	• **Realism:** single source • **Relativism:** multiple sources	• **Relativism:** multiple sources of knowledge or experience of social justice nurse education
Epistemology: justification of knowledge	• **Objectivism:** independent of person • **Subjectivism:** dependent of person	• **Subjectivism:** knowledge justification is dependent on participants perspective
Axiology: ethical issues and valuingof knowledge	• **Value neutral:** researcher independence • **Value-driven:** researcher dominance • **Value-driven and balanced:** researcher and participants' values • **Value-laden, balanced and culture - sensitive:** researcher respect cultures	• **Value-laden and balanced:** valuingparticipants and researcher
Rhetoric: literary style of presenting knowledge	• **Qualitative:** personal and subjective style • **Quantitative:** impersonal or objective style	• **Qualitative:** researcher positionality and reflexivity; first person literary styles
Methodology: procedures of seeking knowledge	• **Inductive:** understanding emerging ideas • **Deductive:** evaluating existing ideas	• **Inductive:** knowledge emerge from ideas or views of participants

Ontological assumptions are beliefs about the kind of being the human being is, or the nature of reality, or the kind of things that can be known about the world, or exist within society (Crotty, 1998; Scotland, 2012). Two forms of ontological assumptions are realism and relativism (Blackman and Moon, 2017). Realism is about single reality or truth or knowledge about the human world, which is independent of human experience. On the contrary, relativism refer to multiple realities or truth, or knowledge, which is dependent on construction within human mind or experience. This research adopted *relativism ontology* because it was my belief that multiple realities on knowledge and experiences of student nurses and nurse educators can create an understanding of learning that promotes social justice in nurse education.

Epistemological assumptions refer to the nature and justification of knowledge and truth or knowing and communicating truth (Cooksey and McDonald, 2011; Crotty, 1998). Two forms of epistemological assumptions are objectivism and subjectivism (Blackman and Moon, 2017). Objectivism is about creating meaning from within an object or situation, therefore independent of the subject or meaning-maker. On the contrary, subjectivism is creating meaning from within the subject or person, therefore dependent on the subject or meaning-maker. This research embraced *subjectivism epistemology*, because it was my belief that the knowledge on empowering student nurses for social justice was dependent on the meaning made by student nurses and nurse educators as actors in nurse education.

Axiological assumption is about ethical issues or values that the researcher needs to consider in the process of knowing about the nature of reality (Cresswell and Poth, 2018). Forms of axiological

assumptions includes ‘value-neutral, value-laden and balanced, value-laden, biased and culture-sensitive, and value-driven’ (Okesina, 2020, p.59). In brief, value-neutral refers to independence of the researcher from the data; value-laden and balanced means that the researcher accounts for their bias and those of the participants; value-laden, biased, and culture-sensitive requires the researcher to recognise and respects inherent cultural norms and bias; and value-driven assumes a dominant role of researcher values in the research (Fard, 2012; Kivunja and Kuyini, 2017; Nguyen, 2019; Saunders et al., 2019). This research assumed *value-laden and balanced axiology*, because it was my belief that it was important to observe values and account for bias of the research participants and me as the researcher.

Rhetoric refers to the literary style and terminology used in presenting the research (Creswell and Poth, 2018). Two forms of rhetoric are qualitative and quantitative rhetoric. This research applied *qualitative rhetoric assumptions* that embraced personal forms of writing, such as, first-person references, and terminologies, such as, credibility, transferability, dependability, and confirmability (Lincoln et al., 2011). These styles contrast quantitative rhetoric which emphasises third person references and terminologies such as, internal validity, external validity, generalisability, and objectivity (Angen, 2000; Lincoln et al., 2011).

Methodology in a broad sense refer to processes, designs, methods, and approaches of knowing about the world (Creswell and Poth, 2018). Methodology articulates the logic and flow of the processes in conducting research, including sampling, data collection, data analysis, and findings or results of research (Keeves, 1997). Two forms of methodologies are inductive and deductive, which are associated with qualitative and quantitative methodologies, respectively. Inductive methodology is the study of the topic from within its contexts, or from specific to general, using emerging designs to develop theories. On the contrary, deductive methodology is the study of topic from general to specific context, with the aim of evaluating an existing theory. This research incorporated an *inductive methodology* because my thoughts on social justice are situated within the context of nurse education and relied on developing theories from ideas that emerged from the data.

In summary, this section justifies ways that this research embraced relativism ontology, subjectivism epistemology, value-laden and balanced axiology, qualitative rhetoric, and inductive methodology. The next section discusses the alignment of these philosophical assumptions with the paradigm positions of my research.

4.3. RESEARCH PARADIGM

Research paradigm refers to worldview or philosophical belief or position that informs the foundation and conduct of research (Denzin and Lincoln, 2017; Kuhn, 1970). It accounts for concepts, practices, mindsets, and languages that contributes to worldview that shape the research (Creswell and Poth, 2018). As with philosophical assumptions, research paradigms need to be explained to clarify the decision-making in the research process. Although these paradigms frequently evolve, the key types include positivism, interpretivism, and critical paradigms (Cohen et al., 2007; Creswell and Poth, 2018). **Figure 4.2** shows these paradigms and their application in my research.

Figure 4.2: Research Paradigms and Application

Worldviews and beliefs that informs the conduct and writing of research

Research paradigms	Taxonomy	Application in my research	
Positivism	Objectivity, natural science, general theories, cause-and-effect, experiment	Not applicable	
Interpretivism	Subjectivity, social science, theory emerges, interpretation	Participants and researchers subjective interpretation	**Critical interpretivism:** Participants and researcher interpretations for social justice nurse education
Critical	Criticality, transformative, democracy, social justice	Focus on critical pedagogy and social justice nurse education	

Positivism or normative research paradigm is characterised by rule-governed human behaviour, objective natural science investigation, general theories to validate human behaviour, cause-and-effect relationships, measurable entities for interpreting observations, deductive logic, formulation of hypotheses, experiments, and observation methods (Cohen et al., 2007). Interpretivism, sometime referred to as constructivism, research paradigm, is described as understanding the subjective world of human experience, interpreting human thoughts and feelings, social interaction, through interview or ethnographic investigative methods (Cohen et al., 2007). Critical, sometimes referred to as transformative paradigm, can be distinguished as understanding human situations, changing disempowering human situations, redressing inequality, promoting individual freedoms and

democracy, focusing on political and social-economic cause of oppression, and addressing social justice issues (Cohen et al., 2007; Martens, 2015).

This research combined *interpretivism and critical* research paradigms, otherwise referred to as *critical-interpretivism* research paradigm. This paradigm position was adopted to understand and interpret (interpretivism paradigm), participants perspectives on impact of social justice issues on health (critical paradigm). This approach is a response to call for the social researcher to assume "responsibility for conducting ethical research that makes a difference in the lives of those whose life opportunities, health, safety, and well-being are diminished by conditions of poverty" (Bloom, 2009, p.253; Charmaz, 2019). This view is pertinent in nursing and health research where there is need to unsettle traditional concepts and practices that perpetuate inequity and inequality in health services and outcomes (Abu, 2020; Marmot et al., 2020). Walsham (1993) took similar position on the need to dissolve boundaries between research traditions by not only recognising the subjective meaning of individuals, "but also the social structures which condition and enable such meanings" (p.246).

Critical research paradigm is associated with the Frankfurt School of Critical Theory by Horkheimer, Adorno, Marcuse, and Fromm; and the contemporary critical theory of Habermas (Steffy and Grimes, 1986). While ideas of these schools align much with interpretivism, critical theorists are more theory-oriented and action-focused than interpretivism (Cohen et al., 2007). Steffy and Grimes (1986) acknowledged theoretical link between critical and interpretivism paradigms through their hermeneutics or interpretive process of communicating human understanding. In applying these ideas in this research, interpretivism paradigm informs the construction of social justice realities in healthcare and nurse education, while critical paradigm guides theories on social justice actions for change in nursing practice. Phillips and Hardy (2002) argued for compatibility between critical studies which focus on sensitive issues of power and interpretive studies that concerns processes of social construction of phenomena.

In summary, this section justifies the application of critical-interpretivism research paradigms in this research. These paradigm positions are related to philosophical assumptions that apply in this research, as they are associated with research designs and methods discussed below.

4.4. RESEARCH DESIGNS AND METHODS

Research designs are frameworks of strategies the researcher chose to use, while research methods are the strategies chosen within this framework (Collins and Stockton, 2018). Research design describes the framework of the research, while method describe the actual processes or techniques of conducting the research (Collins and Stockton, 2018). The three broad research designs are qualitative, quantitative, or mixed research designs. These designs adopt specific and sometimes overlapping methods for sampling participants, collecting data, analysing data, and presenting data. **Figure 4.3** illustrates features of research designs and methods and their application in my research.

Figure 4.3: Research Designs, Methods and Application

Frameworks and strategies of research traditions

Traditions	Designs	Methods	Application in my research
Qualitative: understand perspectives	Phenomenology, narrative, ethnography, grounded theory	Purposive sampling, Interview, focus group, content analysis, coding, thematic analysis	• **Qualitative:** to understand participants views • **Grounded theory (constructivism):** to construct theories • **Purposive sampling:** convenience, snow-balling, theoretical • **Semi-structured interview:** specific and related topics • **Focus group:** discussion of specific and related topics • **Coding:** constant comparison to formulate theories
Quantitative: evaluate effectiveness	Randomised controlled trial, experimental and non-experimental	Random sampling, survey, questionnaire, statistical analysis	Not applicable
Mixed: combine traditions	Combination of designs	Combination of methods	Mixed methods data collection – interview and focus group

Qualitative research designs or frameworks uses words or images to express understanding of concepts or experience, for examples, ethnographic, participant observational, phenomenological, narrative, and grounded theory research. Methods or techniques applied in conducting qualitative research designs include purposive sampling, theoretical sampling, interviews, focus group, participant and non-participant observation, coding, themes, and constant comparison. In contrast, quantitative research designs use numeric techniques to collect data to describe, explain, predict, or control variables and phenomena of interest, for example, experiment, observation and survey, questionnaires, statistics, correlation, and comparison. Mixed research uses combination of qualitative and quantitative research designs or methods.

This research applied qualitative grounded theory research design, using strategies of interview, focus group, purposive sampling, and coding data analysis research methods. These framework and strategies relied on spoken words of research participants and written words of researcher to understand and communicate the research purposes. Evidence on use of qualitative research designs and methods to investigate social justice phenomenon was demonstrated in Chapter 3 on literature search of this thesis (Hatchett et al., 2015; Hellman et al., 2018; Perry et al., 2017; Walter, 2017). Qualitative studies by Perry et al. (2017) and Walter (2017) presented nursing models for engaging in actions for social justice, while Hatchett et al. (2015) and Hellman et al. (2018) examined education approaches that create awareness and action for redressing poverty and health disparities.

The discussion in this section on qualitative research designs and methods introduces the succeeding discussion on the application of grounded theory in this research.

4.5. GROUNDED THEORY

Barney Glaser and Anselm Strauss, who founded grounded theory research design, defined it as systematic and flexible methods for constructing theory by analysing qualitative data (Glaser and Strauss, 1967). Their works explained the emergence of theory from inductive or qualitative data and challenged the positivist tradition of deductive testing of theory based on valid or unbiased way to determine truths about the world. Since the works of Glaser and Strauss, grounded theory has developed three key genres, that is, objectivism, post-positivism, and constructivism, which are attributed to different grounded theorists and sequence of emergence (Birks and Mills, 2015).

Objectivism grounded theory is attributed to Barney Glaser and the first in sequence, also referred to as Glaserian or traditional or classic grounded theory. It emphasises the construction of emergent concepts by use of objectivity or neutrality in researcher's position and aims for abstract generalisation independent of the area of inquiry or view of the researcher (Glaser, 1967). On the other hand, post-positivism grounded theory is attributed to Anselm Strauss and Juliet Corbin and second in sequence, also referred to as Straussian or symbolic constructionism grounded theory. It places less emphasis on emergence of data by applying pre-conceived coding and considers reality that is fluid and open to change (Corbin and Strauss, 2015). Constructivism grounded theory is attributed to Kathy Charmaz and the last in sequence of the three genres. Constructivism or Charmaz grounded theory emphasise on emergence of data by applying pre-conceived coding from meaning

that is co-constructed by research participants and the researcher in relation to the area of inquiry (Charmaz, 2006; 2017; 2019). The common position of these three genres is that grounded theory should emerge from within the data, and that it "begins with inductive data, relies on comparative analysis, involves simultaneous data collection and analysis, and includes strategies for refining the emerging analytic categories" (Charmaz, 2017, p.300). Their contrasting position is on objective versus subjective role of the researcher in the research process.

This research applied Charmaz's constructivism grounded theory to accommodate participants perspectives and researcher interpretation in co-constructing meaning and theories about social justice in nurse education. Other distinct features of constructivism grounded theory that relates to this research includes "multiple realities, researcher reflexivity, and accounting for historical and social conditions that influence data production (Charmaz, 2017, p.300). Approaches that characterise the three genres of grounded theory applied in this research are theoretical sampling, constant comparative, and coding data analysis.

Constructivism grounded theory embrace the researcher starting from insider position to understand meanings and actions of participants, which contrast discourse analysis approach wherein the researcher starts as an outsider (Charmaz, 2017). This insider positioning advocates for literature review before or alongside data collection and data analysis, as a way of identifying and bringing forward the existing information on the topic (Charmaz, 2017). The objectivism grounded theory opposes this approach and advocates for literature review only after data collection to avoid contamination of findings by prior knowledge (Glaser and Strauss, 1967). The approaches in this research favour the constructivism grounded theorists whose position is that no researcher comes into the research field as tabula-rasa or blank slate, that is, without prior opinion or knowledge on the subject (Birks and Mills, 2015; Charmaz, 2006). Researchers are influenced by their philosophical assumptions, worldviews, or literature knowledge, which they should put forward to clarify their decisions and positions, as stated in various parts of this thesis.

The goal of theory construction in constructivism grounded theory, like other grounded theory genres, applies to the aim of developing theories or ideas for empowering student nurses to promote social justice. The goal of theory construction is unachievable in qualitative designs such as phenomenological research which aims to describe and explain. Grounded theory research is considered suitable for investigating phenomenon that little is known about, which is the case of social justice in the context of nurse education in UK.

Writers such as Havig (2013) and Walter (2017) have used grounded theory research designs to investigate social justice issues in social work and nursing, respectively. Havig's (2013) focused on developing theories on empowering social work students for promoting social justice in practice, a purpose that relates to interest in this research on developing theories that empower student nurses for social justice action. Similarly, Walter's (2017) co-construction of a substantive theory on social interactions that influence nurse participants' engagement in social justice, relates to the preferred outcome of this research to co-construct theory on developing the critical student nurse for promotion of social justice.

This section justifies the application of constructivism grounded theory in this research and set the scene for discussion on methods of sampling participants, collecting data, and analysing data. These methods clarification is preceded by explanation of ethical considerations and pilot study in this research.

4.6. ETHICAL CONSIDERATIONS

Ethical considerations are the ethical and moral issues that may impact on the lives of participants and approaches for recognising and avoiding them. It considers ways to assess potential harm to participants or research stakeholders or researcher and adopt appropriate ethical standards to prevent seen or unforeseen harm. Ethical considerations underline different interests of the stakeholders of research, responsibilities to the research communities, and integrity in the research process.

The London Doctoral Academy (LDA) Code of Practice stated that "research must comply with the Ethics Code of Practice set out by the University Ethics Panel (LDA, 2022). It is stated in this document that "ethical approval must be obtained before starting your research and cannot be granted retrospectively" (LDA, 2022, p.28). Similar recommendation by the British Educational Research Association (BERA) indicated "that educational researcher whose work is conducted under the auspices of an educational institution will be required to seek ethical review and clearance from that institution" (BERA, 2018, p.9). In view of these practice codes, it was imperative to apply for ethics approval, following acceptance of my research proposal at the research stage 2 or RES2 panel in February 2020, and prior to contact with persons in regards of my research. It is for this reason that this section on ethical consideration precedes sections on contact with research participants at

sampling and data collection phases, in keeping with the systematic order of presenting materials in this chapter.

The ethics application for the institution that awards my doctoral degree was a formal process that required the completion of an online form including project details, ethical risks, ethical guidelines, human participants – information and participation, human participant methods, data collection and sharing, disclosure and barring services. Supporting information provided included procedure or research project, recruitment of participants, semi-structured interview schedule, focus group schedule, letter of approval from gatekeeper, invitation to participate in semi-structured interview, invitation to participate in focus group, participant information and consent form for semi-structured interview, participant information and consent form for focus group, and participant debriefing form.

Ethics application was submitted on 15th March 2020 to the awarding institution's Ethics Committee. On 6th May 2020, the committee recommended an amendment from face-to-face interviews and focus groups to virtual interviews and focus groups, due to COVID-19 pandemic national lockdown health restriction for in-person contacts in the UK. Following these amendments, ethics approval was received on 7th May 2020, as low-risk, with Application ID ETH1920-0025.

4.7. PILOT STUDY

Pilot study is essential for developing and refining the goals, designs, or methods of a research that one intends to conduct (Sampson, 2004). Pilot study is a small-scale version of a large study to assess strategies of seeking answer on research questions, goals and objectives, existing knowledge, interest on topics, concepts and theories, designs and methods, and findings, that fits the intended research (Marshall and Rossman, 2016; Maxwell, 2013; Polit et al., 2001).

There was formal requirement for pilot study in the third module at the taught phase of the doctoral programme which was titled 'researching critical issues in educational change and development'. For assessment of this module students were required to conduct a pilot study to assess an instrument to be used in the research phase of the programme. The pilot study that I assessed was about the feasibility of semi-structured interview with a nurse educator to explore the potential for integrating social justice in nurse education. The pilot study provided insight into the following aspects of the main research on social justice in nurse education. Firstly, it created understanding on use of the BERA ethics guidelines for ethics application, an experience that resulted in relatively straightforward ethics

application and approval for the main study. Secondly, it created experience on use of email and in-person contacts to recruit a nurse educator to participate in the pilot study, an experience that was transferred to recruitment of student nurses and nurse educators for the main research, although COVID-19 pandemic health restrictions did not permit in-person recruitment. Thirdly, it created understanding on possibilities and challenges in conducting semi-structured interviews, including negotiating time and space, drafting interview schedules, interview social interaction, recording and transcribing interview data. Lastly, it was evident that my research ideas had relevance for nurse education and the need for including the views of student nurses in data collection. These experiences of the pilot study helped shaped decisions in research methods discussed below of sampling, data collection, data transcription and data analysis. On reflection this was more of a testing of the feasibility of a tool to use in the study as it was too early (2 years) to pilot the study which was still in its design stage.

4.8. METHODS OF SAMPLING

Sampling is a research method that involves decisions about where and from whom to collect information about ideas that answer the research questions or goals (Maxwell, 2013). It relates to the place, site, individuals, groups, items, or events to include in the research (Guest et al., 2013). In qualitative research, these decisions involve careful consideration of the questions that the research is asking and whose points of view matter to ensure integrity in the information gathering process (Ravitch and Carl, 2016). Because researchers cannot study everything, they need to clearly define and establish criteria for the choices they make in relation to sampling decision (Ravitch and Carl, 2016). For this reason, the context of qualitative study in terms of design should direct the processes of sampling (Edward and Holland, 2013). Robinson (2014) identified four-point decision-making that ensures clarity of process and criteria on context of study, including decisions about: sample universe, sample size, sampling strategy, and sample sourcing (p.25), as illustrated in **Figure 4.4.**

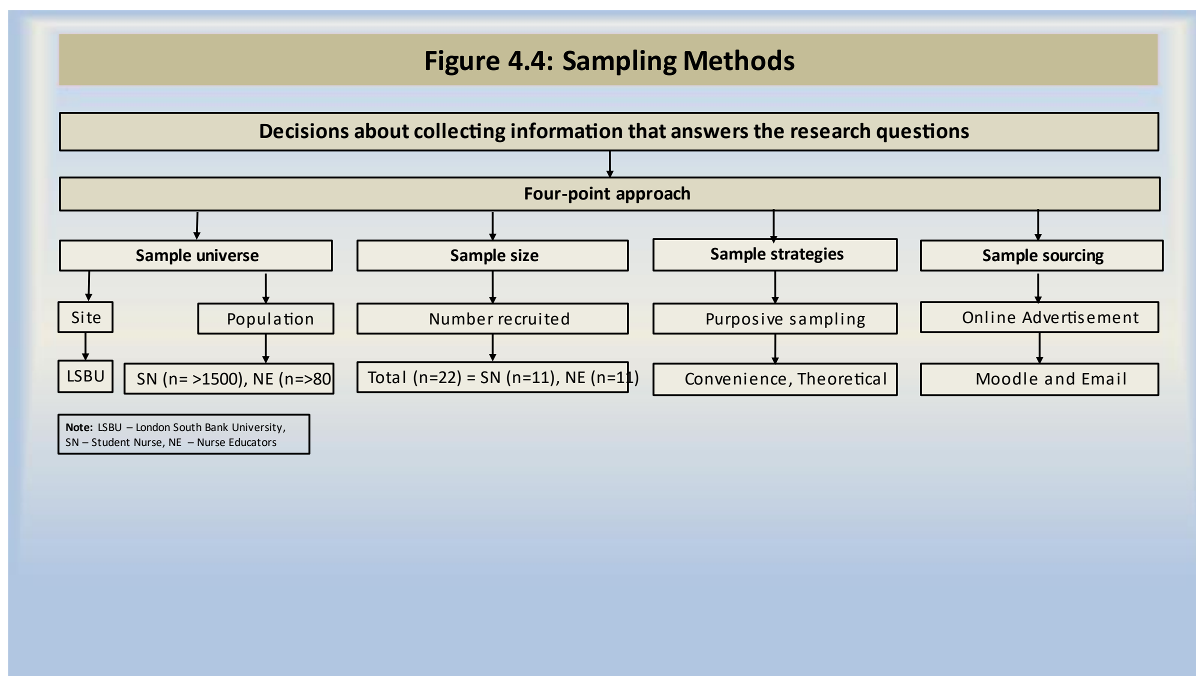


Figure 4.4: Sampling Methods

4.8.1. Sample Universe

Sample universe is the target population or group of people, and location or environment in which the study is conducted. Population is an abstract idea of a large group of cases from which a researcher draws a representative sample of participants, while the site is the location of these participants. The decision to define the study population or site involves the inclusion and exclusion criteria that "draw a boundary around the sample universe" (Robinson, 2014, p.26).

4.8.1.1. Criteria for Inclusion and Exclusion of Samples

Inclusion criteria that specify characteristics of individuals or sites eligible to participate in this research were as follows:

- Student nurses enrolled on adult, mental health, children or learning disability preregistration nursing programmes at the London South Bank University or LSBU from September 2019 to September 2022.
- Nurse educators teaching on adult, mental health, children or learning disability nursing programmes at LSBU from September 2019 to September 2022.

Contrariwise, exclusion criteria of individuals or sites that were ineligible to participate in this research were as follows:

- Students not enrolled on adult, mental health, children or learning disability preregistration nursing programmes at LSBU from September 2019 to September 2022.
- Nurse educators not teaching on adult, mental health, children or learning disability nursing programmes at LSBU from September 2019 to September 2022.

These criteria related to three conditions that determined participation in this research, that is, professional background, course of study, and site of study. Professional background fall under categories of student nurse or nurse educator; course of study categorised under adult, mental health, children, and learning disability nursing courses; and site of study categorised as LSBU locations in the London Boroughs of Southwark, Havering, and Croydon. These categories are suitable education population groups and places for giving account of social justice in nursing. Flick et al. (2007) agreed with these reasons for selecting a sample universe that matches research goals or relevant for research topic. These pragmatic decisions about selections offer convenient access to participants in my role as nurse educator within same professional space as the participants and site of study. The choice of single academic institution conforms with argument for applicability of research findings to the environment of study (Mason, 2002; Robinson, 2014), as it was intended to apply the research findings in these learning areas.

4.8.2. Sample Size

Sample size is the number of sources or participants selected from the population and location for participation in the study. The question that often plague researchers is about "how large their samples for the research should be" (Cohen et al., 2007, p.101). There is no straight forward answer for the correct sample size because it depends on the purpose of the study. As general rule of thumb, quantitative research requires larger sample size to increase their statistical generalisability, while qualitative studies use small sample sizes for in-depth exploration of themes or codes. Qualitative researchers concern about acceptable sample size (Dworkin, 2012), is yet to address the lack of justification for sample sizes (Marshall et al, 2013). Typically, the sample size should be enough or not too small or too large for the purpose of the study, with recommendations, such as, not greater than 30 (Boddy, 2016), 20 to 30 (Mason, 2010), or 25 to 30 participants (Dworkin, 2012). The sample size of this research was 22 participants including 11 student nurses and 11 nurse educators, which was within the recommendations above.

Practical and theoretical reasons dictate relatively smaller sample size in qualitative research. Practically, it was convenient to recruit 22 participants for study duration of 12 to 18 months. Also,

although large volume of data is often generated from qualitative interviews and focus groups, it was relatively convenient to manage data volume from 22 participants. Theoretically, the advocacy for theoretical sampling in grounded theory research permits real-time judgements on sample size as determined by theoretical saturation (Glaser, 1978; Guest et al., 2013; Silverman, 2010). Skimmed analysis or scanning of transcripts was applied for constant comparison of data between interviews and focus groups to determine the sample size of 22, a point when no new information on theory emerged or theoretical saturation on topics of interest was achieved.

4.8.3. Sample Strategy

Sample strategy is the method of identifying suitable individuals or groups from the sample universe that forms the sample size. The strategy for deciding the knowledgeable population to focus the research falls into two broad categories, that is, probability or random and non-probability or purposive sampling. Probability sampling is the random selection among population for wider generalisation, using strategies such as simple, systematic, stratified, cluster, stage, or multi-phase sampling (Shorten and Moorley, 2014). Contrarily, non-probability sampling is purposive selection among a population for specific representation, using strategies such as convenience, quota, cell, theoretical, and snowball sampling (Campbell et al., 2020). This research combined purposive strategies including convenience, snowballing, and theoretical sampling.

Convenience sampling is the purposive sampling of members of the target population or group of interest that meet certain practical criteria, such as, easy accessibility, geographical proximity, availability at a given time, or the willingness to participate (Etikan et al., 2016). Convenience sampling was applied through the purposive selection of student nurses and nurse educators that were accessible, within the University, at the time, and willing to participate in my research. Snowball sampling or referral-sampling is the purposive sampling of target population referred by initial recruits (Shorten and Moorley, 2014). Snowball sampling was applied by asking student nurses or nurse educators recruited by means of convenience sampling as seeds to recruit other student nurses and nurse educators of similar criteria. Theoretical sampling is a core element of grounded theory which involves the purposive selection of participants based on the "developing concepts in data collection and analysis to guide where, how, and from whom further data should be collected to develop a theory" (Butler et al, 2018, p.561). Pragmatic application of theoretical sampling involved skimmed analysis by scanning audio-visual records and transcripts of each interview or focus group to identify data that required further exploration in subsequent interviews or focus groups. This approach was

consistently applied to the point that no newer ideas emerged, or ideas remained unchanged or theoretically saturated.

The value of these three purposive sampling strategies was that it brought together participants unique and different information about social justice issues in healthcare and nurse education. Aspects of these information was based on lived experience of working and caring for people with diverse health and social conditions, or abstract knowledge of social justice. The next section describes the steps taken to source and recruit the population of interest.

4.8.4. Sample Sourcing

The first direct contact or field stage of the research activity is that of sourcing the sample by reaching out to the real world of participants (Robinson, 2014). It involved providing potential participants with adequate information about the research, including the purpose or goal of the research, persons eligible to participate, requirements for participation and ethical issues that pertain to the study. This information was required for ethics approval as explained above and entailed the provision of documents on participants information sheets and consent forms, and medium of advertisement of the research.

With regards to the Participant Information Sheets (PIS), separate documents were prepared for interviews with student nurses and focus groups with nurse educators, including consent forms. Advertising of the research was done online, via the University intranet and email platforms, due to prohibition for in-person contact during COVID-19 pandemic, including information about the purposes and duration of interviews or focus groups. Online advertising limited the possibility of reaching potential participants with limited access to the internet or unfamiliar or hesitant to engage in online advertisement. During the advertisement phase between May 2020 and August 2020, 13 student nurses and 14 nurse educators, expressed interest, although 11 student nurses and 11 nurse educators agreed to participate in the research. No reasons were asked for or given by persons who expressed interest but decided not to participate, as I was conscious of maintaining the autonomy of potential participants in their decision-making. **Figure 4.5** shows the demographic of students and educators who participated in this research.

Figure 4.5: Demographic of Research Participants

Student Nurse Participants							Nurse Educator Participants				
Participant	Course	Division	Year	Age range	Gender	Race	Participant	Department	Age range	Gender	Race
SNP1	BSc	AN	2	40 to 50	Female	Black	NEP1	AN	50 to 60	Female	White
SNP2	PGDip	AN	2	50 to 60	Female	Black	NEP2	CoN	50 to 60	Female	Black
SNP3	PGDip	AN	2	30 to 40	Female	White	NEP3	AN	50 to 60	Female	Black
SNP4	BSc	AN	2	30 to 40	Female	White	NEP4	AN	40 to 50	Male	Black
SNP5	BSc	AN	2	40 to 50	Female	Black	NEP5	AN	50 to 60	Female	Black
SN6	BSc	AN	3	30 to 40	Female	Black	NEP6	CoN	50 to 60	Female	White
SNP7	BSc	AN	2	30 to 40	Female	Black	NEP7	AN	40 to 50	Male	White
SNP8	BSc	AN	2	30 to 40	Female	Black	NEP8	AN	60 to 70	Male	White
SNP9	BSc	AN	3	40 to 50	Female	Black	NEP9	AN	40 to 50	Female	White
SNP10	BSc	AN	3	30 to 40	Female	Black	NEP10	MHN	50 to 60	Female	Black
SNP11	PGDip	AN	2	30 to 40	Female	Black	NEP11	MHN	50 to 60	Male	Black
				Mean – 45					Mean – 50		

Note: SNP - Student Nurse Participant; PGDip: Post Graduate Diploma; BSc - Bachelor of Science; AN - Adult Nursing; Duration of study - 3 years

Note: NEP - Nurse Educator Participant; AN - Adult Nursing; CoN - Community Nursing; MHN - Mental Health Nursing

It was my research objective to recruit students and nurse educators from different divisions or fields of nursing studies. Despite multiple online advertisements and use of snowballing sampling strategies, only adult nursing students were recruited. This can be partly explained by the impact of COVID-19 pandemic which occurred during the recruitment phase of the research when students were grappling with fear working with infected patients on placements and learning new skills to adapt to online learning. Similarly, in the case of nurse educators, it was not possible to recruit from learning disability and children nursing. The proportion of students recruited from the two courses, age ranges and racial background; as it was for the age range, gender, and racial background of nurse educators, can be said to be equivalent to the proportion enrolled or employed at the university; but the nurse tutors were not necessarily registered nurses. Most students self-defined as Black or African or Caribbean decent, instead of BAME which incorporate black and other minority ethnic groups. Participants' self-identification was recorded and not explored. While it was intended to recruit students from all gender background, only female students were recruited, a situation that cannot be explained. The lack of recruitment of students from fields other than adult and male students are mentioned as possible limitations and opportunities for future research.

4.9. METHODS OF DATA COLLECTION

Data collection is the next stage that follows sampling in the sequence of entering the research field. However, the course of qualitative research is not necessarily linear, as processes of sampling, data collection and data analysis can be iterative and recursive (Ravitch and Carl, 2016). The term data in research refers to information in the form of words, numbers, pictures, video, audio, and concepts (Schreiber, 2004). Methods of data collection are the strategies or techniques deployed in gathering this information. These strategies should align with the design of the research, that is, qualitative, or quantitative or mixed methods.

My qualitative research data collection methods combined semi-structured interviews with student nurses and focus groups with nurse educators, for the purposes of triangulating and validating data from these two sources. Concurrent application of these methods explored students learning or lived experience of social justice, alongside educators teaching or lived experience of social justice.

4.9.1. Online Semi-structured Interview

Interview is a conversational interaction between individuals or groups with the purpose of obtaining knowledge about a subject of interest. Interview is a social interaction that enables the interviewer, acting as a skilled questioner and attentive listener, to devise ways to enter the interviewees lived experience (Patton, 2015) and construct information. Interview in social research is traced to the latter part of the twentieth century, which is recent compared to participant or non-participant observation in ethnographic study (Edward and Holland, 2013). However, interview has become widespread knowledge producing practice as it enables human interaction and negotiation for the creation and understanding of social life (Edward and Holland, 2013). This interaction adopts interpretive approaches in the way that the researcher or interviewer understands the interviewee and interprets meaning, and together they co-construct knowledge. Kvale (1996, p.42) referred to this co-constructive exercise as "InterView" or view between two or more persons. The interaction can be between the researcher or researchers and a single person or group of persons, in-person or online or via telephone, and structured or semi-structured or unstructured.

Online semi-structured interviewing was applied which involved virtual social interaction using partial structure in the questioning approach by me as interviewer to elicit response or information from student nurse participants as interviewees. Online semi-structured interview often bridged several standard questions in structured interviews versus single or few questions in unstructured interviews.

In this research, few standard questions were used to probe for additional information from the respondent. This made it possible to focus the interview on research objectives, with flexibility for exploring greater understanding of participant lived experience as relevant to the discussion.

Main reason for use of semi-structured interview was to collect in-depth data from individual student nurses about their lived experience of social justice issues in their academic or practice learning. Compared with nurse educators, student nurses are much closer to practice areas and better placed to provide personal stories about practice area experiences of social justice or injustice issues they or their patients or colleagues may encounter. It is plausible to state that students are at the lower pecking order of the power dynamics in academic and practice area nurse education, hence faced with greater possibilities of experiencing and commenting on social justice or injustice issues they encounter. I expected that the sensitivity of certain information about personal experiences of social justice or injustice could be suitably collected from individual interviews instead of focus groups. The concern over interviews as 'notoriously unreliable … incomplete and faulty memories' that interviewees offer (Forsey, 2012, p.365), was checked or triangulated against data provided by nurse educators on similar topics in focus groups.

To facilitate an informative interview, an interview schedule was used to engage student nurse participants on discussions about their lived experience and learning experiences of social justice issues in academic and practice areas. The schedule covered topics on research objectives on meaning of social justice, impact of social injustice on health, visibility of social justice learning in nurse education, and incorporating social justice learning in nurse education. Responses to these questions provided detailed contextual description of multiple experiences, realities, and perspectives of student nurses on social justice issues in nursing practice and education and personal lives.

4.9.2. Online Focus Group

Focus group is an organised discussion between the researcher or researchers and group of individuals, on subjects of interest to the researcher and focusing on the experience of research participants. Focus group is valuable for encouraging group discussion and exchange of different or similar personal experiences and stories among participants on topic of interest (Richard et al., 2021). Focus groups have been commonly organised in-person, but there is recent rise in online focus groups due to opportunities provided by videoconferencing technologies (Richard et al., 2021) and uncertain futures such as health threat by COVID-19 and other pandemics (Parry, 2020), or individual preference to remain at home (Kominers et al., 2020). In-person and online focus groups are found to be

comparable in generating high quality ideas and in novelty, usefulness, and feasibility (Richard et al., 2021).

In the research proposal, which was prior to COVID-19 pandemic, I intended to conduct in-person focus group. However, due to the emergence of the COVID-19 pandemic at the time of ethics application, it was suggested by the committee and thought appropriate to conduct online focus groups.

An online focus group was facilitated by linking the participants to webcam via MS Teams as explained below in the section on practical consideration. Benefits of online focus groups in this research were that it drew participants from different geographical locations, allowed participation from preferred area of comfort by participant, lesser cost for participant and researcher in terms of travelling or rental of facilities or refreshment, and convenient to set up using available technologies (Boydell et al., 2014; Stewart and Shamdasani, 2017). Challenges addressed was ensuring that participants and I were familiar with setting up and use of technologies and effective moderation of virtual interaction among participants to generate rich and useful discussion (Tu, 2000; Williams et al., 2012).

The purpose of online focus group with nurse educators was to draw on their attitudes, feelings, beliefs, experiences, and reactions to social justice education. Compared with individual interviewing, social gathering, and interaction with nurse educators in focus groups elicited multiple views and emotions on the subject in shorter periods. It was beneficial for understanding the everyday use of language and culture (Morgan, 1996) in teaching and how these related to social justice issues. Focus group discussions provided insight into the development of ideas or theories (Race et al., 1994) from consensus or conflicting views of the nurse educators. In contrast with individual interview, the interactions between focus group participants added emotion, breadth, and depth to the discussion (Gammie et al., 2017), which would have been better facilitated among educators instead of students. The academic and lived experiences of the nurse educators provided information about teaching knowledge and organisational opportunities for social justice nurse education. It was the intention to juxtapose the teaching and lived experiences of the nurse educators with that of the learning and lived experiences of student nurses for triangulation on similar topics.

For practical reasons, it was decided to form focus groups based on the availability of willing participants, with the intention to limit the number to 3 to 6 participants to ensure there are opportunities for all participants to have their say, remain engaged, and reduce strain on the moderator (Richard et al., 2021). Pragmatic decisions were made to include educators from similar or

different fields of nursing, as it is often the case that educators teach across fields or on similar courses, and therefore the issue of disciplinary separation was not relevant. Three focus groups were organised comprising 3 participants in the first group, 4 participants in the second group, and 4 participants in the third group.

A focus group schedule aided discussions related to research objectives including meaning of social justice, impact of social injustice on health, visibility of social justice learning in nurse education, and incorporating social justice learning in nurse education. I decided to moderate the groups because of my knowledge of research aim and objectives, knowledge that an independent moderator might not have had to direct and enrich discussion on research purposes.

4.9.3. Arrangements for Online Interviews and Focus Groups

Organising and managing interviews and focus groups involved practical arrangements including writing schedule, planning venue, communicating with research participants, and conducting interviews or focus groups.

Interview or focus group schedule is a set of questions or topics selected to guide the interaction between research participants and me in the interviews or focus groups. Four questions or topics were set based on research aim and objectives as follows: What does social justice mean to the nursing profession? How does social injustice affect health? How visible is social justice learning or topics in nurse education? What ideas incorporate social justice learning in nurse education? These questions sought to explore and understand the realms of experiences and interpretive processes of research participants and researcher. Interview schedule was emailed to each participant at least one week before their schedule one-on-one or focus group interviews, to ensure they had ideas of discussion topics.

Planning the interview venue involved considerations about the place or site for holding the one-on-one or focus group interviews. Initial planning for options of in-person interviews on the University compound was decided against by the ethics committee and limited to online due to restrictions by the COVID-19 pandemic. Microsoft Teams (MS Teams) meeting platform was selected because it was the preferred online platform by the university for secure learning and research purposes. Also, it served the advantage that the participants and I were somewhat familiar with the operatives of MS Teams. A private MS Teams channel was created on the university platform for the purpose of conducting and securing interviews and focus groups data. Online platforms such as MS Teams and

Zoom are rated above in-person and telephone interviews by Archibald et al. (2019) and Irani (2019), because of ease of use, cost effectiveness, and their embedded data management and security features. However, there can be technical difficulties in using these online platforms, such as, setting up, making, or receiving video or audio connections, recording, and saving data. Due to these concerns, time was given to prepare participants and myself for smooth operation of the MS Teams platform as the site for interviews and focus groups and secure storage of recorded data.

Email communication was used to agree or inform participants about their participation in the one-on-one interview or focus group. Information communicated included participant information sheet, consent form, and interview or focus group schedule. Arrangements via email communication included dates and times of meeting, length of interview or focus group, how to join the MS Teams channel for the meeting, and whether to use video recording. All participants agreed to hold interview or focus group between Monday and Friday, between 09:00 and 17:00, for 30 to 60 minutes, for use of MS Teams link to join meeting. Two student nurse participants opted out of video recording.

Eleven student nurses participated in the one-on-one semi-structured interviews and 11 nurse educators participated in three focus groups (see **Figure 4.5**). All interviews and focus groups were setup and conducted via MS Teams on the University provided computer in my home study, which was conducive for this purpose. Participants were not asked about their location during the interviews or focus groups, so as not to pry into their privacy. All sessions were conducted on scheduled dates and started within 5 to 10 minutes before or after scheduled time. All sessions commenced by confirming from participants that they had clear understanding of the purpose of the research and willing to participate in the interview or focus group. No participant required clarification about the research, and all agreed to participate in the research using audio recording, but two student nurses declined videorecording.

Word is the main currency that was used to capture and document social interaction, conveyed through questions based on schedules and probing of participants responses. Good listening and dialoguing skills were used to explore specific themes by applying informal, non-directed, open-ended, conversational, naturalistic, and narrative styles of interview or discussion (Edward and Holland, 2013). Few notes were taken to remind me about salient points but ensuring not to cause distraction. The duration of interviews ranged from 16 minutes to 55 minutes, while focus groups ranged from 64 minutes to 84 minutes (see **Figure 4.6**).

Figure 4.6: Duration and Transcript of Interviews and Focus Groups

Interview with Student Nurses (SN)		
Participant	**Duration (Hr:Min:Sec)**	**Transcript (Pages)**
SN1	00:38:45	8
SN2	00:44:10	7
SN3	00:48:24	10
SN4	00:39:07	7
SN5	00:35:53	7
SN6	00:31:10	7
SN7	00:54:42	7
SN8	00:28:42	5
SN9	00:21:32	3
SN10	00:44:39	6
SN11	00:15:48	3
Total	**06:07:08**	**70**

Focus Group with Nurse Educators (NE			
Focus group	**Participant**	**Duration (Hr:Min:Sec)**	**Transcript (Pages)**
1	NE1	00:54:39	9
	NE2		
	NE3		
2	NE4	01:24:02	15
	NE5		
	NE6		
	NE7		
3	NE8	01:04:04	10
	NE9		
	NE10		
	NE11		
Total		**03:22:45**	**34**

Also, **Figure 4.6** shows information on outcome of transcription of recorded materials, a process that is discussed in the next section.

4.10. METHODS OF TRANSCRIPTION

Transcription is the representation of audio or visual data of words or images into written words. It is a neglected methodological procedure in research as there is often lack of detailed description of methods of transcription in publications (Nascimento and Steinbruch, 2019). These writers believed that detailed description of methods of transcription contributes to assessment of methodological accuracy, rigour, and quality criteria in qualitative research. This detail relies on use of written words to capture the contents of conversation between the researcher and participants.

The option for capturing this conversation includes the use of Computer Assisted Qualitative Data Analysis Software (CAQDAS) such as NVivo, Atlas.ti and MAXQDA, or hiring external transcription agents, or manual transcription by the researcher. Online services and external agents provide links for the researcher to upload the recorded data which is converted into written words by the software or agent and emailed to the researcher. These services can cost from free to over £1,000.00 depending on length of transcription and reviews can be poor to excellent with often the need for proofreading by the researcher. Manual transcription involved the researcher self-transcribing the recorded data at

no cost or need for proofreading. This option can be labour intensive but cost effective and improves researcher "immersion in the data and allow researchers to account for dynamics that are often lost in complete audio-to-text transcription, such as group interactions and nonverbal communication" (McMullin, 2021, p.3).

Manual self-transcription was applied with use of a university software secured laptop and personal computer (PC). The laptop had saved files of audio-recorded interviews and focus groups and the PC had Microsoft Office 365 software function for Dictation. Microsoft Word documents were created to enable the use of the Dictation function to word process audio recorded files. This process was repeated in three stages to capture, edit, and compile final transcript for each interview or focus group session. This approach ensured the accuracy of transfer of recorded data into word documents. Audio-visual files and word documents of each transcript are securely saved on the LSBU secure intranet Drive. **Figure 4.5** shows duration of recordings and pages of transcripts of interviews and focus groups.

4.11. METHODS OF DATA ANALYSIS

Data analysis in qualitative research is "labour intensive and time consuming" (Lofland et al., 2006, p.196) process that aims to make sense of large subjective data from interviews or focus groups or field observations. Data analysis in qualitative research is an inductive process of transforming raw data by "searching, evaluating, recognising, coding, mapping, exploring and describing patterns, trends, themes and categories in the raw data, in order to interpret them and provide their underlying meanings" (Ngulube, 2015, p.131). Data analysis concerns immersing in the data by reading, making meaning, and explaining words, sentences, incidents, actions, assumptions, and occurrences in the subjective statements by the participants.

Qualitative data analysis methods have unique features that distinguish it from quantitative data analysis methods. For instance, large volume of interview or focus group data on qualitative research contrasts small volume questionnaire or survey data in quantitative research. Also, there are variations in data analysis among the different qualitative research methods. For instance, phenomenological research methods separate data collection from data analysis procedures, as opposed to constant comparison in grounded theory with overlaps these procedures. Moreover, different genres of grounded theory adopt different although overlapping systems of coding in data analysis at initial, intermediate, and advanced levels. This research applied qualitative data analysis

based on Charmaz's genre of grounded theory coding levels including initial, focused, and theoretical coding, as discussed in next sections.

4.11.1. Coding

Coding is the process of generating a code, which "in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and or evocative attribute for a portion of language-based or visual data" (Saldana, 2013, p.3). Charmaz (2006) referred to "coding as means of categorising segments of data with short name that simultaneously summarise and accounts for each piece of data" (p.43). These descriptions of coding or code express shorthand ideas of interpreting or meaning making by the researcher to patterns or categories or theories attributed to data.

Coding in this research consisted of interpretation of data from interviews and focus groups transcripts. It was the construction of ideas that accounts or explains viewpoints in the data. Linking a viewpoint or *initial code*, created *focused code* for collection of viewpoints, and developed overarching viewpoints or *theoretical code*. Charmaz (2006) described this process as collecting and generating "the bones of the analysis" to integrate and assemble "into a working framework" (p.45) and weaving these into "generalisable theoretical statement that transcends specific time and place" (p.46). An elaborated approach of coding is found in the literature, such as, the 23 types of coding listed in *A Glossary of Coding Methods* by Saldana (2013). To maintain philosophical and methodological congruence, my research applied the coding approach advocated by Charmaz, that is, initial, focused, and theoretical coding (Birks and Mills, 2015; Charmaz, 2006).

4.11.1.1. Initial Coding

Initial coding is the first stage of Charmaz's grounded theory approach to data analysis. It is the identifying and defining of core ideas or concepts by breaking down data into discrete parts to examine and compare similarities and differences (Saldana, 2013). Initial coding incorporates open coding or opening-up of new ideas, in vivo coding or use of words or phrases by participant, and process coding or extraction of participants action (Birks and Mills, 2015; Charmaz, 2006; Saldana, 2013). Initial coding creates provisional ideas that are followed through constant comparison of data and incidents in seeking new or best fit data.

At the initial coding stage, I remained open to all ideas by keeping close to the data to understand viewpoints in the data, asking questions, such as, "What is this data a study of? What does the data suggest or pronounce? From whose point of view? and What theoretical category does this specific datum indicate?" (Charmaz, 2006, p.47). For instance, a Nurse Educator Participant's response to the question "What does social justice mean to the nursing profession? was *"social justice is a rhetorical term … used to … gloss over … who we are as individual human beings and respecting each other as an individual".* Openness and closeness to the data generated these interpretations: that this data is an appropriate response to the study of social justice which has different meanings in different contexts; that while there is lack of straightforward meaning of social justice it does relates to individual relationships; that the viewpoint could be that of the responder in relation to their experience or knowledge of the subject; that the tentative theoretical category is that social justice is about individual experience of issues such as respect.

Being open allowed thoughts and ideas to emerge that are not contaminated by pre-existing ideas about the subject and created chances for learning and discovering new concepts (Charmaz, 2006). Grounded theorists have suggested the use of action orientated words or gerunds, to keep participants statements active and to avoid conceptual leaps or introduction of extant theories (Birks and Mills, 2015; Charmaz, 2015; Glaser, 1978). In the example above on the nurse educator participant's response, gerunds used to interpret that statement includes "saying social justice has no meaning or different meaning to different people; recognising social justice as issue of humanity or respecting individuals".

The purpose of using word-by-word, line-by-line, and incident-by-incident approach in initial coding, is to follow effect of each word on meaning, each line on concepts, and each incident on patterns of ideas or data. This resulted in generating several initial codes on each question or item. For example, the question on "what does social justice mean for the nursing profession?" generated more than 50 words or phrases which was a similar output for other questions on the research objectives, as presented and explained in the next Chapter on Findings. This level of thoroughness ensures the comparison of each word in statements by participants and between participants. This breakdown of ideas created the foundation for focused coding as the second level of coding in Charmaz's grounded theory methods of data analysis.

4.11.1.2. Focused Coding

Focused coding is the second or intermediate coding level in Charmaz's genre of grounded theory data analysis. Focused coding is akin to intermediate coding levels named by other grounded theorists, such as, integrative coding (Glaser and Strauss, 1967), selective coding (Glaser, 1978), axial coding (Corbin and Strauss, 2015), or intermediate coding (Birk and Mills, 2015). Focused coding is the level wherein the researcher identifies recurring themes that illuminate significant phenomenon by adopting more direct, selective, and conceptual approaches to synthesise and explain larger segments of data (Charmaz, 2006). It is the process of sifting through initial codes, to refocus initial perceptions about the topic, understand key themes in statements, compare data to data, and compare data to codes.

For example, Student Nurse participant or SN1 response to the question on 'What does social justice mean for the nursing profession? was *'equality … justice … fairness, treating people the way you want them to treat you … human rights … vulnerable … opportunity ... gender discrimination … homeless…",* and SN2 said *"treating everybody equally giving everybody the same opportunity and the same right not infringing on anybody's human rights".* After sifting through these similar words or ideas at the initial coding level, I decided to link these viewpoints to the focused coding level that social justice is about "ethical principles" or "individual experiences". These focused codes created "analytic momentum" (Charmaz, 2006, p.164) and provided "provisional theoretical category" (Kenny, 2015, p.1279), for a collection of similar viewpoints. Corbin and Strauss (2015) grounded theory genre referred to this process as axial coding, which is the building of relationships around the axis that focus the data (Charmaz, 2006), the axis in this case being around "ethical principles" or "individual experience". Glaser (1967; 1978) understood this process as integrative and selective coding, that is, the integration of selected salient ideas that focus on what Mills and Becks (2015) described as intermediate coding level between the initial and theoretical or final coding.

Focused coding levels generated few core ideas that represented several ideas generated at the initial coding levels from all statements by participants. For example, the more than 50 words or phrases generated at the initial coding level on the question on "what does social justice mean for the nursing profession?", was condensed into three focused codes, that is, favourable ethical principles, good access to health resources, and individual lived experience. Similar number of focused codes were identified from questions on the research objectives, as discussed in the Chapter on Findings. These trimming of ideas or concepts formed the foundation for the theoretical coding level in Charmaz's grounded theory data analysis.

4.11.1.3. Theoretical Coding

Theoretical coding is the advanced or final stage of coding wherein categories developed at the focused coding level are integrated into a theory (Glaser, 1978). It sharpens the analytical edge of grounded theory research by adding precision and clarity, coherence, and comprehensibility (Charmaz, 2014). It provides "an umbrella that covers and accounts for all other codes and categories formulated" (Saldana, 2013, p.268). Other grounded theorists have described theoretical coding level as delimiting the theory (Glaser and Strauss, 1967), and selective coding (Corbin and Strauss, 2015).

The theoretical coding levels provided frameworks for conceptualising the focused codes that related to ideas to integrate into a theory. For instance, the three focused codes on the question on *"What does social justice mean for the nursing profession?"* condensed into a theoretical coding of a single statement that *"Social justice are conditions and practices that fosters individual health experience"*. This theoretical coding accounted for the focused codes of favourable ethical principles, good access to health resources, and individual lived experience. Similar theoretical coding processes were applied for other research questions.

10.12. SUMMARY

Summary of this chapter on methodology is shown in **Figure 4.7**.

Figure 4.7: Summary of Methodology

Methodologies	Taxonomies	Application
Philosophical assumptions	Ontology: Realism **vs** Relativism	**Relativism:** participants multiple knowledge or experience of social justice
	Epistemology: Subjectivism **vs** Objectivism	**Subjectivism:** dependent of participants perspective on social justice
	Axiology: different forms of values	**Value-laden and balanced:** values of participants and researcher
	Rhetoric: Qualitative **vs** Quantitative **vs** Mixed	**Qualitative:** uses first person, positionality, reflexivity
	Methodology: Inductive **vs** Deductive	**Inductive:** understand ideas that emerge from interviews with participants
Paradigms	Normativism **vs** Interpretivism **vs** Critical	**Critical Interpretivism:** construct realities on change of social injustice in health
Designs	Phenomenology **vs** Ethnography **vs** Grounded theory	**Grounded theory:** develop theory or ideas about social justice nursing education
Grounded Theory	Positivism **vs** Symbolism **vs** Constructivism	**Charmaz Constructivism:** participants and researcher co-construction of theory
Methods		
Sampling	Universe	Site – LSBU (3 sites) ; Population – student nurse (> 1500) & Nurse educators (>50)
	Size	11 Student Nurses & 11 Nurse educators
	Strategies	Purposive, Convenience, Snowballing, Theoretical
	Sources	LSBU intranet – Course Moodle sites and Email distribution lists
Data collection	Strategies	Semi-structured Interview with student nurses, Focus Group with nurse educators
	Recording	Audio and video recording via MS Teams
Data Transcription	Strategies	Manual use of PC and Laptop
Data Analysis	Coding genre – Glaser **vs** Corbin **vs** Charmaz	Charmaz genre – initial, focused, theoretical Coding

The methodology chapter discussed philosophical assumptions applied in this research including relativism ontology, subjectivism epistemology, value-laden and balanced axiology, qualitative rhetoric, and inductive or qualitative methodology. Also, it addressed the application of research paradigm on critical-interpretivism, research design of Charmaz' constructivism qualitative grounded theory, ethical application and approval, and pilot study. Moreover, this chapter incorporated application of purposive sampling of 11 LSBU student nurses and 11 LSBU nurse educators, data collection using semi-structured interviews for student nurses and focus groups for nurse educators. It is important to note that LSBU as the research setting is unique in the sense of the metropolitan nature of its population. The population composed of a significant number of students and educators from ethnic minority backgrounds. Aspects of diversity including disability, age, religion gender identity and sexual orientation, ethnicity, culture, and immigration may have influenced the participants' beliefs, experiences, and perceptions about social justice in nursing and their broader experiences. Similarly, the students who participated in the study were all female, most students self-defined as Black, and the nurse tutors were not necessarily registered nurses, issues that have been articulated in the limitations of my study. Student nurses are also unique as a sample as they are graduating for a professional qualification and as such, they are different from those on non-professional courses. For example, student nurses must undergo a Disclosure and Barring Service check or clearance and must sign an annual health declaration and they can impact their perspectives of social justice. Lastly, the methodology chapter explains the manual transcription of data and application of Charmaz's grounded theory initial, focused, and theoretical coding levels for data analysis. The findings of the data analysis are presented and explained in the next chapter on research findings.

CHAPTER 5

FINDINGS

5.1. INTRODUCTION

Grounded theory research findings should provide new discoveries and compelling arguments on the topic or field of study, focusing on "the main concerns" and "the main social interactions" in the research (Berthelsen et al., 2018, p.71). The main concern of this research is to explore ideas for empowering student nurses to engage in actions that promotes social justice, while the main social interactions are between student nurse or nurse educator participants and me as researcher. Findings about these concerns are presented in the form of coding in keeping with grounded theory research traditions, as follows: theoretical codes for main headings, focused codes for subheadings, and initial codes for explanation of focused and theoretical codes. **Figure 5.1** shows the summary of the findings on the aim and objectives of the research and applying Charmaz's grounded theory initial, focused, and theoretical coding levels.

Figure 5.1: Findings on Empowering Student Nurses for Social Justice Praxis

Research Aim	Questions or Objectives	Initial codes (some examples)	Focused codes	Theoretical codes
To explore ideas that promote social justice practice in nurse education.	**What is the meaning of social justice for nursing profession?** To understand the meaning of social justice in nursing and general contexts.	*Equality, justice, human right, fairness; access to wealth opportunities health services, resources; individual experience; colour, respect, gender migrant discrimination; homeless; differences; fair play; respect; unemployment; privileges, skin colour religion; participatory parity; accepting others, etc*	▪ Individual lived experience ▪ Favourable ethical principles ▪ Good access to health resources ▪ *Complex rhetorical term*	**Social justice are conditions and practices that fosters individual or population health experience.**
	How does social injustice impact on health and wellbeing? To recognise the impact of social injustice on health and wellbeing.	*Homeless, depriving, self esteem, whole wellbeing, access, poverty, inequalities, determinants of health, unemployment, abuse, immigration, self-worth, ability to function and sleep, don't aim as high, don't feel worthy, people just give up, mental health, physical health, battered, you don't even eat, look after yourself properly, hopeless, etc*	▪ Marginal health conditions ▪ Social deprivation ▪ Minimal access to health and other resources ▪ Adverse impact on practitioners	**Social injustice hinders individual or population health**
	How visible is social justice learning in nurse education? To ascertain knowledge of social justice in nurse education.	*kind of available, students might not be aware, don't recall, fair opportunities, not explicit, not embedded, no module, lip service, teachers not equipped to deliver curriculum on social justice, they don't teach social justice in the university, new universities curriculum isn't any longer transformational it's transactional, pay lip service to opening access didn't really back it up with any proper supports, etc*	▪ Implicit references in nursing documents ▪ Lack of explicit curriculum ▪ Limited nurse educator knowledge ▪ Dearth organisational support	**Social justice learning is equivocal in nurse education.**
	How to develop ideas for incorporation of social justice learning in nurse education? To discover ideas for incorporating social justice learning in nurse education.	*Teaching, awareness, conversation, reflecting, explicit curriculum, NMC documents, community placement, leadership, embed in curriculum, to teach reflection well, redesigning curriculum around social justice, overwhelming, uncomfortable, discuss it, choice, etc*	▪ Design explicit social justice curriculum ▪ Educate nurse educators ▪ Attract nurse leaders' support	**Social justice nursing frameworks increase the visibility of social justice learning in nurse education**

Based on information in **Figure 5.1**, the theoretical codes used to present the research findings are as follows:

- Code 1: Social justice fosters health
- Code 2: Social injustice hinders health
- Code 3: Social justice learning is equivocal in nurse education
- Code 4: Social justice frameworks for nurse education

Note the following:

- Quotations used in this Chapter convey statements by participants.
- Abbreviations used to anonymise statements by participants are **SN** for Student Nurse participant, **NE** for Nurse Educator participant, numbers **1** to **11** for identity of participants.

5.2. CODE 1: SOCIAL JUSTICE FOSTERS HEALTH

The dilemma of ideas about social justice is to understand the meaning of the term social justice. Therefore, it was the objective of this research to understand the meaning of social justice in the context of nurse education. It was my belief that for students to promote social justice in their practice they should understand the term in nursing specific or wider context. To achieve this purpose, student nurses and nurse educators who participated in this research were asked an open question on *what does social justice mean for the nursing profession?* This question gave participants the opportunity to define social justice in personal or professional contexts. The theoretical or umbrella code that emerged was that *social justice are conditions and practices that fosters individual or population health experience.* This theoretical code was associated with three focused codes or significant ideas on *favourable ethical principles, good access to resources and opportunities, and individual lived experiences*. A negative case, that is*,* an idea that does not match with general ideas, was found on *social justice as a complex rhetorical term*. These focused codes are used to explain many initial codes or verbatim statements as illustrated in **Figure 5.2**.

Figure 5.2: Findings on Meaning of Social Justice

Data Sources	Initial codes	Focused codes	Theoretical code
Semi-structured interviews with Student Nurses (NS)	• *equality … justice … fairness … human rights … injustice … vulnerable … opportunity to attain … benefits … health education … gender discrimination … homeless* **(SN1)** • *treating everybody equally giving everybody the same opportunity and the same right not infringing on anybody's human rights … right … fairness … justice … injustice* **(SN2)** • *equal … access to wealth opportunities … health services … treating people as an individual irrespective of … background … f air play … not … discriminating against migrants* **(SN7)** • *moral legal … human basic rights … health … fair … impartial sharing of benefits and problems* **(SN8)** • *equal opportunities … and access to .. services poverty … unemployment … broad term … covers lot of things* **(SN9)** • *equality … fair … advantages and disadvantage … reasonable … preferences … respect … harmless* **(SN10)** • *treating people fairly not minding… gender … equal opportunity … distribution … equal privilege … treating* **(SN11)** • *complicated …individuals right … an individual experience … justice or injustice* **(SN03)** • *compassionate social political and economic structure … preserve the dignity of people … promote equality … enhance the human flourish -ness … positive impact in people's life … fairness across board* **(SN5)**	▪ Favourable ethical principles ▪ Good access to health resources ▪ Individual lived experience	**Social justice are conditions and practices that fosters individual or population health experience.**
Focus group with Nurse Educators (NE)	• *public health determinants of health … race* **(NE3)** • *it means different things to everybody … its about the personal experience … fair just equal … personal philosophy* **(NE1)** • *treating everyone fairly … attitudes … perception … breakdown … barriers of specialities … uniqueness … human first and foremost … considerate … kindness … human being …. respect … insular rather than secular society* **(NE2)** • *justice in … accessing resources … healthcare or employment or knowledge information education … privilege … lack of resources … recognises differences … social justice is about rights … privileges, skin colour … religion … gender* **(NE4)** • *equality for all… a little bit of everything … wellness … resources … people are treated … not only money … how we treat people … its ethics is how you appreciate people values … cultural competence … respect* **(NE5)** • *not judging people … accepting them as human beings … people are different … more than one way to achieve something … difference is good … accepting others* **(NE6)** • *individual's experience in relation to society … individuals … and … institutions taking … responsibility and making sure tha t feeds out into their organisations and processes* **(NE7)** • *Black Lives Matter issues … class issue … working -class people having lesser access to improve their lives than middle class people … different levels of injustice and unfairness* **(NE9)** • *ability of individuals to participate … meaningfully in … improving life chances … right to go to school … adequate healthcare …housing … participatory parity … given the tools to make people function effectively* **(NE11)** • *equality on all levels … social class … ethnic group … race … religion you come from* **(NE10)**	▪ Favourable ethical principles ▪ Good access to health resources or ▪ Individual lived experience	
Negative cases	• *politically correct* **(NE3);** *has no meaning … without social action social justice is just another term* **(NE1);** *politically correct phrases … is a rhetorical term … gloss over … respecting each other* **(NE2);**Complicated **(SN03)**	▪ Rhetorical, complex term	

5.2.1. Favourable Ethical Principles

A recurring code on the meaning of social justice was the use of ethical principles to define the term, as stated by NE2, that "social justice is about ethical principles of treating everyone fairly". Other ethical principles used to define or describe social justice included "equality, justice, fairness, human rights, and opportunity to attain" (SN1); "fair play" (SN7); "basic human rights" (SN8); "equal opportunities (SN9); fair, just, equal (NE1); fairly, respect (NE2; NE4). In other instances, these ethical principles were used to define the context in which they impact on human social interaction, such as, "treating everybody equally, giving everybody the same opportunity, and the same right, not infringing on anybody's human rights" (SN2); "treating people as an individual irrespective of background (SN7); and treating people fairly, not minding their background" (SN4).

Participants understood social justice by associating the impact ethical principles can have on human social conditions, such as, "health and education" (SN1); "health services" (SN7); "healthcare or employment" (NE4); "society" (NE2; NE7); or "healthcare and housing" (NE11). Additionally, the meaning of social justice was associated with the impact of ethical principles on social groups, such as, "social class, ethnic group, race, religion" (NE10). Moreover, the outcomes of applying ethical principles in social interaction was used to describe social (in)justice as issues of "opportunity, benefits, gender discrimination" (SN1); "access to wealth opportunities, discriminating against migrants" (SN7); "not judging people, accepting them as human beings, accepting others" (NE6). These views were evident in the thoughts of NE10 that social justice is "equality on all levels, whether

you are from a poor social class, whatever ethnic group you come from, whatever race you are, whatever religion you come from".

5.2.2. Good Access to Resources

Conditions for accessing resources in society was a recurring code on the meaning of social justice, as stated by NE10 that social justice is "creating a plain level field for all persons to have access to certain things". These conditions were said by participants to be determined by individuals' "advantages and disadvantages", due to "skin colour, religion, gender, social class, ethnic group, race, migration" (NE10; NE4; SN1) or "social, political, economic structures; or health, education, wealth, and employment" (SN5; SN7, SN9; SN10).

NE10 said that social justice "should just be that things are available, and you can access them, so that when you wake up in the morning, what you look like, what you sound like, what you know, shouldn't matter". However, NE9 felt that access to resources is "about where you are born", and gave example of "awful treatment of refugees, less fortunate, or people fighting for their lives, compared with my personal journey been easy and privileged being white". Thus, this participant felt social justice should be about "an ideal world of equality and making sure everyone has access to healthcare, doesn't matter who you are".

In a historic reference to social justice, NE8 said "when I was growing up it was class issue, very much about working class people having lesser access to improve their lives than middle class people, but I think now certainly it's Black Lives Matter that is forefront of my mind". The idea of improving life's chances was echoed by NE4 in describing social justice as "some form of justice regarding accessing resources, that being healthcare or employment or knowledge, information, education, skills; about fairness of accessing resources regardless of your background". This participant thought it is "injustice in societies when some people have more privilege than others" and used the "American healthcare system where people pay for certain level of healthcare as unjust, compared to United Kingdom's free access to healthcare, although those who have money to pay privately can have quicker access to health service" (NE4).

In explaining the "experiences of working-class students", NE11 said that: "it is not about just given access, and said social justice is about giving the tools to make people function effectively, to participate meaningfully in improving life chances, whatever that could mean, whether it be the right to go to school, to get adequate healthcare, or adequate housing".

5.2.3. Individual Lived Experience

The description of social justice as an individual or population lived experience was a significant phenomenon that emerged from the data, as explicitly stated by SN3, that social justice is about an "individual experience of rights, justice, and injustice". This meaning was shared by NE1 that "social justice means different things to everybody in different ways, is about personal philosophy, and personal experience of fair, just, and equal treatment".

From broader perspective, NE7 referred to social justice as "individual experience in relation to society and institutions taking responsibility and making sure that feeds out into their organisations and processes". Organisational and society responsibility was considered by NE11 as the "ability of individuals to participate, meaningfully in improving life chances, such as, provisions for right to go to school, adequate healthcare, and housing and ensuring participatory parity by giving people the tools to function effectively".

Personal "experiences of social justice or injustice at the times of COVID-19 pandemic and Black Life Matters" was thought by NE3 as a defining moment of social justice. Other personal meanings attributed to social justice related to "injustice due to being non-English and single parent" (NE5), "inequality on personal level in all different aspects of life" (NE6), "lived experience of injustice and inequalities as gay man" (NE7), and "experience of not having much social or justice inclusion growing up in a developing country" (NE4).

Using professional or workplace experience, SN6 said social justice is about "nurse's experience of injustice or justice issues", referring to "black nurses under representation in a profession where 8 out of 10 people at top are White". Therefore, SN3 thought social justice should be "about nurses taking responsibilities for action" that SN11 believed will "change or improve workplace experience", a reason that influenced NE8 "joined nursing to try and make the world a just or better place".

5.2.4. Rhetorical Term

Notwithstanding the clear meanings attributed to social justice as applying ethical principles, accessing resources and personal experiences, there were negative cases that presented critical views on the topic. These views were that social justice is "complicated" (SN3), "politically correct" (NE3), or "rhetorical term" (NE2), "that has no meaning" (NE1).

These different perspectives justified my research objective of enabling nursing students to develop clear meaning of social justice in nurse education.

5.3. CODE 2: SOCIAL INJUSTICE HINDERS HEALTH

It is common to associate social injustice to health and social care problems, but not necessarily recognise the impact on health and wellbeing, due to different meanings of the term as discussed in Code 1. An open question on *how social injustice affects health and wellbeing* elicited participants' experiences and addressed the research objective of recognising the impact of social injustice on health. These experiences generated the theoretical code on *social injustice create conditions and practices that hinders individual or population health experience*. This theoretical code was associated with focused codes on *marginal health conditions, social deprivation, minimal access to health resources*, and *adverse impact on practitioner*. These focused codes are explained below with use of several initial codes, as shown in **Figure 5.3.**

Figure 5.3: Findings on Impact of Social Injustice on Health

Data Source	Initial codes	Focused codes	Theoretical code
Semi-structured interview with Nurse Students (NS)	• *like … a homeless person … need to promote social justice giving them fair treatment equal treatment … depriving them of the duty of care … people have been verbally abused* **(SN1)** • *it can affect the wellbeing of patient … if they don't receive the care that they need* **(SN2)** • *education … engagement … identity … financial practical limitations … diet … culturally … different norms … what's socially acceptable within different people's … influenced … healthier … social factors … how you view health … interactions … within healthcare … professionals* **(SN3)** • *transport … home … hospital … Uber … bus driver who might not even know what is happening … unsafe … environment … upset … loose faith in … healthcare … cannot afford transport … it's not fair … 80 year old can be given transfer … 35 … no fairness … regardless of age gender* **(SN5)** • *accident and emergency department … come across … homeless people … don't have … access to certain services … not really aware of the services … help that they can get … elderly patient lives alone … don't have any relatives … didn't have a package of care …health deteriorated* **(SN9)** • *people … born here … treated … different from … foreigners … it's the colour maybe is the accent … getting promotion … doing the same sort of thing or even doing more sometime* **(SN11)**	▪ Marginal health conditions ▪ Social deprivation ▪ Minimal access to health resources	**Social injustice create conditions or experiences that hinders health of individuals or populations.**
Focus group with Nurse Educators (NE)	• *people … treated differently … because of colour … drug addict … drunk and constantly close to A and E … drug … alcohol abuse. domestic violence child abuse … disparities … within racial … ethnic groups men and women … sex workers drunks on the street corners drug abusers and refugees … social justice … affects health regardless of colour creed* **(NE2)** • *health inequality … poor expectation … between health and social elements … resentment and mental health … despondency lackof engagement sense* **(NE1)** • *it affects people's … self-worth … self-esteem … ability to function and sleep … don't aim as high … don't feel worthy …people just give up … affects their health and wellbeing … mental health … physical health … when … battered … you don't even eat .. look after yourself properly* **(NE6)** • *not privileged … affect … lack of knowledge and education … immoral of governments … to withhold that from people … health inequalities … from social injustices … where you are born … postcode … your determinants of life are already … placed for you to overcome this social injustices … as a healthcare practitioner … it impact in own wellbeing … causes mental health … physical problems … wider impacts on the people you in contact … family your friends … lack of preparation … education … to equip nurses with the right skills to deal with social ..tools to provide assistance to people suffering from social injustice ..minimise the effects of feeling hopeless* **(NE4)** • *what is going on in people's life behind the scene will impact their … physical health as well as their mental health … chronic pain with sleeplessness relationships with food … low appetite … unhealthy relationship with food … smoking alcohol drugs … sexual behaviour risk taking behaviour* **(NE7)** • *individuals likely to suffer with mental illness come from the lower classes … strong link with unemployment poverty poor housing and mental health … absence of social justice … scale rises for the lower classes … poorer classes … get the worst education … at our GP.. educated people … articulate … needs … face to face … rather than over the phone … disempowering the lower classes and … impact … health* **(NE11)** • *people that don't speak English … hard to access … health needs ..health appointments* **(NE9)** • *social determinants of health … people … poorer health outcomes … defeated before … start … people from a poor social class ..poorly educated … have poorer health outcomes … can't go into good jobs … remain in cycle of poverty … system is created for them to fail* **(NE10)**	▪ Marginal health conditions ▪ Marginal access to health resources ▪ Social deprivation ▪ Adverse impact on practitioner	

5.3.1. Marginal Health Conditions

One of the recurring codes on the impact of social injustice as stated by SN2 and others was that it can "affect the wellbeing of patient in situations where they don't receive the care that they need".

Aspects of health and wellbeing that NE6 thought "social injustice affects includes mental and physical health, that when people are battered you don't even eat or look after yourself properly". This participant furthered that social injustice "affects people's self-worth, self-esteem, ability to function and sleep well, don't aim as high, don't feel worthy, and these people just give up".

Consistently, NE7 said that the health effect of social injustice that "is going on in people's life behind the scenes will impact their physical health as well as their mental health". This participant believed that these health problems can present in the forms of "chronic pain, sleeplessness, unhealthy relationships with food, such as, low appetite, smoking, alcohol, and drugs misuse, and sexual behaviour risk" (NE7). These views were captured in the statement by NE1 that individuals' experiences of "health inequality" can cause them to have poor expectation of "health and social services, resentment and mental health, despondency, and lack of engagement".

5.3.2. Social Deprivation

Social injustice was related to social deprivation by **SN1** and other participants in situations where "homeless persons are not given fair or equal treatment or being deprived of their duty of care". Other groups of people that **NE2** thought suffer from social deprivation due to unjust practices are those "treated differently because of colour, drug addiction, drunkenness, domestic violence, child abuse, sex workers, drunks on the street corners, refugees, and ethnic groups of men and women". As a result, this participant thought that "social injustice affects health of all persons regardless of colour or creed".

According to NE4 social deprivations caused by "health inequalities" and "social injustices" are related to social conditions of "where you are born, your postcode and your determinants of life". This participant believed that these social determinants "are already placed for you thereby posing challenges to overcome these social injustices". Similar view was shared by NE10 that "people's social determinants of health can cause poorer health outcomes and these people are defeated even before they start to face life's challenges". This participant voiced that "people from a poor social class and the poorly educated, faces poorer health outcomes, because they can't go into good jobs, and remain in cycle of poverty". As a result, NE10 opined that for this people the "system is created for them to fail". A connected view shared by SN11 referred to social deprivation caused by racial discrimination in a case where "White people are favoured for job promotions instead of their foreign counterparts doing the same sort of thing or even doing more sometime".

NE11 shared similar perspective that “individuals likely to suffer with mental illness come from the lower classes, have strong link with unemployment, poverty, poor housing, and the absence of social justice”. This participant believed that the “scale” of health problems associated with social injustice rises for the lower classes and poorer classes”. The participant viewed health inequality and poor health outcome to people from lower classes who often “get the worst education, who cannot articulate their health need face to face with their General Practitioners, or over the phone where services are migrating”. NE11 believed that these social situations are “disempowering for the lower classes and impact their health”.

5.3.3. Minimal Access to Health Resources

Minimal or poor access to health and social services impacting social justice was referred to by SN9 in the “accident and emergency department” where they “came across homeless people who don't have access to certain services, or elderly patients whose health deteriorated because of living alone, don't have any relatives, and didn't have a package of care”. This participant said this people are “not aware of the services or help that they can get and do not have the knowledge or ability to know about availability or accessing services for their health and social care” (SN9).

Poor or discriminatory access to social services was associated with the age of care recipients, as explained by SN5 that a “35-year-old patient was denied hospital transport but provided to an 80-year-old”. The participant felt that “the social circumstances of the 35-year-old was not properly assessed to determine whether they can afford transport to travel home after their discharge”. The participant viewed this as “unfair as all persons should be given similar treatment regardless of age or gender”. On similar note, this participant thought that social deprivation can be in form of “using public transport such as buses and taxis to transfer patients as it is unsafe, upsetting, and loss of faith in healthcare, due to drivers lack knowledge on patient’s health or social conditions”.

5.3.4. Adverse Impact on Practitioner

The adverse impact of social injustice was emphasised by NE4 that social injustice can affect the “healthcare practitioner own wellbeing, causes mental health, physical problems, wider impacts on the people you are in contact, family, your friends”. This participant suggested the need “to equip nurses with the right skills to deal with social tools to assist people suffering from social injustice and minimise the effects of feeling hopeless”. This statement justifies the concern of the next code of

assessing the visibility of social justice education in nursing profession for developing the right skills and knowledge in dealing with the negative impact of social injustice of health and wellbeing.

5.4. CODE 3: SOCIAL JUSTICE LEARNING IS EQUIVOCAL

The third code was developed from participants views on the visibility of social justice learning in nursing profession. It was crucial to establish learning that created opportunities for understanding or participating in social justice matters and to determine possible contribution to knowledge on social justice nursing curriculum. An open question on *how visible is learning about social justice issues in the nurse education,* generated the theoretical code that *social justice education is equivocal in the nursing profession.* This theoretical code was associated with focused codes on *implicit references in nursing documents, lack of explicit curriculum on social justice, limited nurse educator knowledge of social justice education, and dearth of nurse leaders and organisation support for social justice education.* These focused codes are explained by several initial codes that portrayed the ambiguity of social justice learning in nurse education, as illustrated in **Figure 5.4.**

Figure 5.4: Findings on Visibility of Social Justice Learning in Nurse Education

Data Source	Initial codes	Focused codes	Theoretical code
Semi-structured interview with Nurse Students (SN)	• *kind of available but I think a lot of students … might not necessarily be aware that this is what it is … we're not like made aware of it … as nurses it should be imbibe in us … should be a major thing in the curriculum it's important social justice* **(SN1)** • *it's been quite factored in your module … explicit looking at health promotion … social factors and peoples holistic health … find it a lot in everywhere … often … nurses … have no clue about what's going on outside of the care … discharging someone … home* **(SN3)** • *Yes, I think actually it's been good … we worked with the homeless … person centred care … professional working … this is creating a good environment for social justice … I do feel that definitely on this course … it's raising awareness a lot … there's always … more that can be done* **(SN4)** • *Yes … safeguarding patient … fair opportunities … involved in a few social injustice circumstances … need a better understanding … more involved … put certain things in place* **(SN9)** • *our modules have a background or knowledge of social … equality and diversity … done promoting health and preventing ill health … open my eyes … how people of black … are treated … privileges they are exposed to … compared to … white people … amenities … social* **(SN11)** • *I don't recall nothing to do with social justice … there's not been any modules or any conversations … to entice students from ethnic minorities … someone from the top to … listen to … what we are going through … they don't teach you anything in the university … about … social injustice or anything related to … black people … not a single module within my three years that … discussed … diversity* **(SN6)**	▪ Implicit references in documents ▪ Lack of explicit curriculum ▪ Dearth organisational support	**Social justice learning is equivocal in nurse education.**
Focus group with Nurse Educators (NE)	• *the new universities … are working and the curriculum isn't any longer transformational it's transactional … learning process which aims for education to transform ourselves; learning has been hijacked by this need to make sure everyone's got a degree regardless of what degree is in; we've moved from … transformation to … transactional … had … impact on how we treat each other … we understand the world* **(NE2)** • *social justice integration into a curriculum … subject or module specific … fundamental … look at our curriculum … our education approach* **(NE1)** • *lack of language … to treat the education system as a lifelong learning event; not thinking of the term transactional but certainly transformative … hit the nail on the head; we … have lived as individuals, been educated, our life experiences and expectations by the LSBU system and British society … influence … prescribing to the student what they need to do to pass and tick that box; think that what I've contributed to it is a mini me or prescribed attitudes and behaviours and ways* **(NE3)** • *it is not explicit at all it is implied but it needs to be more explicit and it starts from the NMC … we can embed … across all modules … call it for what it is … cultural diversity … reflection … ethics poverty … not embedded in our curriculum in HSC … we needed more … collaborative … with different school* **(NE5)** • *to go beyond the school … make much bigger inroads … inviting guest speakers … expert* **(NE7)** • *need … training … surrounding social justice … bring in specialists … strong background … on … curriculum … where it can be embedded because we have all agreed that it is everywhere social justice belongs to all areas so does it belong to a module in the curriculum or just belong to activities … personally I would … need a lot more training on the subject … I don't have complete understanding of the subject … that would be my area of limitation* **(NE4)** • *we … pay lip service to opening access but we didn't really back it up with any proper supports .. majority of our students are parents … nothing in our planning of the course to make life easy for those people* **(NE8)** • *university prides itself for widening participation … in reality you know once people come through … there isn't … tangible stuff … put in place to help people* **(NE10)** • *the teachers the lecturers I don't think many are equipped in the first place to deliver curriculum focusing on social justice they themselves don't know much about it so let's begin with that going to go beyond the classroom; curriculum … not … adapted in anyway … to suit many of the lesser able students … equipping people to participate … large section of our student body left behind* **(NE11)**	▪ Lack of explicit module ▪ Limited nurse educator knowledge ▪ Dearth organisational commitment	

5.4.1. Implicit References to Social Justice

The idea that social justice learning is implied in the nursing course was thought by SN1 and others in the statement that social justice "is kind of available, but that a lot of students might not necessarily be aware that this is what it is, we're not like made aware of it". This participant thought that social justice "should be imbibe in nurses, should be a major thing in the curriculum", and that the issue of "social justice is important" in the profession. Consistent view was shared by SN3 that social justice was "quite factored in a module such as promoting health and preventing ill health, was explicit on social justice in areas looking at health promotion, social factors, and people's holistic health". Similar view by SN11 was that the "modules have a background or knowledge of social, equality and diversity, and open eyes on how people of black are treated, privileges they are exposed to compared to white people".

SN3 thought that one can "find discussion on social justice everywhere but often nurses have no clue about social justice issues patients face outside of the care in areas such as discharging someone home". Similarly, SN4 thought that students have social justice learning experiences in "working with the homeless, providing person centred care, or engaging in professional working". This participant believed these activities "created good environment for social justice" and "felt that on this course it's raising awareness a lot". SN9 thought that although topic like "safeguarding" make implicit reference to social justice learning, there is "need for better understanding" of social justice issues in healthcare, which NE5 believed "it is not explicit at all, it is implied, but it needs to be more explicit".

5.4.2. Lack of Explicit Curriculum

There was recurring data on the lack of explicit curriculum on social justice learning in the nursing curriculum as expressed by SN6 that "I don't recall nothing to do with social justice, there's not been any modules or any conversations to entice students from ethnic minorities". The participant stated that "they don't teach us anything in the university about social injustice or anything related to black people" (SN6). This participant said, "there is not a single module within my three years that discussed diversity".

Similar view was expressed by educator NE5 that "social justice is not explicit at all it is implied but it needs to be more explicit, and it starts from the NMC, we can embed across all modules, call it for what it is, cultural diversity, reflection, ethics, poverty; not embedded in our curriculum in HSC" or School of Health and Social care. The participant suggested topics on social justice for explicit

embedding of the subject in nursing organisation documents such as standards of the Nursing and Midwifery Council (NMC) and university curriculum. This participant furthered their viewpoint by listing possible titles that could be included in an explicit social justice nursing curriculum.

Two nurse educators adopted topic specific approach to describe the lack of social justice learning in nurse education. NE2 said that “social justice learning is invisible because nurse education has moved from transformation to transactional learning style, which had impact on how we treat each other, and how we understand the world”. On the other hand, NE3 related the lack of explicit social justice learning or content to the “lack of language in nursing education that enable learners and tutors to engage in difficult and critical discussions on social justice issues and failure to treat the education system as a lifelong learning event”. NE1 viewed these ideas as the conundrum we are faced about whether to “integrate social justice into a curriculum, or subject or module specific”, but this participant believed that it is fundamental to “look at our curriculum and education approach”.

5.4.3. Limited Educator Knowledge

The idea that nurse educators have scant knowledge of social justice curriculum and pedagogy to enable effective facilitation of social justice learning was alluded only by nurse educators, as no student nurse participant referred to this code. NE11 thought that the invisibility or difficulty in placing social justice in the nursing curriculum was due to the situation that “many teachers or lecturers are not equipped in the first place to deliver curriculum focusing on social justice”. This participant further stated that “the lecturers themselves don’t know much about social justice and how to facilitate knowledge on the subject in the classroom”. This view was supported by NE4, who said that “personally I would need a lot more training on the subject, I don’t have complete understanding of the subject, that would be my area of limitation”.

NE2 provided clear explanation for the paucity of nurse educator knowledge of social justice. This participant said that:

> It the way the new universities are working, and the curriculum isn't any longer transformational, it is transactional, wherein transactional learning creates curriculums that produces a nurse who needs to pass to be a nurse, instead of transformational learning process aims for education to transform ourselves. (NE2)

This participant thought that “learning has been hijacked to make sure everyone's got a degree regardless of what degree is in”, and that this action by “new universities have been wholly responsible

for dumbing down curriculums that looks down at transforming the individual to take a worldview on life, to taking a very narrow view, to saying I need this degree because I need to be from this point in three-years-time". In agreement to these views, NE1 added that "universities are in a production line and educators are part of a production line" devoid of social justice outlook of "the world in which students have lived". NE3 added that educator's knowledge is thwarted by their "lived experiences and expectations of the (deleted name of institution) system and British society influence which influences the prescribing to the student what they need to do to pass and tick that box".

5.4.4. Dearth of Nurse Leaders' and organisation support

Lack of nurse leaders' and nursing organisations support was a code on the ambiguity or invisibility of social justice learning as captured by NE8, that the "organisation pays lip service to opening access, but we didn't back it up with any proper support." This participant said, "there is lack of organisational support for majority of our students who are parents and there is nothing in our planning of the course or curriculum to make life easy for those people." Similarly, NE10 stated that the "university prides itself for widening participation, but you know once people come through there isn't tangible stuff or support put in place to help people." Both participants used lack of access and participation to explain organisational responsibility for equivocal social justice learning culture or environment in their institution, thoughts that aligns with NE7 reference to "institutional responsibility for making sure social justice issues feeds into organisations and processes."

According to SN6, the institution has failed in its responsibility to promote social justice learning due to absence of curriculum that provides for someone from the top or university leadership to "listen to students about what we are going through." This participant believed that "a conversation with university leaders was important for enticing students from ethnic minorities and understanding what they were going through" at times of indiscriminate fear of infection and death among ethnic minorities "during the COVID-19 pandemic" (SN6). Similarly, NE11 believed that the "institution has failed to develop a curriculum adapted to suit many of the lesser able students or equipping people to participate, which leaves behind a large section of our student body."

These views on the equivocality of social justice learning in nurse education was followed up by questions on ideas for visible incorporation of social justice learning in nurse education.

5.5. CODE 4: FRAMEWORKS FOR SOCIAL JUSTICE EDUCATION

Final theoretical code on findings in this research was generated on developing ideas for incorporation of social justice education in nursing profession. This purpose was achieved with use of an open question on *how to develop ideas for incorporation of social justice learning in nurse education.* The question generated the theoretical code on need for *designing frameworks for incorporation of social justice learning in nurse education.* This theoretical code was related to focused codes on *explicit social justice curriculum, educating nurse educators, and attracting nurse leaders' and organisational support.* These focused codes are explained below with use of several initial codes that represents participants perspectives, as shown in **Figure 5.5.**

Figure 5.5: Findings on Incorporation of Social Justice Learning in Nurse Education

Data Source	Initial codes	Focused codes	Theoretical code
Semi-structured interview with Nurse Students (NS)	▪ *to be taught … recognise it … made known … lot of us might not even know … research … created … awareness … a module … into t heir practise … conscious of it … NMC code … safeguarding … vulnerable … advocacy … emotional intelligence .. it's important that every student should have the opportunity to work in the community* **(SN1)** ▪ *enforce it … in our module … do that module twice, SimPrep . put issue of social justice, students, empowered to speak out, NMC can help, in, policy* **(SN2)** ▪ *engagement … around language … conversations … on placement … reflections … talking about experience with peers … friends … w ithin healthcare … tutors … find out how to navigate social interactions … difference in lived experience … social justice or injus tices … political element … to be aware …about …. financial and structural sense … brought into more modules … health promotion … social infl uences into health … tying it into anatomy and physiology … hearing different people's experiences … other health support groups lik e the wellbeing and mental health … trans people … Instagram … offering alternative support … intelligent power education* **(SN3)** ▪ *Saint Mungo's placement, very good, learn about, homeless people,, lose, fear, tools to help, homeless people, alcohol and dr ugs, put students in care homes, drug and alcohol clinic, dementia care homes, interprofessional, public health, compassionate and mor e caring about others, holistic care* **(SN4)** ▪ *reflection … feedback … placement … leaders who understand … enhanced leadership skill … ethical conduct … incorporate in cur riculums … lecturers … mentor empower us … integrate theory with practical … critical thinking … embedding … from year one year two ye ar three … right competency … as module people concentrate on it* **(SN5)** ▪ *teaching … moral or personal development … more placement in … St Mungo's … understanding … homeless … mental … ill health patients … talking about … social justice … interprofessional learning … social workers … role of social services … person ce ntred care … management of challenging or mental health patients … behaviour … simulation …during our induction … introduction about St M ungo's … more time … to reflection … students … to share their story … after placement … one to one time … more lectures or hours … social justice or reflection … personal tutor … meeting … social justice … should … stand on its own … year one year two year three … to be reminded … profession is all about …social justice … individuality of care … moral … ethics … to be spread out in .. semester one … two* **(SN7)** ▪ *organise … forums … to motivate students to participate … learn from each other … share experiences …professionals guide disc ussions … students … express themselves … understanding of social justice … able to promote it … placement … meet and discuss different issues … organisations that focus on … promoting social justice … … not be tired in promoting something a good cause … advocates for t he patients … freedom of speech … of religious expression of faith to others in social and healthcare settings … rules … change d … petition … government … policies and regulations …annual meetings … information … collaborative approach with social justice bodies … in cluding … patients feedback … entire team… work together … with … bodies like child support groups … empower us … to speak up about it if is part of our curriculum … to … get the knowledge … to express yourself … talk to somebody about it … to participate … to engage … I support it 100% … every stage … first year* **(SN8)**	▪ Explicit social justice curriculum ▪ Attract nurse leaders' support	**Designing frameworks for incorporation of social justice learning in nurse education.**
	▪ *module on social justice, students to learn about social injustice, introduction module in first year, spread it across anoth er year* **(SN9)** ▪ *to speak about it, at university, conversations, not be afraid, debrief, sessions are good, shared experiences, small session s, one to one, university need to advocate, people need to know what is right and what's wrong, to put in curriculum and to have like a s a module or subject* **(SN10)** ▪ *university should provide equal support … someone to represent … each, cohort, maybe two or three, proper communication betwe en these groups* **(SN11)** ▪ *guideline … to report situations not comfortable … to give student the confidence* **(SN6)**		
Focus group with Nurse Educators (NE)	• *to teach reflection well … module … redesigning curriculum … with … students … that don't submit on time that have family pro blems … to address … issues around social justice* **(NE2)** • *social sciences … first year module called social issues in health … introductory … year 2 module … called social justice … assessment … two to 3000 word essay … specific demographic group … experienced social injustice … taught by … social scientists … theories … ideas … history of social justice and injustice … linking to health … continues into the third year … a theme that runs … very over t explicit … call it social justice or social justice and nursing* **(NE7)** • *it should be embedded into curriculum … person centred care … linked to social justice and revisit that every year … link to … professionalism and clinical skills … continuous development … year one … know social justice … year two … apply social justi ce in year three .. implement social justice and … ensure longevity* **(NE4)** • *to teach … module called behaviour modification … about changing our behaviour … embracing others … accepting others … big impact on … my nursing career … reflection … to understand others* **(NE5)** • *having … outside person … come in and talk about the real practise experience* **(NE6)** • *the teachers equipped … to deliver curriculum on social justice they don't know much about it … needs leadership from the top … to demonstrate commitment … to change … to improve the outcomes for these students … to be embedded in the curriculum … run like as a thread* **(NE11)** • *the University the whole way structure militates against this; students … lots of experience … they could teach … value the s tudents … build on the real experiences … for our teaching … putting ourselves into students shoes and understanding their worries* **(NE8)** • *value what they say … their contributions … experiences that they can teach us about social justice … realities of inequaliti es … living in poverty … social determinants … university … platforms where people … voice their concerns … anonymised surveys … without fear of … being victimised; University needs to create platforms where people are able to voice their concerns and for students so metimes* **(NE10)** • *students … wealth of experience … discuss it for … classroom … knowledge … know … your story … journey … to support … strugg le … make sure … you* (student's) *succeed* **(NE9)**	▪ Explicit social justice curriculum ▪ Educating nurse educators ▪ Attracting nurse leaders' support	**Designing frameworks for incorporation of social justice learning in nurse education**
Negative cases	▪ whole module, an interesting topic, some, people, not from ethnic minorities, a bit of an offence, where they don't understan d social injustice, they don't experience it, a module will be, overwhelming, uncomfortable … to do it online **(SN6)** ▪ complex … different ways of addressing it … uncomfortable **(NEP03)** ▪ don't know how we … make this intrinsic to LSBU or nursing but … something that we should do **(NE1)**	Uncomfortable No idea	

5.5.1. Explicit Social Justice curriculum

The principal recurring focused code on ideas for integrating social justice learning was the need for designing specific curriculum on social justice. Curriculum is used to portray modules, topics or subjects that were referred to by participants for integration of social justice learning, as captured by SN10, who stated "to put it in curriculum and to have like as a module or subject". Different elements of the suggested curriculum explained below includes module on social justice, teaching reflection,

social justice discussion, community placement, expert facilitators and dedicated social justice curriculum.

5.5.1.1. Module on Social Justice

Module on social justice was suggested by SN9 to enable “students to learn about social injustice that takes place in the care of vulnerable people including the elderly”. Similarly, SN1 stated that “with the experience of doing a module, students can go into their practise, conscious” of social justice values of “safeguarding the vulnerable, exercising advocacy and emotional intelligence”. Therefore, this participant thought that it was necessary for a module on social justice to be taught to enable “students to recognise it, to be made known, because lot of students might not even know what social justice is about”. This participant gave the example that participating in this “research created a lot of awareness” and as a reason for designing specific module to increase the visibility of the subject. Also, SN9 stated that “as a module people would concentrate” on social justice issues, while SN2 thought that the “module” should be “enforced to empower students to speak out” about social justice issues. Two nurse educators shared their experiences of studying modules in their pre-registration nursing courses that related to social justice. NE5 referred to a “module on behaviour modification which was about changing our behaviour, embracing others, accepting others”; while NE7 spoke about “social sciences modules on social issues in health and social justice”.

Other topics suggested for inclusion in a module on social justice included “teaching moral or personal development, interprofessional learning, social work, role of social services, person centred care, management of challenging or mental health patients or behaviour, individuality of care, moral and ethics” (SN7). NE4 recommended teaching subjects that “linked social justice to person centred care, professionalism, and clinical skills”. NE7 mentioned teaching subjects on “theories, ideas, and history of social justice and injustice, and linking these to health”. SN3 proposed subjects on “health promotion and tying social influences of health into subjects on human anatomy and physiology, politics, and intelligent power education”. SN2 advised to “put issue of social justice in SimPrep” or simulation of practice for “empowering students to speak out about their experience of social justice issues”. SN8 suggested “nurses joining organisations that focus on promoting social justice, where they can express their thoughts, and collaborate with organisations that deal with social justice issues such as child support groups”.

5.5.1.2. Reflective Practice

Teaching reflection well was thought by NE2 as an approach "to address issues around social justice", which NE5 believed can help people "to understand others". Similarly, three student participants said that "reflection" can create space for students to "share feedback" (SN7), "their story about experiences related to social justice or injustice on placement" (SN5), "with peers and friends within healthcare or with tutors" (SN3). SN7 suggested "one-on-one social justice reflection with lecturers or personal tutors' meetings", while SN10 said that students can use "small groups or one-on-one sessions for reflection on post placement experiences". Consistently, SN3 thought that reflection can focus on "finding out how to navigate social interactions, differences in lived experience of social justice or injustices related to financial and structural issues".

5.5.1.3. Social Justice Learning through Discussion

Discussion featured prominently as learning style that can be incorporated into modules on social justice, as suggested by SN8, that "forum discussions can motivate students to participate, learn from each other, and share experiences". This participant thought that "forums organised in placement areas or at university enable students to express themselves, to get a better understanding of what social justice is all about and how to be able to promote it". SN10 thought "conversation" should take place "at university", for students "not to be afraid to speak about social justice". NE8 supported the idea of using "discussion that focus on students' experiences which they could use to teach educators about social justice issues that they face, by valuing and building on the real experiences for our teaching". NE9 agreed that "classroom discussion of student's wealth of experience creates knowledge of their story or journey and how to support them through their struggle and make sure they succeed".

5.5.1.4. Community Placement

Practice placement in community areas were considered as opportunities for increasing the visibility of social justice learning, as suggested by SN4, that they are "very good to learn about" conditions that cause social injustice. "Placements in Saint Mungo's", a charity registered in England to help homeless people, was mentioned as opportunities "to work with people affected by homelessness, alcohol, and drug abuse" (SN4; SN7). Therefore, SN7 suggested the need for "clear introduction about Saint Mungo's placement during induction on course", to address the "fear" that SN4 said they had when allocated to this area. SN4 said that "placement in Saint Mungo's" made them "loss fear and provided

tools to help homeless people and those affected by alcohol and drug abuse". This participant agreed that "more placement in Saint Mungo's enable students understanding of social justice issues of homelessness, substance abuse and mental ill health and opportunities for interprofessional working with social workers and mental health practitioners" (SN4).

SN1 thought that:

> It's important that every student should have the opportunity to work in the community to see beyond the physical problem patients presents in hospital like substance misuse, to understand personalised care for persons affected by social problems and promote excellent individualised care. (SN1)

This participant furthered that:

> When I did my community placement, I mean nursing came alive to me, that is where to me nursing is actually put in practise, because you know as nurses in training, these people that come to you in the hospital, they are at your mercy but going out in the community is taking out care to them, those that are not privileged people, that are disadvantage, because of probably migration issues, social status, alcohol abusers, quick to name or label them, discriminate them but you don't want to reach out. (SN1)

SN1 went on saying that:

> Nursing is actually done in communities, because of compassion to people that ordinarily you wouldn't want to talk to on the street, homeless especially, and could advocate or communicate with them, being respectable, all about social justice, supporting access healthcare services and housing benefits. (SN1)

Ideas by SN1 were buttressed in the suggestion by SN4 that "care homes, drug and alcohol clinic, and dementia care homes as other community placement areas" for learning about social health problems and developing "compassion and caring attitudes".

5.5.1.5. Different Learner Facilitators

The concept of persons or professionals from diverse background to support learning of social justice issues was proposed, which SN3 said could include "other health support groups like the wellbeing and mental health or trans people". Similar view was shared by NE7 who referred to students "low

rating or lack of interest in a talk on LGBT+ by trans man around awareness of world language, acceptance, respect, and feeling comfortable to construct professional conversation about sexuality or gender or inclusivity, ethnicity, and religious beliefs".

SN8 supported "religious expression of faith to others in social and healthcare settings as a way of recognising and incorporating social justice learning". This participant argued that students should be taught to address:

> Religious issues around social and healthcare, and open confession of faith as a form of hope and promotion of freedom of speech, as religious involvement and spirituality are associated with better health outcomes and forbidding or restricting this vital form of remedy to people's health is like withdrawing a lifesaving medicine from the patient. (SN8)

This idea of religion as social justice issue was supported by SN1 in the reference that religion was of personal source for this participant's "social justice value to uphold respect for all persons and regard humanity", while SN4 shared that religious belief was a reason for their "strong belief to treat people in ways that makes difference to their health and wellbeing".

NE7 suggested the need for "teaching by social scientist on subjects related to social justice or social issues" to impart the concrete knowledge of the subject, which aligned with the thoughts of SN8 about "inviting professionals to guide forum discussions". On the other hand, NE6 recommended "having outside persons to come in and talk about the real practise experience of social justice or injustice". A lone but significant recommendation was made by SN3 that "social media" such as "Instagram is full of all amazing resources for groups learning and offers alternative support or different approaches about intelligent power and social justice education".

5.5.1.6. Dedicated Social Justice Curriculum

There was consensus among student nurses and nurse educator participants that social justice learning should be explicitly incorporated into nurse education as stated by NE5 that "social justice education should be embedded into the curriculum and revisited every year". According to this participant, the curriculum should provide "continuous development, ensure longevity, and the module can be titled as know social justice in year one, apply social justice in year two, and implement social justice in year three". NE7 suggested "a very overt explicit curriculum on social justice or social justice in nursing", and suggested titles such as "social issues in year one, social justice in year two,

applying social justice in year three”, with formative or summative “assessment on choice of specific demographic group that experienced social injustice” (NE7).

SN7 agreed that the “module on social justice should stand on its own and spread across year one, year two, and year three, so that students can be continuously reminded about its content”. Other participants “support the idea 100% to have the curriculum in every stage” (SN8), “introduced in first year and spread it across other years” (SN9), “do the module twice” (SN2), “brought into more modules” (SN3), or “start embedding from year one to year two to year three” (SN5).

SN5 clearly captured these ideas by stating:

> We should incorporate it in our curriculums, starting on the theoretical part and when we go into practice we can integrate the theory with practical, because when you study something is one thing when you go out there and see it is a different thing, so it will give us an opportunity to integrate it in practise, so it will also allow us to have a critical thinking about it, because it is very important for student nurses to know about social factors, about social injustice, remember we are the future nurses so we should be mentored right from the beginning when we start, it should be a process so that by the time we are third year we are fully aware. (SN5)

The statement above by SN5 was supported by educator participant NE2, that there is the need for:

> Whole new curriculum design with stakeholders nurses of tomorrow, talking about students being an important part of that, not handpicked because they're the ones that won't create any problems, that won't ask too many questions, that will just go along, but including those busy ones that don't submit on time, that have those family problems that are forever asking for extensions, to understand how we can begin to address some of these issues around social justice, if we're talking about being inclusive in how we teach students but also in how we develop the curriculum delivered.

Notwithstanding the consensus on designing specific modules on social justice, SN6 deferred that “a whole module would be interesting but will be met with some people not from ethnic minorities as a bit of an offence, where they don't understand social injustice, because they don't experience it”. This participant thought that “a module will be overwhelming and uncomfortable” but suggested that “the subject could be done online, and students can choose to discuss social justice issues in class” (SN6).

5.5.2. Educate Nurse Educators

Focused groups with nurse educators generated the code that there is need for educating nurse educators about social justice issues to develop social justice learning culture. This idea was eloquently stated by NE11 that "you cannot put out what you don't have, meaning that many teachers or lecturers are not equipped in the first place to deliver curriculum focusing on social justice, as they themselves don't know much about it, so let's begin with that, going beyond the classroom". In agreement, NE4 felt that "to be able to implement social justice in the curriculum they would need a lot more training surrounding social justice". This participant said that:

> For me personally I would hands up, would need a lot more training on the subject, I have opinions but I'm not a specialist, I don't have complete understanding of the subject, so for me to be able to sit down and discuss how we would adapt to curriculum to include social justice, it wouldn't be to the best benefit of everyone involved, I recognise that would be my area of limitation to do so. (NE4)

NE5 referred to the need for educating the nurse educator beyond the classroom, stating that even "where students may understand social justice issues prior to going out to practice, you cannot expect them to be assessed against social justice criteria by practice assessors who have not had training in social justice in the workplace". Therefore, this participant "thought that it is a wider concept than in just classroom teaching, as it doesn't mean anything because you know like everything else students gotta practise and things do not exist if you don't apply, as people just forget about it, and it becomes just a checklist exercise".

One approach NE8 thought of educating educators is by developing learning systems that "value students experience and really build on the real experiences of students as a building block for our teaching much more". This participant thought this is "because majority of our students have had lots of experiences as refugees and survived civil wars which educators probably don't really use properly, as they could use these experiences to teach me awful lot about social justice issues rather than me teaching them". NE10 concurred these thoughts in this statement that:

> The starting point is really valuing the students, value what they say, value their contributions, but if you don't value them if they are just some numbers, on a conveyor belt, the students begin to feel like okay there's some hoops that I need to jump to get my certificates, then I get my pin number, so they don't become part of the process, so even when they begin to

> work in healthcare they're not thinking about these social justice issues, because these things are not real, you know charity begins at home, so if they are taught to do things in a certain way, when you go out to try to do things like that, like NE8 said, some of these students have such experiences that they can teach us about social justice, about the realities of inequalities, living in poverty, all the social determinants we talk about from a theoretical perspective, but they are not valued and when people are not valued then people cannot be part of a meaningful contribution to anything, they are mere observers, just part of this wheel that is turning. (NE10)

Another approach suggested for educating educators is to “bring in specialists and people who have had a strong background as well, to give opinion on how we deliver the curriculum and where it can be embedded” (NE7). NE5 recommended an engagement with “the school of education at LSBU as they've got social justice nailed”. Similarly, NE4 believed that “engagement with specialists would enable educators to understand whether social justice belong to a module in the curriculum or just belong to activities that we do to deliver social justice”. This participant said educators as part of the learning “organisation need to change and adapt their whole attitude to teaching otherwise it becomes something completely disconnected”, a view that NE7 agreed.

Possible outcomes of educating educators suggested by NE4 included “making a clear message about what social justice is and what it is for nursing, and a tested model on how we can apply to curriculum changes”. These outcomes were important for NE4 as this participant said, “personally as I'm not an expert, this is my area of interest but it's not my area of dedicated time, so I would want to go to someone who can give me the tools if I'm designing a curriculum, all the information, the models that they've used to implement”. In agreement NE7 recommended that “it would be perfect” for educators to have “a proper model or framework or toolkit on social justice curriculum”.

5.5.3. Attract Nurse Leaders and Organisational Support

The last significant code that emerged on opportunities for integrating social justice in nurse education was the requirement for nurse leaders’ support. Nurse leaders or organisational support is a befitting conclusion of these findings, due to the pivotal power and structural position of educational and regulatory institutions to promoting social justice in the profession. This was demonstrated in the statement by NE11 that “creating that space for social justice learning is multifaceted, not one stroke of a pen, it needs leadership, from the top, above our heads, they need to demonstrate that

commitment, that they want to change things, they want to improve the outcomes for these students". This participant suggested that nursing leadership should:

> Commit to social justice by embedding the subject in the nursing curriculum, not just join on a little piece, but let it run as a thread, let it be reflected in how the curriculum is designed and when it comes to dealing with student issues, and make them feel part and parcel and inclusiveness, especially the errant student, struggling, facing hardship. (NE11)

NE11 furthered that this institutional leadership on curricular experience should "enable students to look back after three years and say that their experience of fairness of inclusivity within the university was one that they were proud of, the fact that they were able to participate as any other student within the context of the university".

NE8 agreed that university leadership should "support the drive for social justice learning but almost the university structure militates against this, because of lack of space for incorporating majority students' experiences in the curriculum". NE10 recommended that the university can "create spaces by providing platforms where people can voice their concerns, through anonymised surveys without fear of being victimised". The issue of victimisation was referenced by SN10 as reason for "students fear to speak up and decide not talking about issues otherwise you know all my effort all my life will end up here". Parallel concern was shared by SN2 that "students should be able to speak out because the way they deal with student makes them feel they are nonentity that don't even know anything". To address the fear of speaking up, SN10 suggested that "the university need to advocate for students by showing that whatever happens we on students' side and make students to know what is right and what's wrong". Similarly, SN6 recommended the:

> University should make guideline for students to follow situation that happen, to rectify it, or for students to deal with the situation and given clear instruction of how to report situations that they are not comfortable with, to give student the confidence and protection to report certain things that they're not comfortable with. (SN6)

Reference was made by SN11 for "effective communication between university and placement areas to encourage students and make them bold and fearless in their tasks" and address "differences in support for students from Black and White racial background". SN5 commented that for "social justice to be implemented appropriately, we really need to have good nurse leadership, with nursing background, enhanced leadership skills that demonstrate ethical conduct".

Participants thought that the Nursing and Midwifery Council (NMC), the regulatory body for these professions in the United Kingdom, should provide leadership for integrating social justice in the curriculum. This was the thought of SN2 that “the NMC can help students through policy and provide support and backing that nobody can challenge when students’ take actions for social justice that correct poor practices such as nutrition support and skin care for vulnerable patients”. NE9 thought that the NMC can promote social justice learning by:

> Addressing the division of our patients into groups of children, mental health, learning disability and adult, because patients don't fit one box and field specific divisions mean that we are missing out on aspects that our students do need to know to be able to care for our very complex patients and losing the flexibility of nursing. (NE9)

Participants referred to the need for inclusion of the term social justice in the NMC documents, a term that NE11 asserted that was “absent in the current NMC basic guidelines”. NE5 said leadership “starts “from the NMC as a universal organisation, to make the subject explicit in their documents, because the term is implied and woolly in current documents”. This participant suggested that “explicit inclusion of social justice in NMC documents can create opportunities for the university to embed the subject across all modules at time of curriculum revalidation”, a view that NE7 agreed with.

5.6. SUMMARY

This chapter on research findings presented and explained verbatim statements to ensure that the meanings attributed by participants are truly and honestly recorded in relation to the purposes of this research. Firstly, statements by participants referred to social justice as conditions that foster individual lived experiences in relation to favourable ethical conditions and good access to health and other resources. Secondly, participants believed that social injustice are situations that hinders individual lived experiences through marginal health conditions, social deprivation, and minimal access to health and social conditions. Thirdly, participants felt that the visibility of social justice learning is generally equivocal in nurse education due to implicit references in nursing documents, lack of explicit nursing curriculum, limited nurse educator knowledge of social justice education, and dearth of nurse leaders support for social justice curriculum. Lastly, it was the perspective of participants that it is necessary to develop explicit social justice curriculum in nurse education, educate nurse educators about social justice, and attract nursing leadership and organisational support for

social justice in nurse education. There was consensus among student and educator participants on all findings, except on the issue of educating nurse educators, which was solely addressed by educators. In the next chapter on discussion, I provided critical interpretation of the relevance of these research findings for new knowledge in nurse education.

CHAPTER 6

DISCUSSION

6.1. INTRODUCTION

This chapter delivers coherent discussion of the research findings in relation to the literature evidence and implications for new knowledge in nurse education. The purpose was to maintain methodological positions adopted in this research on co-construction of new knowledge through my interpretation of participants perspectives on topics. These purposes were accomplished by restating research aim and objectives, summarising research findings, interpreting research findings, acknowledging research limitations, recommending new knowledge for nurse education, suggesting future research opportunities, and justifying quality and rigour in this research.

6.2. AIM AND OBJECTIVES

The research aim was to explore ideas for empowering student nurses to engage in actions that promotes social justice. This aim was relevant for investigation because of two main reasons. Firstly, there is literature evidence that indicates social justice practices are nursing responsibilities (Grace and Willis, 2012; Perry et al., 2017). Secondly, there is lack of literature evidence on scholarly interest in social justice nurse education in the United Kingdom (Abu, 2020). Therefore, the research addressed the purposes of social justice as nursing responsibilities and contributes to scholarly interest on social justice nurse education in the UK.

Four objectives directed actions for achieving the research aim. Firstly, to create an understanding on the meaning of social justice in the context of nurse education. Secondly, to recognise the impact of social injustice on health of individuals and populations. Thirdly, to ascertain the visibility of social justice learning in nurse education. Lastly, to develop ideas for incorporating social justice learning in nurse education.

These aim and objectives guided data gathering from eleven student nurse participants in online semi-structured interviews and eleven nurse educator participants in three online focus groups. Charmaz's

constructivist grounded theory genre informed data analysis coding levels, including initial, focused, and theoretical coding.

6.3. FINDINGS

My research findings were as follows. Firstly, the data indicated the meaning of social justice as conditions that foster health through individual or population experience of good ethical practices and access to resources. Secondly, the data suggested that unjust social practices could hinder the health and wellbeing of individuals and populations through marginal health conditions, social deprivation, and minimal access to resources. Thirdly, the data implied that the visibility of social justice learning in nurse education is equivocal because of lack of explicit reference in nursing documents, limited educator knowledge and dearth of organisational support. Lastly, it was found that developing frameworks on social justice learning for incorporation into nurse education can address the necessity for explicit social justice nursing curriculum, educating nurse educators about social justice issues in the profession, and attracting nurse leaders and organisational support for social justice learning in nurse education.

6.4. INTERPRETATION OF FINDINGS

Interpretation of findings involves comparing research findings with literature evidence to determine similarities and gaps. In grounded theory research, interpretation of findings is guided by knowledge of memos or analytical processes related to this research, and theoretical sensitivity or recognition of data for emerging theory (Birk and Mills, 2015). I tried my best for my interpretation to be congruent with findings on the meaning of social justice as fostering health, impact of social injustice as hindering health, visibility of social justice education as equivocal, and developing frameworks for incorporation of social justice learning in nurse education.

6.4.1. Social Justice Fosters Health

A major concern for this research has been to clarify the meaning of social justice in the context of health and nursing care. This concern relates to intellectual and embarrassing challenges faced in

defining a term that is often undefined in documents on the subject or allowed to float as if it will be recognised by everyone (Hayek, 1998; Novak, 2000). Nurse writers mentioned similar challenge about the definition of social justice in the discipline of nursing (Boutain, 2011; Buettner-Schmidt and Lobo, 2012; Garneau et al., 2016; Matwick and Woodgate, 2017). Interest of these nurse writers on defining or analysing social justice presented two concerns in my research. Firstly, it demonstrated that social justice issues are pertinent in nursing profession. Secondly, it indicated that scholarly interest in the subject is mainly concentrated in Canada and the USA, but not in the United Kingdom. These concerns influenced my research interest on developing an understanding of the meaning of social justice in the context of nursing profession in the United Kingdom, due to lack of scholarly interest in this country on the subject.

Data from this research indicated consensus among student nurse and nurse educator participants on the meaning of social justice as an individual or population experience that fosters health and wellbeing. This experience was related to good ethical or moral issues and good access to resources or social determinants of health. There is lack of literature evidence informing this research that suggested an exact definition of social justice as individual lived experience. However, there is literature evidence that supports an understanding of social justice as individual experience in relation to access to benefits or burdens of society (Hutchinson 2015; Thurman and Pfitzinger-Lippe, 2017).

Attributing social justice as an ethical or moral issue is evident in contemporary theories that revolve around moral distribution of society's resources. John Rawls' landmark distributive paradigm definition of social justice is one of relevance, which referred to "morally proper distribution of social benefits and burdens among society's members" (Rawls, 1999, p.16). Nurse writers have attributed morality to equal and fair distribution and access to wealth, income, right, opportunity, power, and self-respect; with greater benefit for marginalised or disadvantaged individuals or social groups (Perry et al., 2017; Walter, 2017). Likewise, participants in this research referred to these ethical and moral attributes as ways of understanding the meaning of social justice. References to ethical or moral principles in defining social justice are related to practices considered acceptable or right or tolerable in human interaction within society. These are conditions that enable individuals to experience inclusiveness in decision-making, recognition of their rights, and parity of participation in their health and social affairs. They are conditions that fosters individual experience of self-esteem, health, and wellbeing. Violation of these conditions through lack of concern for others and unjust social practices can cause serious inequities in accessing social determinants of health (Anderson et al., 2009).

Bioethics and morality, as issues of social justice, are clearly embedded in nursing organisation documents on standards of professional practice or conduct, including the Canadian Nurses Association (CAN, 2010; 2017), American Nurses Association (ANA, 2014), and International Council of Nurses (ICN, 2012; 2021). These standards on ethical practice call nurses to “advocate for equity and social justice in resource allocation, access to health care and other social and economic services” (ICN, 2012, p.2; 2021, p.7), “integrate social justice in nursing and health policy” (ANA, 2014, p.4), and “create nurses awareness of social justice that affects social determinants of health and wellbeing … address broad aspects of social justice associated with health and wellbeing … working for social justice” (CAN, 2017, p.3, 18). The CNA’s clarion calls for social justice as an ethical issue culminated in designing a module on social justice as resource for ethical reflection and decision making (CAN, 2017, p.31).

It is evident in the literature that the Nursing and Midwifery Council (NMC) is omitted from this list of national and international nursing regulatory bodies that have adopted visible position on social justice (Abu, 2020). Equally, my research findings revealed that social justice education is not explicitly embedded in nursing documents or curriculum. That said, review of NMC documents (sent for publication) suggested that there are implicit references to social justice principles in these documents, which creates opportunities for increasing scholarly interest on the subject in the UK. This ambiguous situation was recognised by participants in my research who referred to social justice as rhetorical and complex subject with diverse interpretations. Comparably, nurse writers’ view nursing organisations to be inconsistent on positioning or documenting social justice issues in the profession (Bekemeier and Butterfield, 2005).

The findings in this research considered the experience of individuals or populations pivotal in focusing on the diverse understanding or interpretation of social justice. It is an experience that embraces seminal definitions and theories on equitable (re)distribution of resources (Rawls, 2001), recognition and removal of barriers (Young, 1990; 2011), and parity of participation (Fraser, 2013). Unjust social practices that impinge on access to these ideals can cause negative impact on health and wellbeing.

6.4.2. Social Injustice Hinders Access to Health Resources

Individual or population experience of social injustice unquestionably causes poor health and death due to inequities or unfair access to health resources or social determinants of health (SDH) (WHO, 2020). Access to health resources refer to opportunities to adequate foods, income, education, health care, clean air, water, job security, safe housing, and supportive workplace (WHO, 2020). Access is a

compelling matter of social justice because it influences unequal and unfair use of health or society's resources. At global level, these issues are linked to social disparities of power distribution, unfair influence, and avoidable differences in access to health resources (WHO, 2020). Likewise, findings in this research indicated that avoidable unfair conditions or practices by providers of healthcare and nurse education can cause adverse effect on physical, social, emotional, and psychological health and wellbeing of receivers of healthcare and nurse education. This can be in the form of policies that cause poverty or practices that leads to discrimination and their negative impact on patients and learners.

Social determinants of health are the "non-medical factors that influence health outcomes due to the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" (WHO, 2020, no page number). Global variations in living conditions and life expectancy are associated with disparities in social determinants of health between individuals and regions and driven by inequities in access to power and money (Marmot, 2015; Marmot et al., 2012). Also, it is shown in this research that the deprived or marginalised conditions in which patients and students find themselves can have lifelong impact on their health and education outcomes. Conditions mentioned by participants includes poverty, homelessness, sexual orientation, immigration status and racial background.

Access to health resources concern distributive theories of liberalism which view health as an individual or private state of human being (Rawls, 2001). This form of liberal individualism focuses on health inequalities that occur due to lack of opportunities or capabilities of individuals to access health resources (Sen, 2004; Naussbaum, 2011). Nurse writers believed that there is widespread nursing professional reliance on individualistic interpretation of social justice, rather than socially oriented interpretations (Bekemeier and Butterfield, 2005; Grace and Willis, 2012; Kirkham and Browne, 2006; Thurman and Pfitzinger-Lippe, 2017). In contrast to individualistic interpretation, social liberalism focuses on individuals as part of social arrangement comprising of families, communities, and social groups (Rawls, 2001). Social liberalism posits that health inequality is essentially a community or social group experience of opportunities for accessing health resources (Rawls, 2001). Nurse advocates for social liberalism suggested that to address social injustice that hinders health and wellbeing, nursing professionals should "think broad" for the community rather than "think small" for the individual (Bekemeier and Butterfield, 2005; Thurman and Pfitzinger-Lippe, 2017, p.4). Similarly, the findings in this research suggested the need for community approaches for addressing social injustices that relates to homelessness, refugee situations, poverty, racial discrimination, and other social malaises. This is a call for increasing interest in community social health care for optimal universal access to better healthcare.

Community approach of practising social justice, as an example, for a person living with diabetes or other diseases for that matter, would require the nurse to not only provide hands-on or bedside nursing care for diabetic wound, but initiate and advocate for health policies and social systems that eradicate unhealthy lifestyles that cause diabetes or other diseases. During the global COVID-19 pandemic, instances brought to fore the disparities in health care and health outcomes for people in care homes versus those in NHS hospitals (CO, 2020c; ONS, 2020), and Black and Minority Ethnic (BAME) health care providers versus their European White counterparts (PHE, 2020). These issues were shown in this research as community social justice concern associated with marginalisation of vulnerable elderly patients and persons of non-white or non-Western European background.

Access to health resources is a basic human right related to the provision and availability of high-quality healthcare services to protect and promote the health of individuals in society. Social justice purpose of universal healthcare should aim to protect and promote health of all individuals, but especially marginalised or disadvantaged individuals who lack adequate access to social determinants of health (WHO, 2020). This ideal state of universal healthcare is yet to be achieved in the UK due to persisting social injustice that cause portions of societies to suffer greater proportion of the burden of health in the forms of disease, morbidity, and mortality (Marmot et al*.,* 2020). High levels of health disparities across the UK are said to be due to unfavourable economic, social, and environmental conditions, which makes the most deprived communities continue to fall behind in health outcomes (Cylus et al., 2015; Marmot et al., 2020; Scheffer et al., 2019). These conditions can be present throughout lifespan of individuals “from before birth, during early childhood, at school age, during family building and working ages, and at older ages” (WHO, 2014, p.8). Correspondingly, this research found that there is greater impact of social injustice on the health of vulnerable groups such as elderly, immigrants, substance abusers, and those suffering from mental illness. Also, this research has shown that people’s social determinants are already placed for them, which defeats them even before they start life, pose challenge for overcoming social injustices, and cause poorer health outcomes.

Nursing responsibility is to understand social injustices that cause poor health outcomes and seek opportunities for actions that improves health through transformation of these causes. Nursing social justice responsibility is to ensure that children are given the best possible start for generating greatest societal and mental health benefits. Nursing social justice responsibilities is to engage in lifespan interventions for individuals at community levels to help improve the conditions in which they are born, grow, live, work, and age. Ultimate nursing responsibility is to increase conditions and capabilities for individuals and communities to access health and social resources that improves their opportunities. Nursing and society responsibility is to act at individual, family, community, and

population levels, to transform unjust social practices and policies that improves health outcomes through better access to health resources. Findings of this research has shown that the equivocal stance by nursing institutions reduces learning opportunities for student nurses to appreciate and undertake social justice responsibilities in the profession.

6.4.3. Equivocal Social Justice Nurse Education

In July 2020, I searched for the phrase social justice on the website of the NMC and produced 406 results, none of which referred to the phrase “social justice” (Abu, 2020). This search was intended to collect information about references in the NMC documents that portrayed the organisation’s interest and position on social justice issues in nursing. The search for references to social justice in the NMC documents was justified because the organisation has statutory responsibilities and legal purposes to the public (NMC, 2001). One way that the NMC demonstrates this responsibility is by setting standards that professional institutions of nursing should adhere to in framing their curriculum (NMC, 2015; 2018).

The failure of the NMC to make clear reference to social justice challenged the stance of the organisation on promoting public or social responsibilities of nurses. This contrast the significance that has been attached to social justice by other national and international nursing organisations, such as, the CAN, ANA and ICN. The recognition of social justice as nursing responsibilities by these organisations are evident in the forms of explicit references in documents and creation of specific documents on the topic (ANA, 2015; CAN, 2010, 2017; ICN, 2010, 2020). Failure of the NMC to make specific reference to and adopt definitive pronouncement on social justice has contributed to the elusiveness of the topic in nursing scholarship in the UK. This is demonstrated in this research that although there are implicit references in NMC and nursing university documents, the lack of explicit incorporation of the term social justice reduces the visibility of the subject in nurse education. Nevertheless, a critical review of NMC standards argues that there are opportunities using current implicit references for developing unequivocal social justice curriculum and visible future incorporation of social justice into nursing organisational documents (Abu et al., unpublished).

It is plausible to argue that nursing practices, philosophies, and histories are rooted in the ideals of social justice responsibilities (Grace and Willis, 2012; Thurman and Pfitzinger-Lippe, 2017). This ideal exemplifies enduring history of pioneering activities of nursing forebearers including Mary Seacole and Florence Nightingale in the UK, and Lillian Wald, Mary Brewster, Mary Eliza Mahoney, and Lavina Dock in USA, in 19th and 20th centuries (Anionwu, 2016; Baer, 2012; Ruel and Wald, 2014). The

pioneering activities of these forebearers during war times or working with deprived or immigrants, or pandemic affected communities represented advocacy responsibilities that resonate with present-day nursing. This historical and contemporary trail demonstrates that nurses use their experiences of living conditions of patients and communities to engage in activities for social reform. It demonstrates nurses understanding of the critical impact of the environment of individuals for their wellbeing and restoration of full health. It is a history and enduring practice that recognise the need for addressing social injustices responsible for health problems faced by individuals and communities. For nursing forebearers and present-day nurses, it was and continues to be the belief and practice that core to compassion and caring practices, nurses should engage in advocacy and social and political activism with the aim of changing laws and social conditions to promote health and wellbeing (Thurman and Pfitzinger-Lippe, 2017). This research has shown that the profession can take steps to continue with these responsibilities by developing learning environments that visibly promotes social justice values and practices.

6.4.4. Frameworks for Social Justice Nurse Education

Core to the purposes of this research was to develop ideas for incorporation of social justice learning in nurse education. As mentioned earlier, this purpose relates to lack of curricula visibility on a subject of historical and contemporary professional relevance. Also, in regions like USA and Canada where evidence exists on social justice frameworks, limited research examines their incorporation into pre-registration nurse education (Groh et al., 2011). Such framework should create learning environment that equip students with knowledge and skillset to promote social justice in nursing practice (Shahzad et al., 2022).

There is lack of clarity in the findings of this research on approaches for creating social justice learning environment, although literature confirms need for non-prescriptive critical and traditional learning frameworks to guide student engagement in social justice (Elliott and Sandberg, 2021; Louie, 2020; Shahzad et al., 2022). Information in this research and in the literature indicated that frameworks for promotion of social justice nurse education should address three key areas. Firstly, the framework should incorporate an explicit social justice curriculum that support the development of critical student nurse. Secondly, the framework should adopt pedagogies that support the development of critical conscious nurse educator or facilitator for social justice learning. Lastly, the framework should integrate social justice leadership practices for the development of servant nurse leaders.

6.4.4.1. Critical Student Nurse

In the context of this thesis, critical student nurse is a learner that uses critical thinking abilities to create awareness of and generate action for transforming unjust practices or promoting just practices that improves health and wellbeing of individuals and populations. There is corroboration in this research and literature that the critical learner can be developed by adopting critical pedagogies in nurse education.

Critical pedagogy seeks to create active participants in learning processes to develop deep understanding of root causes of social contexts and transformative actions for positive change in organisations or society (Shor, 1997). Critical pedagogy that is rooted in critical thinking addresses inequity that violates rights of less privileged persons and denial of their basic human rights and call for critical education to highlight institutionalised inequity (Freire, 2005; Fuch, 2015). Critical pedagogy aims to empower individuals to understand oppression through critical reflection, critical consciousness, and praxis to transform or deconstruct dominant traditions (Wink, 2000). Critical thinking and acting learners engage in self-reflection, investigative, collaborative, interactive, high order thinking, and metacognitive activities for self-discovery, challenging socially constructed issues, seeking solutions and transformative change (Turner and Maschi, 2015; Ubbink et al., 2013). Findings of this research and literature evidence indicated that critical pedagogies that aid the development of critical learner for social justice includes anti-discriminatory, poverty simulation, practice learning, and multicultural pedagogies.

6.4.4.1.1. Anti-discriminatory Pedagogy

Anti-discriminatory pedagogy is applying critical consciousness to examine structural conditions and power dynamics that impact on caring practices and changing unjust social conditions (Garneau et al., 2016). Anti-discriminatory pedagogy entails learning experience that counter prevailing individualist and racialising cultures in nursing and enabling nurses to respond to inequities in health. It creates opportunities for learners to analyse power relations and disrupt structures that produce and perpetuate systemic discrimination, oppression, and marginalisation (Garneau et al., 2016; Hutchinson, 2015). It is a pedagogical focus on human rights and social justice, and advocates for promoting anti-oppressive or anti-discriminatory social justice agendas in health care. Garneau et al. (2016) suggested a “lift as we climb” approach in applying anti-discriminatory pedagogy to “educating to uncover, challenge and disrupt discriminatory processes”, teaching with social and political intent, transformative impetus, and to act upon individual and systemic discrimination (p.8).

The view of my research participants is that the foundation cause of social injustice is multiple levels of discrimination based on social class, race, gender, sexuality, power, hierarchy, level of education, employment status, and post code. Also, this research findings indicated detrimental impacts of discriminatory behaviours on the physical, social, emotional, and psychological health and wellbeing of individuals and populations. This information associated individuals' determinants of health with the long-lasting impact that discriminatory experiences can cause.

Similarly, there are literature indications that historical and structural discriminatory practices impact on people's health (Garneau et al., 2016; Hutchinson, 2015). These writers proposed that anti-discriminatory learning experience enables student nurses to understand human rights and social justice and advocated for anti-oppressive or anti-discriminatory issues in nursing and healthcare. Hutchinson (2015) argued for a pedagogy that engages students in reflexive learning on lived experiences in their practice, practices of others, and the social, economic, and cultural situation on issues that they consider discriminatory in care or education settings. Students can critically reflect on human stories or experiences to transform behaviours, attitudes, and beliefs, in environments that obscure oppressive structures and practices (Hutchinson, 2015). Learning experience of local and global health policies, political contexts, power relations in health, social positionality, classism, racism, sexism, genderism, ageism, and disability, creates multidimensional understanding and action of processes that shape and address discriminatory practices. Embedding theories, simulations, and practice placement experience on issues of gender and sexuality creates learning opportunities for student nurses to provide holistic care for people from diverse sexual or gender background (McCann and Brown, 2020; Nhamo-Murire and McLeod, 2018).

6.4.4.1.2. Poverty Pedagogy

Poverty is an economic or social situation of not having adequate amount of money to provide the basic human needs of food, shelter, and clothing. Poverty is associated with many social problems including homelessness and its consequences on physical and mental health and substance abuse (Story, 2013; Thomas, 2012). This research has shown that poverty can result from social injustice and cause health inequalities. Likewise, literature evidence confirmed that harsh economic conditions can cause poverty which results in widening gap between the most deprived and most privileged (Cylus et al., 2015; Dickman et al., 2017). Similarly, the literature verified that there is greater resistance of health improvement for the poor across the UK (Marmot et al., 2020). Therefore, nurses being at frontline working with people living in poverty are in leading position of addressing the impact of

poverty on people's health (Winslade et al., 2013). This means nurses or student nurses should maintain pace with health challenges that are due to poverty (Scheffer et al, 2019).

Although poverty pedagogy was not suggested in the research findings, it is a widely appraised learning approach in the literature for creating awareness on issues of poverty and actions for transforming its impact on people's health (Bell and Buelow, 2014; Hellman et al., 2018; Menzel et al. 2014; Patterson and Hulton, 2012; Scheffer et al., 2019; Vleim, 2015; Yang et al., 2014). These writers have reported on use of simulation for student nurses to share and reflect on experiences of poverty for different periods and stages of their courses. Contents of courses on poverty incorporated blending practice experience or online or in-person interaction among students or between students and people in poverty. Learning experiences can combine classroom or field area, learner or tutor facilitated role play, self-reflection, group reflection, discussions, debates, personal and public involvement learning, arts, films, and seminars. Poverty issues related to social justice that could be focused on in these educational activities include housing, finance, everyday expenses, immigration, race, gender, matriarchal families, single parenting, elderly people, lonely people, unemployment, chronic illnesses, and social peer constraints. Simulation of these issues can develop critical student nurses who explore their self and previous beliefs, enhance their understanding, and recognise the need for action for impoverished or people living in poverty.

6.4.4.1.3. Practice Pedagogy

Practice pedagogy is learning that occurs in field areas or placements where learners have opportunities to work with people or communities presenting or living with health or social problems. Practice learning, sometimes referred to as service, or community, or clinical learning, depending on the placement of learning. In the UK, practice learning is broadly categorised into clinical and community practice placements.

The findings of this research suggested that social justice issues occur in both clinical and community settings and that there is need for student nurses to engage in learning experiences that empower them to understand and take actions to address these issues. Mainly, student participants in this research referred to clinical practice areas such as Accident and Emergency and acute wards where they worked with people affected by social injustice relating to ageing, race, housing problems, substance abuse and immigration. Student nurse participants referred to an eye-opening community practice experience in St. Mungo's, a registered charity for homeless in the UK, where they worked with individuals in dire social situations due to poverty.

Similarly, literature evidence links practice learning to transformative learning for promotion of social justice (Boutain, 2008; Carniceli and Boluk, 2017; Gardner and Emory, 2018). These writers reported practice learning in communities and clinics where students worked with individuals whose health were undermined due to poverty related problems of housing or homelessness, limited wage, work inequity and unemployment. Clinic or acute health services experience are reported as opportunities for students to shadow practitioners performing focused assessments of chronic health conditions related to poverty and marginalised living conditions, such as, wound care, obesity, diabetes, and respiratory diseases.

The findings of this research suggested that practice experiences can be transformed into learning through facilitated discussion prior to or during or post placement. This includes pre-placement classroom discussion, weekly or regular practice educators facilitated group discussion during placement, and post-placement small or large group classroom or personal tutorial discussion or reflection on social justice learning expectations or experiences. Likewise, the literature supports experiential and reflective learning for logging and sharing information about social (in)justice conditions that students encounter in practice (Bower, 2021; Jakubec et al., 2021; Mohammed et al., 2014). These writers reported on structured field experience incorporating critical reflection on social justice (Bower, 2021); community gardening collaboration between student nurses and community partners for social change (Jakubec et al., 2021; Mohammed et al., 2014), and storytelling reflective and experiential learning of social justice issues (LeBlanc, 2017). These experiences can be logged in digital or hardcopy paper forms to facilitate classroom discussion on awareness and actions for social change.

6.4.4.1.4. Multicultural Competence Pedagogy

Multiculturalism focus on attitudinal, behavioural, and cultural traits that are catalyst for improvement in health disparities and health care delivery and practices (Hester, 2012). Curricula that address cultural diversity or multiple cultures incorporates knowledge, skills, and attitudes to support the cultural competence of practitioners. Diversity encapsulates differences among people, such as, ability, age, ethnicity, gender identity, race, sexual orientation, social class, religion, and geographic origin. Culture is a layer within each diverse group.

Cultural or multicultural competence is an education that enables learners to develop set of congruent behaviours, attitudes, and policies for working or communicating effectively in cross-cultural or multi-cultural situations (Hester, 2012; Papadopoulos et al., 2016). Cultural education enables learners to

experience issues of cultural awareness, sensitivity, knowledge, and skills that relates to health and illness (Chen et al., 2012). Cultural competence enables student nurses or practitioners to increase the accessibility of health services to people from diverse cultural backgrounds (Thackrah and Thompson, 2013). Cultural competence pedagogy is a response to evidence of health disparities, structural inequalities, and poorer quality health care and outcomes among people from minority backgrounds and need for equitable and effective health care for them (Horvat et al., 2014).

Findings of this research implied that student nurses and nurse practitioners need to understand cultural preferences of patients in terms of nutrition support by providing ~~for~~ wider food choices, including allowance for home prepared foods. Also, there were explicit comments in this research on the need for nurse managers and nurse academic leaders to understand and appropriately respond to health concerns raised by ethnic minority staff and students around increase morbidity and mortality due to COVID-19 pandemic. It was suggested in the research findings that individuals and groups are unable to access or use health services due to cultural barriers such as linguistic and health preferences. These cultural issues gave reason for data indication in my study for nurse educators and nurse academic leaders to seek opportunities to learn from or be taught by students about their cultural and historical or even travel experiences as refugees.

Literature confirmed the need for nurse education to promote cultural competence through awareness, knowledge, cultural encounter, and cultural desire (Campinha-Bacote, 2007; Chen et al., 2012). Cultural awareness is purposeful self-examination of biases or assumptions about cultures; cultural knowledge is understanding multi-cultural practices and beliefs; cultural encounter is interaction with diverse cultures; and cultural desire is motivation to engage and increase cultural competence (Campinha-Bacote, 2007). These cultural experiences can be learnt in classroom or field environments through discussions, collaboration, information collection, and reflection. Field cultural experience can take place in communities or practice areas where learners can encounter and learn about different cultures (Amerson, 2010; Torsvik and Hedlund, 2008), including local or international elective cultural experience (Ferranto, 2015). Literary or reflective journal on these experiences can be used by students to narrate their lived experiences of cultural encounters and classroom or tutorial discussion or workshop (van Bewer et al., 2021), to share and learn the impact of multicultural experience on nursing care (Halloran, 2009; Woodhead et al., 2021). These learning experiences can stimulate cultural competency in nursing and for action as agents of cultural bridging through mutual encounters to understand concepts and values of cultures and change for the advancement of human dignity and equity (Leefer and Mitchel, 2010).

6.4.4.2. Critical Conscious Nurse Educator

Critical conscious nurse educator in the context of my research is a learner facilitator or enabler who question the correctness of their ideological reading of the world (Garneau et al., 2016). Critical conscious educator considers their own positionalities and learned history of intersectionality on issues of racism, classism, or sexism (Ellsworth, 1989). An intersectionality lens allows the critical educator to apply self-criticism about the ideologies that underlie teaching methods that lend to the reproduction of Eurocentric or White supremacy or Western Christian traditions that perpetuate historical social inequities in education (Burnett, et al., 2020; Iheduru-Anderson, 2020; Moorley et al., 2020; Paton et al., 2020). This statement alludes to the indication in my research that social justice nurse education cannot exists in a vacuum that fails to support nurse educators with critical consciousness. The findings of this research have shown the need for educating nurse educators in academic and practice areas about social justice nurse education. This is said to be due to nurse educators lack of knowledge, skills, and attitudes to support learners on social justice issues in the profession, a situation that is significantly influenced by existing traditional pedagogies that dwindles opportunities for critical consciousness. The research findings did not indicate specific practices for developing critical conscious educator, although these practices can be deduced from the literature.

One approach for developing critical conscious nurse educator is responding to the call for dismantling the "Master's House" (Paton et al., 2020). This is a call for nurse educators and leaders to understand and redress colonial matrix of power that influence pedagogies that perpetuate colonialism, racism, sexism, and genderism (Paton et al., 2020). The "Master's House" describes the canon of thoughts of Western universities, "based on the knowledge produced by a few men from five countries in Western Europe, that is, Italy, France, England, Germany, and the USA", which has evolved from late 15th century conquests of territories (Grosfoguel 2013, p.74). This evolution of religious doctrines, Enlightenment thinking, and Western philosophies have held epistemic privilege of power and structure of knowledge (Robinson, 2020). This dominant epistemology is argued by Paton et al (2020) to be embedded in nursing and healthcare educational programmes in the form of "curricula, standards, learning objectives, expected outcomes, and standardised ways of knowing" (p. 4). Student nurses are obliged to be members of self-regulated health professions, to guard and reproduce boundaries and status through codified systems of thought (Freidson, 2001; Paton et al., 2020). These writers proposed that the dismantling of these Eurocentric education structures has implications for developing critical conscious nurse educator who entertains academic and practice learning critical reflection, dialoguing and praxis or practice informed by critical thinking.

In nursing and healthcare, the “politics of domination often reproduced in the educational setting” (Bell, 2014, p.39), contributes to imperialist struggles (Fanon, 1994), and endures colonisation (Muzzin and Martimianakis, 2016; Naidu and Kumagai, 2016). This form of education relies on positivism, universalism, and rationalism, rather than other potential goals of education, such as, liberation (Freire, 2005). These practices in health professional education “creates, authorises, and reproduces domination, privilege, and status and education is seen as an individual achievement and not a means for improving circumstances within society” (Paton et al., 2020, p.4). Nurse writers have argued that these dominant epistemologies in the profession focus attention on learners or professionals demonstrating an individual professional responsibility in practice, rather than social or community responsibility of their practice, a situation referred to ‘think small’ on individual rather that “think large” or acting broad for communities (Bekemeier and Butterfield, 2005; Grace and Wills, 2012; Thurman and Pfitzinger-Lippe, 2017). These positions align with views of nurse educator participants in my research who opined that universities have become production lines of transactional learners that maintain the status quo, rather than developing transformational learners for lifelong positive changes in society.

To contribute to transformational social justice learning, educators must avoid indoctrinating learners using epistemologies that reproduces privilege and powerlessness, but rather stimulate learners to examine the way power and knowledge work together and reinforce one another (Garneau et al., 2016). Nurse educators can demonstrate leadership by moving student learning and the predominant way of thinking in nursing beyond the individual client to the collective society, as well as shift from tertiary or reactionary care to primary or preventative care (Ellis, 2013). Similarly, nurse educators can promote social justice education by making learning environment safe havens by leaving their racial, class, or gender identities outside the classroom (Brookfield, 2007). This enable nurse educators to facilitate groups where educator and learner can feel safe to express their experience of social justice issues, create spaces that are free of prejudice, and address voicelessness associated with deliberate political choice (Garneau et al., 2016). It is my belief that the issues raised here about redressing dominant epistemologies can flourish in learning environments guided by servant leaders that supports the development of critical actor learner and critical conscious educator.

6.4.4.3. Servant Nurse Leader

Findings of this research revealed that nursing leadership is an integral component of social justice education, due to the impact that individuals in leadership positions can have on health equity. Nursing academic or practice leadership for social justice is critical for examining and addressing

concerns that reproduce the adverse health impact of societal inequities. This involves interventions for addressing competing human and financial resources and political demands that impact on effective access and delivery of health services. This situation creates need for leaders who care for individuals and populations whose marginalised and underserved health conditions can be better served through competencies and self-development of soft skills that embrace social justice principles. A student nurse participant referred to the need for transformational nurse leaders, while implicit references were made about nurse leaders that serve their students, educators, and practitioners, also known as, servant leadership.

Servant leadership is referred as being "… servant first. It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first" (Greenleaf, 1977, p.27). This definition placed the focus of servant leadership on the development of others by ensuring that "other people's highest priority needs are being served" (Greenleaf, 1977, p.13). Servant leaders place needs of persons they lead before the leader's personal interests (van Dierendonck, 2011) and purposefully develop more servant leaders. Servant leadership incorporates empowerment, quality, team building, and participatory management (Patterson, 2006), service ethic and attributes of active listening, empathy, healing, awareness, persuasion, foresight, stewardship, commitment to growth, and community building (Spears, 2002).

Servant leadership as a basis of critical pedagogy is proposed by Jeyaraj and Gandolfi (2020) as conceptual framework that addresses social purposes of higher education by promoting trust, dialogue, and empowerment. These writers recognised higher education to serve social purpose and social justice role, as evident through the University policy documents, mission statements, and graduate attributes. They proposed that servant leadership is an approach for leaders in higher education to empower students to create a more equitable future for everyone (Jeyaraj and Gandolfi, 2020). Empowerment can be facilitated by servant leadership through holistic approach that engages followers in multiple dimensions, including relational, ethical, emotional, and spiritual dimensions, for achieving full potentials (Eva et al., 2019). Servant leadership is distinct from other leadership styles because of the emphasis on service motivation which aims to empower and develop followers through empathy and humility (Mittal and Dorfman, 2012). Similar aspirations are presented in the practice of critical pedagogy, which has strong orientation towards empowering individuals for self and social transformation.

The values of a servant leader include having a guiding vision and purpose (Farling et al., 1999), loving others (Banutu-Gomez, 2004), trusting (Russell, 2001), empowering others, and submitting to others (Marquardt, 2000). These values can be summed up in the concept of caring which includes caring for other individuals, for institutions, and for society at large (Sendjaya, 2003). This, according to Greenleaf (1977), is the motive of servant leadership and the rock upon which a great society or institution can be built. It has been asserted that a servant leader's behaviours emanate from their personal (Errol and Winston, 2005), resulting in attributes such as establishing a vision (Banutu-Gomez 2004), being authentic (Sendjaya, 2003), focusing on relationships (Patterson, 2006), and influencing others (Gandolfi and Stone, 2018). These values and behaviours that underpin servant leadership reflect concern for social justice.

The concept of a leader as servant is rooted in the ideal that individuals have intrinsic value, a dignity not only to be strived for, but a dignity connected to the reality of being human. Thus, if one believes in the dignity of the person, the basic ideas of servant leadership not only make sense, but contain the elegance, precision, and willpower required for human development (Ferch, 2003). Northouse (2020) asserted that leaders who can build community without sacrificing productivity, and who are able to embrace diversity rather than merely adhering to traditional or hierarchical approaches, inspires growth in social services, education, and society at large. Traditional models of leadership, often based on hierarchical structures, are primarily geared towards increased levels of efficiency (Greenleaf, 1977), and cause moral decline of the relational environment (Ferch, 2003). The practices of servant leadership are claimed to foster a deep, personal sense of vision and inclusiveness (Ferch, 2003), and produce answers to the failures of leadership found in more traditional hierarchical models, such as dominance or control (Ferch and Mitchell, 2001).

Findings of this research showed the need for servant leadership attributes described here, which Waite and Brooks (2014) confirmed as social justice leadership principles. They are principles that embrace emotional intelligence, recognise individual potential, appreciates growth and change, develops multicultural competence, fosters interprofessional learning, and promotes social responsibilities (Waite and Brooks, 2014). These principles align with transformational social justice leadership approaches that effectively address cultural issues, threats to quality patient care, and promote non-oppressive systems (Oulton, 2006; Suliman, 2009).

Leadership that promotes social justice nurse education should not only focus on the higher echelon of the profession, as is often the case, but instead should be incorporated in learning or professional expectations of student nurses, nurse educators and nurse practitioners (Hendricks et al., 2010).

Leadership with social justice intent can be cultivated through cultural encounters (Hester, 2012) and self-identification of personal or professional values that define and inform decision-making, leadership styles, and strategies (Bradley et al., 2012). Similarly, education that develops nurse leaders with social justice competence requires linking self-awareness, cultural diversity, contextual issues, and familiarity with systemic inequalities (Waite and Brooks, 2014). A healthcare-leadership genogram that can enhance self-awareness is one that explore intersections between individuals and their family of origin, history, professional values, and experiences with conflict, power, privilege, and leadership styles (Blum, 2008; McGoldrick et al., 2008).

The call in this research for social justice leadership is to aid the promotion of learning culture that understands the needs for learners to achieve high performance and of the public to receive equitable and compassionate care. This call can be responded to by developing transformational and servant leaderships that support the development of critical thinking and acting student nurses, and critical consciousness nurse educators for promotion of social justice education.

6.5. RESEARCH LIMITATIONS

Identifying and explaining the limitations of this research is a recognition and acknowledgement of quality issues related to research context and design. The following limitations are identified in the processes of this research.

Firstly, a single institution was selected as research site instead of multiple institutions for collection of information from different nurse education settings. This was due to limited time to negotiate access and complete ethical requirements in other institutions.

Secondly, only students from field of adult nursing were recruited as I was unable to recruit students in fields of mental health, children and learning disability nursing. This was due to the impact of COVID-19 pandemic lockdown which did not permit posters or in-person announcement to different cohort of students.

Lastly, only perspectives of student nurses and nurse educators were explored instead of multiple stakeholders of nurse education including registered nurses, nursing assistants, associate nurses, and nurse administrators in hospitals, universities, or communities. This was due to the practical reason that not all stakeholders would be recruited for the limited scope of doctoral research.

Recognition of these limitations demonstrate accurate representation of the processes in exploring and interpreting research purposes and demonstrating robust methodological considerations that could be potentially transferred at theoretical level or in different settings.

6.6. RECOMMENDATIONS

It is important to make recommendations from the research findings, which in this case is broadly based on contribution to knowledge and opportunities for future research.

6.6.1. Contribution to Knowledge

Contribution to knowledge demonstrates the relevance of my research in terms of value to scholarship, which answers the 'so what' question often asked of researchers. This section presents the findings of my research as the first primary evidence on perspectives of student nurses and nurse educators in the United Kingdom on ideas for promoting social justice nurse education in the United Kingdom. My research is ground-breaking for advancing scholarly interest in social justice nurse education in the UK. The novelty of my research can be best served by practical application of the findings in developing the nursing curriculum. Therefore, I am proposing a framework on **Awareness for Social Justice Action** or **ASJA**, for practical application of the research findings in a learning environment that provides opportunities for evaluation of my ideas.

6.6.1.1. Framework on Awareness for Social Justice Action

The idea of a framework on social justice education was mentioned by research participants who suggested a '*proper model or framework or tool kit that can be tested'*. The response to this call and to achieve a core purpose of my research, is the recommendation of framework on **Awareness for Social Justice Action** or **ASJA**, as a curriculum design for promoting social justice in nurse education. The aim of framework on **Awareness for Social Justice Action** or **ASJA**, is to provide progressive empowerment of the student nurse as critical thinker and actor for social justice in nursing professional development, as shown in **Figure 6.1**.

The framework answers the 'so what' question of my research, in the form of an explicit pre-registration social justice nursing curriculum. Pre-registration is the education stage that learners undertake prior to registration as qualified nurse with the NMC. Pre-registration programmes takes

different forms including pre-undergraduate enrolment or Part 0, undergraduate or post graduate or Parts 1 to 3, or shortened courses for nursing associates.

These recommendations will initially support learning experiences for student nurses in the largest cohorts of pre-registration programmes at the university where I am working as senior lecturer in the Institute of Health and Social Care. This cohort comprise of undergraduate or Bachelor of Science (BSc) Honours (Hons), Post Graduate Diploma (PGDip), and Master of Science (MSc) pre-registration nursing degree programmes. I will recommend this framework for review and incorporation into these programmes during the next stages of curriculum validation or revalidation. Successful implementation of the recommended curriculum will create opportunities for consideration in other pre-registration or even post registration programmes.

Figure 6.1: Framework on Awareness For Social Justice Action (ASJA)

The upward arrow is a progressive learning process implemented at Two phases of the pre-registration nurse education programme, that is, Phase One: **Knowledge – Awareness** and Phase Two: **Action – Partnership**. These overlapping phases create flexible progression from lower to higher order learning between different Parts or Years of the pre-registration nursing programme.

- **Knowledge – Awareness** progressive empowerment phase is intended for student nurses in Parts 1 and 2 of the BSc (Hons), PGDip and or MSc pre-registration programmes, for development of critical knowledge and awareness of social justice issues in nursing.

- **Action – Partnership** progressive empowerment phase is intended for student nurses in Parts 2 and 3 of the BSc Hons or PGDip or MSc degree pre-registration nursing programmes, for development of critical actors and partners for social justice.

Contents of topics, educational activities and formative or summative assessments for these two progressive phases are shown in **Figure 6.2**.

Figure 6.2: Educational Activitiesfor Framework on Awareness for Social Justice Action (ASJA)

Phase 1 Knowledge – Awareness Learning Contents	Phase 2 Action – Partnership Learning Contents	Educational Activities	Assessments
SJ learning practices	SJ nursing responsibilities	Discussion	Formative: critical reflection
Meaning of SJ	Discrimination	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
History of SJ	Multiculturalism	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
Other contents	*Other contents?*	*Other activities?*	*Other assessments?*
Principles of SJ	Poverty	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
Theories of SJ	Power, politics, economics	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
Determinants of health	Advocacy and volunteering	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
Other contents	Community, public health	Discussion, Seminar, Lecture, Practice	Formative: critical reflection
SJ nursing responsibility	SJ movement	Discussion, Seminar, Lecture, Practice	Part 1: Summative: critical reflective journals

There are provisions at both phases for students and educators to co-create additional contents, educational activities, and assessments that they may consider relevant for learning about social justice issues in nurse education. My recommendations addressed concerns of curriculum theorists about congruence between learning outcomes, contents, structures, activities, and assessments of learning experiences (Biggs and Tang, 2007; Fink, 2003; Fraser and Bosanquet, 2006). My curricula recommendations will be put forward for consideration at next phase of pre-registration nursing programme validation or revalidation. This is intended to provide opportunities for multiple stakeholders of nurse education to evaluate the potentials for incorporation of the framework on **ASJA** into the preregistration nursing curriculum of the university where I work.

6.6.2. Opportunities for Future Research

The purpose of recommendation for future research is to improve the transferability, or address the limitations, or identify issues not considered in this research. My intention is to suggest research

opportunities that develops and broaden my interest in the scholarship of promoting social justice education in nursing and other disciplines.

Prior thought was given to opportunities for future research by asking questions during the research interviews and focus groups about ideas for promoting social justice nurse research, as shown in **Figure 6.3**.

Figure 6.3: What ideas promotes social justice nursing research?

Data Source	Suggestions
Interviews with Student Nurse (SN)	• *research … to implement it within the University* **(SN6)** • *How would issues raise in this research be acted on by appropriate authorities so to bring about the change* **(SN8)**
Focus Group with Nurse Educator (NE) participants	• *interviewing newly qualified nurses* **(NE2)** • *joint focus groups … perspective of … other groups … students … newly qualified students* ***(NE3)*** • *to talk to other professions about their education programmes; talk to people on the frontline what they experiences* **(NE6)** • *speak to school of education they've got social justice nailed* **(NE5)** • *experiences of people in injustice; within a group; speak to other non -nursing professions within health and social care; see their programmes; some other London universities; nursing programmes; students; what they feel they are getting; missing want out of it and why; proper model or framework or toolkit that can be applied would be perfect; students weekend individual experience of injustice; different demographic group point of view; intersectionality* **(NE7)** • *looking forward to the articles; clear message about what social justice is and how and what it is for nursing; to see a tested model to apply to curriculum changes* **(NE4)** • *to know individuals perspective on what constitutes social justice; search the NMC guidelines for social or justice* **(NE11)** • *the system that creates the curriculum; what needs to be in this curriculum; their interest in social justice* **(NE10)**

The views of participants, which I agree with, indicates four key areas for future research in promoting social justice nurse education.

Firstly, there is research requirement for developing and testing nurse education frameworks for social justice learning in the profession. This need relates to designing, developing, and evaluating frameworks for student nurses, nurse educators and nurse leaders. I have proposed the framework for student nurses on **Awareness for Social Justice Action** or **ASJA**, as discussed above. I will disseminate and recommend the testing or applying of this framework in pre-registration nursing education programmes. Where the framework is applied, I will investigate the processes of implementing and outcomes of learning experiences that emanates from the framework. In future, I will investigate ideas for educating the nurse educators and for attracting nurse leadership for the promotion of social justice nurse education.

Secondly, there is need to establish broader data on the impact of social justice on health and wellbeing of individuals and populations. This knowledge can be achieved by investigating the social

justice or injustice experiences of multiple nurse education stakeholders including student nurses, qualified nurses, nurse educators, or even members of the public. These investigations would require participation from different institutions or settings, including universities, colleges, hospitals, clinics, community practices and other healthcare and nurse education settings.

Thirdly, future research should take account of the curriculum of departments or schools or universities that have incorporated or not incorporated social justice education. Investigation can focus on non-nursing departments within the university where I work, or nursing departments in other universities, or non-nursing departments in other universities.

Lastly, further research is needed to establish organisational awareness of and interest in social justice education. Investigation can focus on nurse academic or practice or regulatory leaders or organisations in single or different institutions. This research interest relates to the need of reviewing nursing regulatory documents for inclusion of social justice issues, a scholarly task that I have engaged in during this research (Abu, 2020) and an article sent for publication on critical review of NMC standards for unequivocal social justice nurse education.

6.7. QUALITY AND RIGOUR

Excellence in qualitative research or researcher can be judged on quality or rigour or trustworthiness demonstrated in research considerations. These considerations involved developing and engaging in research design, maintaining fidelity to participants, understanding, and representing contexts and transparency of the research (Ravitch and Carl, 2016). These actions relate to processes of asking questions, interrogating the literature, adopting, and applying methodologies, presenting, and interpreting findings (Ravitch and Carl, 2016). Lack of rigour in the research process "runs the risk of making the product worthless or fictional in terms of knowledge contribution" (Tobin and Begley, 2004, p.390), while the presence of quality and rigour in research texts can convince and persuade readers about authorial authority (Pozzebon, 2004)

In qualitative research, criteria for assessing quality and rigour are complex due to methodological pluralism that results in different terms based on epistemological and ontological interests of the researcher. Denzil and Lincoln (2005) referred to three bases of knowledge, including foundationist position that applies positivist and post-positivist criteria such as validity, reliability, and objectivity; quasi-foundationalist position that applies constructivist criteria such as plausibility, credibility,

relevance, authenticity, and dependability; and non-foundationalist position that applies feminist value-relevant criteria of criticality, ethics, empowerment, politics, and social inequality. Another approach is applying criteria for specific research methods instead of generic qualitative research or methods research criteria (Berthelsen et al., 2018). Combination of quasi and non-foundationist and Charmaz' constructivist grounded theory criteria applied includes credibility, dependability, transferability, confirmability, originality, plausibility, authenticity, and usefulness.

6.7.1. Credibility

Credibility refers to achieving intimate familiarity with the setting or topic to ensure data is sufficient to merit claims (Charmaz, 2006), and accounting for complexities presented in the research (Lincoln and Guba, 1985). Credibility is demonstrated by adopting and applying transparent and appropriate methodological assumptions including relativism ontology, subjectivism epistemology, value-laden axiology, qualitative rhetoric, inductive methodology, and grounded theory qualitative designs and methods. Also, the research setting in a nurse education institution and participation of student nurses and nurse educators are credible sources for gathering subjective data about social justice nurse education. Other actions taken to establish credibility includes triangulation of data, presenting thick description, discussing negative cases, prolonged engagement in the field, and peer review (Toma, 2011).

Triangulation of data is combining data derive from different sources and at different times, in different places or from different people. Triangulation can adopt methodological approach wherein multiple data collection methods are utilised against each other or theoretical approach wherein various theories are assessed in terms of their utility and power (Lincoln and Guba, 1985). Both approaches to triangulation were applied in this research. Methodological triangulation was applied in data collection from student nurses and nurse educators on similar research questions to assess the congruence between the different groups. On the other hand, theoretical triangulation applied in critical discussion of the association between theories of social justice and critical pedagogy to assess their compatibility in nurse education.

Prolonged engagement in the field, which often applies to ethnographic studies, is understood in the context of this research as prolonged engagement with the data in processes of collection, transcription, analysis, and interpretation. I conducted all interviews and moderated all focus groups, an exercise that took nine hours and thirty minutes (see **Figure 4.6**), and over three months. I manually transcribed all interviews and focus groups, a process that entailed dictations and word processing

activities, which lasted over three months, and produced 104 pages of A4 single spacing transcripts (see **Figure 4.6**). I manually analysed all transcripts using constant comparison of line-by-line initial coding, grouping of ideas in focused coding and selecting overarching ideas in theoretical coding, exercises that lasted over four months. These prolonged period of engagement of eleven months with research participants and data or in the field, developed my familiarity with data and enable true representation of data. These experiences are related to authenticity, which is the demonstration of genuine experience of data, familiarity with social group, closeness to action, immersion in the study, and interpretations of participants' understanding of phenomenon (Pozzebon, 2004).

Discussing negative cases involved considering views of participants that did not fit the majority views of participants. One negative case discussed was about the meaning of social justice by two nurse educators as rhetorical and politically correct term, which was different from the popular view on social justice as an ideal acceptable concept. Another negative case was shared by one student nurse participant on the incorporation of social justice as a module to be uncomfortable for students who are not from ethnic minorities, which was different from the popular view on need for explicit module on the subject.

Presenting thick description as an issue of credibility has been achieved by separating the chapters on findings and discussions. This approach enabled focus on copious description of participants perceptions in the chapter on findings and interpretation of my understanding of participants perceptions in the chapter on discussion.

Peer review activities created opportunities for sharing my research journey and ideas with scholars and colleagues for feedback and check for quality. In July 2020, I published an editorial in a peer review journal with Index Factor 2.8, a topic that relates to my research proposal on Let us be unequivocal about social justice nursing education (Abu, 2020). At my university departmental staff meeting, in November 2020, I presented a topic on "Building the Master's House or reconstructing the Peon's Hut", which was my reflection on fairness in supporting student nurses during difficult times such as COVI-19 pandemic. In April 2021, I presented the Literature Review chapter of my thesis at my university departmental staff meeting. In September 2021, I participated in an online national nursing research forum where I asked questions related to lack of diversity in the panel of presenters and lack of focus on social justice nursing research in the UK and received supportive feedback from the current Deputy Chief Nurse of England. In January 2022, I presented the Methodology chapter of my research at a university departmental staff meeting. In March 2022, I presented a draft article at a Research Study Retreat and followed up with an article submitted for publication on "Unequivocal social justice

education: a critical review of nursing professional standards". In May 2022, I discussed my thesis at mock viva voce panel comprising of two academics from school of healthcare and school of law and social sciences. These scholarly activities have given me opportunities to assess the credibility of my research ideas through speaking and reading my thoughts or reading and listening to peer feedback.

Audit trail has been maintained through consistent documentation of various activities for purposes of referencing, reflection, and reflexive accounting (Ngulube, 2015). Documentation commenced during the taught phase of professional doctorate and throughout the research phase. Materials have been in the forms of notes from group discussions with doctoral candidates and facilitators, formative and summative assignments, portfolios, databases, outcomes of doctoral supervisions, notes on sessions by the London Doctoral School, memos from data collection and analysis, presentations to peers, and articles for publication. These audit trails have contributed to the requirement for a written report on my professional development as Professional Doctor of Education. These materials have informed procedural and interpretive decisions made during my doctoral research.

6.7.2. Dependability

Dependability refers to the stability and consistency of the data over time (Lincoln and Guba, 1985; Miles et al., 2014). Dependability has been attained through robust strategies of developing research questions, and selection and application of dependable appropriate methods for data collection and analysis. In terms of research question, I started with clear ideas about research aim of exploring ideas for promoting social justice nurse education. Also, I maintained clear ideas about research objectives of understanding the meaning of social justice, impact of social injustice on health, visibility of social justice education and incorporation of social justice practices in nurse education. While the wordings of these aim and objectives have been tweaked throughout the research, the core ideas have remained unchanged. These aim and objectives directed the discussion topics or questions in interviews and focus groups for data collection. They informed the findings on the four codes or themes on understanding social justice as fostering health, recognising social injustice impact on health, equivocal social justice learning in nurse education, and developing framework for incorporation of social justice learning in nurse education. Lastly, dependability of research strategies is evident in the development of framework on **Awareness for Social Justice Action**, to develop critical student nurse thinker and actor. These strategies have been achieved because the research applied sound and appropriate questions, literature evidence, theories, methodologies, findings, and interpretations.

6.7.3. Confirmability, Reflexivity, and Positionality

Confirmability refers to issues of subjectivity, relative neutrality, reasonable freedom from unacknowledged researcher biases, and explicitness about the inevitable biases that exists in the research processes (Miles et al., 2014). The qualitative researcher is expected to confirm or acknowledge their biases and prejudices in decision-making about questions and methods and interpretation of data. One approach to ensuring confirmability is through structured reflexivity processes which scrutinises the complexity of researcher positionality as a primary instrument in qualitative research (Ravitch and Carl, 2016).

Self-reflection and a reflexive approach are prerequisite for the researcher to identify, construct, critique, and articulate their positionality. Reflexivity is researcher self-acknowledgement and disclosure that seeks to understand their role and influence their role may have in the research process (Holmes, 2020). Reflexivity is related to positionality, a term that describes an individual's worldview about and position in research task, and its social and political context (Holmes, 2020; Savin-Baden and Major, 2013; Rowe, 2014). Reflexivity and positionality are researcher active and continuing awareness and monitoring of researcher personal assumptions in construction of relationships and influences on processes and contents of questions, methods, interpretations, and presentation.

Qualitative research that adopts relativism ontology and subjectivism epistemology accommodates personal interpretation of multiple perspectives if rationale for decisions is made explicit. For this reason, I have discussed my positions on the topic, context of research and interpretation of findings. My position on social justice has been clearly stated in other parts of this thesis, that ideals of social justice are part of my social and cultural background, as values of positive human relationship. It is not a surprise that I have developed scholarly interest in the topic and adopted it as professional philosophy. I have discussed my position in the social context of the research as a lecturer with professional responsibilities and relationships in the institution that the research is set and with students and educators that participated in the research. Through ethical considerations in this research, I have ensured that relational matters are made explicit and minimised prejudice and bias. Lastly, I have ensured that the subjective interpretation of data is guided by the meaning of raw data and literature evidence.

6.7.4. Transferability

Transferability or applicability is extent to which the research processes, findings and interpretations can be utilised to similar or different contexts. Transferability is preferred term in qualitative research as processes and findings are not intended to be generalised, but instead to make statements that apply to specific contexts (Lincoln and Guba, 1985). In this respect, transferability is the ability of applying or transferring context-specific research methodologies and data to broader contexts (Lincoln and Guba, 1985).

My approach in addressing transferability is through detailed description of the research processes. Firstly, clear explanation has been given on use of self and professional interests to develop research aim and objectives that are informed by literature evidence. Secondly, critical evaluation of the literature has been used to establish existing knowledge and gaps in knowledge on the subject. Thirdly, critical discussion of social justice and critical pedagogy as theoretical frameworks that support the purposes of the research. Fourthly, detail description of critical interpretivist and grounded theory qualitative research as philosophies and methodologies that addresses procedures in the research. Fifthly, thick description of the perspectives of research participants have explained the findings that answer the research questions. Lastly, logical arguments and frameworks have been proposed as interpretations of the data for developing critical student nurse, critical conscious nurse educator and servant nurse leader. These detailed or thick description of processes and data will enable the reader and research audience to consider suitability of applying my research designs or findings or interpretations in other contexts.

6.7.5. Plausibility

Plausibility is defined as the ability of the text to connect to the reader's worldview or relevance to the concerns of the intended audience (Schultze 2000), or sensemaking or understanding of the situation or context. Schultze (2000) believes that plausibility addresses the write-up phase of the research where the writer make sense by establishing connections with disciplinary backgrounds of readers and making distinctive contribution to knowledge in disciplinary area.

In the first instance, I established connections with disciplinary background by structuring the text of my research in a way that is consistent with London Doctoral Academy (LDA) codes for professional doctoral thesis. I followed the suggested structure of thesis, including title page using recommended format, acknowledgements, content pages, abstract, introduction, literature review, methodology,

findings, discussion, conclusion, references, and appendices. I applied suggested thesis format, including A4 layout size, 11 or 12 font size Calibri, printed on one side of the page (where materials are printed), white paper using recommended margins, one-and-a-half spacing, consecutive numbering of pages; soft bounding of pages (where thesis is bounded) (LDA, 2022, p.26). Lastly, the word count of the thesis is within the limits of 40,000 to 60,000, written 2,000 words report on my professional doctoral development, and will provide a portfolio with log of my learning experiences at the viva voce, as requirements of the EdD course (LDA, 2022, p.24).

Secondly, I have offered distinctive research contribution to the discipline of professional nurse education. This contribution has been made using critical review of the literature to identify the gap in lack of knowledge on social justice nurse education in the United Kingdom. I applied evidence-based theories on social justice and critical pedagogy, and methodologies of critical interpretivism and grounded theory, to develop framework for promoting social justice nurse education in the context of a nursing institution in the UK.

My contribution to disciplinary knowledge addresses two issues of quality and rigour in constructivist grounded theory by Charmaz, that is, originality and usefulness (Charmaz, 2006). Originality in my research is achieved through the new insights offered on social justice practices in nursing and healthcare in the UK. Usefulness is addressed by ensuring that the interpretations in my research on practices for promoting social justice education provides ideas or tools that learners, educators and leaders of the nursing profession can use in their everyday worlds. This new or addition to knowledge can be examined for wider implications and provide fodder for further and substantive scholarship interests on social justice nurse education.

6.8. SUMMARY

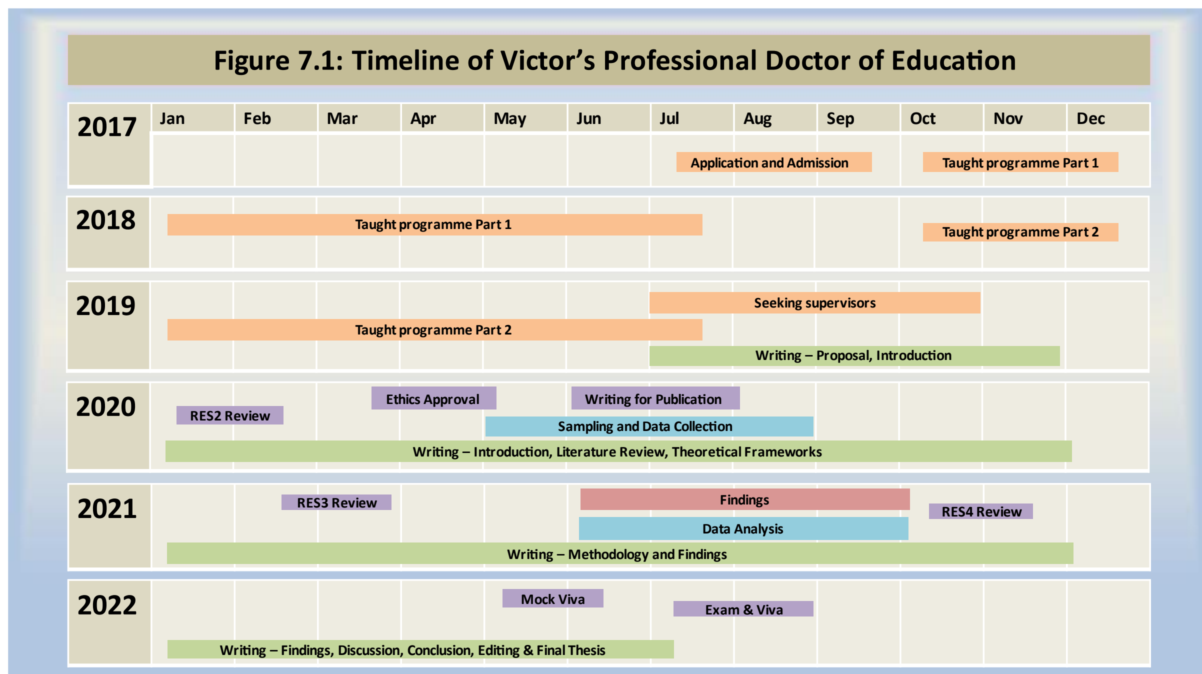
My proposal of a framework on **Awareness for Social Justice** or **ASJA** is aimed at developing the critical student nurse who understands social justice as conditions that fosters health and engage in actions that redress social injustice that hinders health. This framework has been developed by answering research questions on the meaning of social justice, impact of social injustice on health, visibility of social justice nurse education, and ideas for incorporating social justice in nurse education. These answers have come from searching the literature for evidence and gaps in knowledge interest, applying appropriate theoretical and methodological frameworks, and explaining and interpreting

participants opinions about social justice nurse education. Transparency in these actions have been substantiated by stating limitations, opportunities for scholarly activities, and rigour in the research processes. The next chapter on conclusion convey a reflective summary of my overall experience of the doctoral programme.

CHAPTER 7

CONCLUSION

In this final chapter, closing remarks are made on thoughts and actions that occupied my intellectual space for about five years or even longer period of developing a doctoral thesis on social justice nurse education. It reminds the reader and me about this journey and summarise the processes and the products of this never to be forgotten experience. This reflection summarises my experiences of the Professional Doctor of Education programme from the beginning, through the taught and research phases, and the end of the programme, and as shown in **Figure 7.1**.



My doctoral programme started in the summer of 2017, when I decided to apply for a programme in education instead of health and social care, due to interest in improving my academic and research experience of educational philosophies and practices. I was interested in the theme on social justice and inclusive education, although I knew very little about the professional or practice significance of the phrase 'social justice' in relation to nursing education. I had no idea of specific topic to pursue for my doctoral research but was assured by the programme coordinators about opportunities to identify topics of interest during the two-year taught phase and develop during the three-year thesis phase of the programme.

The two-year taught programme consisted of four modules on: what is education for - perspectives and theories, theorising critical issues in educational change and development, researching critical issues in educational change and development, and issues and controversies in research. Educational activities in the forms of classroom discussions, literature reviews, formative and summative assessments enabled me to identify topics on critical thinking, metacognitive education practices, inclusive education, critical pedagogy, and social justice education. These topic selections ultimately resulted in developing interest on social justice nurse education, a topic that I had little or no scholarship engagement with prior to commencement of the programme. I am therefore appreciative of discovering a topic of great interest to me at the taught phase that maintained my energy and focus from onset through to the thesis phase.

The thesis phase is the semi-autonomous stage of completing administrative requirements and field responsibilities of the research process. Research administrative processes involved identifying supervisors, submission and approval of research proposal, ethics application and approval, and progress reports. Firstly, I was required to identify at least two academics to supervise my work, a process that took four months to complete, due to false starts, and ended when two academics in the Institute of Health and Social Care agreed to supervise my thesis. These academics consistently supported me to develop research questions, methods, theories, and presentations, by means of regular virtual meetings via MS Teams, emails, and text messaging contacts. I could have benefitted from additional supervision from academics in education department because of their experience in incorporation of social justice in their curriculum. Secondly, I had to submit my research proposals for first panel review or RES2 stage, where we discussed my research aim and objectives, theoretical and methodological frameworks, and possible implication for practice. My research ideas were approved as generally sound and applicable, but I heeded the caution of the panellists to avoid use of reflective diaries for student nurses to collect data from practice areas due to ethical challenges associated with this data collection method. Following approval of my research proposal, I applied for ethics approval, and with experience of the pilot study, I received straightforward approval, but I agreed to the advice of the ethics committee to change in-person interviews to online interviews due to COVID-19 pandemic restrictions. My second panel review or RES3 stage was a discussion of chapters on literature review and theoretical frameworks, with approval to proceed with my thesis, and I addressed the feedback of the panellists to clearly align my research questions with gaps in knowledge identified from evaluation of the literature. My third review or RES4 was discussion with my supervisors on methodology chapter and evidence of my analysis and emerging data in the findings, and I addressed their recommendation to provide supporting statements for focused and theoretical

codes. Final review was a mock viva voce with panellists from schools of health care and education, where we had two-hour discussion of my full thesis, with verbal and written feedback, which I have used for final editing.

In addition to these administrative procedures and assessments, I engaged in field activities that supported my research activities, including recruitment of participants, data collection, data transcription, and data analysis. Participants were recruited during the COVID-19, and I relied solely on online advertisement and recruitment, a situation that did not permit in-person contacts and would have reflected on the number and motivation of students and educators that were recruited. Similar COVID-19 health restriction had impact on data collection which was limited to online platforms and again somehow reflected on lack of opportunities for in-person data collection. I found the manual data transcription and data analysis very interesting and fulfilling as these processes increased my familiarity with every word, sentence or statement uttered by participants and their true representation in the findings of the research. Where I would have to use electronic or external agency for transcription and analysis of future work, I will back this up with my experience of these manual activities.

Alongside the administrative and field activities reflected on above, I was engaged in writing thesis chapters on introduction, literature review, theoretical frameworks, methodology, findings, and discussion. The introduction sets the scene on relevance of social justice nurse and signposted my research purposes of exploring ideas for promoting social justice nurse education. I applied systematic approaches to search databases and other sources to identify relevant literature for synthesising themes on meaning of social justice, impact of social injustice on health, social justice education in nursing and frameworks for social justice education. Social justice and critical pedagogy were discussed as frameworks that guided the theoretical understanding and practical application of social justice nurse education. Based on the research purposes and theories, it was considered appropriate to adopt critical interpretivist philosophical and paradigm assumptions and apply grounded theory qualitative research methods to recruit participants, collect data, and analyse data. To maintain methodological congruence, I applied Charmaz's constructivism grounded theory initial, focused, and theoretical coding levels to explain findings from interviews and focus groups. These are findings on the ideas that social justice fosters health, social injustice hinders health, social justice learning is not explicit in nurse education, and need for developing frameworks for incorporation of social justice learning in nurse education. In the discussion of these findings, I described my contribution to knowledge in the form of framework on **Awareness of Social Justice for Action** or **ASJA**, as my interpretation of research outcomes for developing critical student nurse actor for social justice. I have

argued that there is further potential for frameworks on developing the critical conscious nurse educator and servant nurse leader for enhancing social justice culture in nurse education.

At the end, I have thoroughly enjoyed this process of developing new knowledge and refreshing existing knowledge. I attribute this favourable experience to the choice of a stimulating subject on social justice, a subject that is an omnium gatherum or collection of many varieties of subjects, on human social relationships. This collection of ideas stimulated and focused my attention and interest in a subject area that will surely broaden professional development opportunities for me. I will now engage in dissemination of ideas developed from this research through publications, presentations, and further research on similar or related topics on social justice education. Therefore, at the end, begins the next chapter!

REFERENCE LIST

Abu, V.K. (2020) Let us be unequivocal about social justice in nursing, *Nurse Education in Practice,* 47, pp. 1-3.

Albertsen, N. and Diken, B. (2003) *What is the social?* Lancaster: Department of Sociology Lancaster University.

American Association of Colleges of Nursing (AACN) (1998) *Essentials of Baccalaureate Nursing Education*. Washington, DC: AACN.

American Nurses Association (ANA) (2015) *Code of ethics for nurses with interpretive statements.* Silver Spring, MD: ANA.

Amerson, R. (2010) The impact of service–learning on cultural competence, *Nursing Education Perspectives,* 31 (1), pp. 18-22.

Anderson, E. (2013) The Fundamental Disagreement between Luck Egalitarians and Relational Egalitarians, *Canadian Journal of Philosophy,* 40 (1), pp. 1-23.

Anderson, J.M., Rodney, P., Reimer-Kirkham, S., Browne, A.J., Khan, K.B., and Lynam, J. (2009) Inequities in health and healthcare viewed through the ethical lens of critical social justice – contextual knowledge for the global priorities ahead, *Advances in Nursing Science,* 32 (4), pp. 282-294.

Angen, M.J. (2000) Evaluating interpretive inquiry: reviewing the validity debate and opening the dialogue, *Qualitative Health Research,* 10 (3), pp. 378-395.

Anionwu, E. (2016) *Mixed blessings from a Cambridge union.* London: ELIZAN.

Archibald, M.M., Ambagtsheer, R.C., Casey, M.G. and Lawless, M. (2019) Using zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants, *International Journal of Qualitative Methods,* 18, pp. 1-8.

Ax, J., and Ponte, P. (eds.) (2008) *Critiquing praxis*. Notre Dame, IN: University of Notre Dame Press.

Baer, E.D. (2012) Key ideas in nursing's first century, *American Journal of Nursing,* 112 (5), pp. 48-55.

Bales, S. (2017) Social justice and library work: a guide to theory and practice.

Banutu-Gomez, M. B. (2004) Great leaders teach exemplary followership and serve as servant leaders, *The Journal of the American Academy of Business,* 4 (1), pp. 143-152.

Barad, K.M. (2007) *Meeting the universe halfway: Quantum Physics and the entanglement of matter and meaning.* Durham, NC: Duke University Press.

Barry, B. (1989) Theories of justice: a treatise on social justice. Vol. 1. London: University of California Press.

Barry, B. (2018) *Why social justice matters.* Cambridge: Cambridge Press. London: Chandos Publishing, Elsevier

Bekemeier, B. and Butterfield, P. (2005) Unreconciled inconsistencies: a critical review of the concept of social justice in 3 national nursing documents, *Advances in Nursing Science,* 28 (2), pp. 152-162.

Bell, L.A. (1997) *Theoretical foundations of social justice education*, in M.Adams, L.Bell and P Griffin (Eds), Teaching for diversity and social justice: a sourcebook (pp. 3-15). New York, NY: Routledge.

Bell, M.L. and Buelow, J.R. (2014) Teaching students to work with vulnerable populations through advocacy course. *Nurse educator,* 39 (5), pp. 1-12.

Berthelsen, C.D., Grimshaw-Aagaard, S., and Hansen, C. (2018) Developing a Guideline for Reporting and Evaluating Grounded Theory Research Studies (GUREGT), *International Journal of Health Sciences,* 6 (1), pp. 64-76.

Biggs, J. and Tang, C. (2007) *Teaching for quality learning at university*. New York, NY: Society for Research into Higher Education.

Birks, M. and Mills, J. (2015) *Grounded theory: a practical guide.* 2nd ed. London: SAGE Publications.

Blackman, D. and Moon, K. (2017) *A guide to ontology, epistemology, and philosophical perspectives for interdisciplinary researchers.* At https://i2insights.org/2017/05/02/

Blair, T. (1998) *The Third Way: new politics for the New Century*. London: The Fabian Society.

Bloom, L.R. and Sawin, P. (2009) Ethical responsibilities in feminist research: challenging ourselves to do activist research with women in poverty, *International Studies of Qualitative Studies in Education,* 22, pp. 333-351.

Blue, G., Rosol, M. and Fast, V. (2019) Justice as parity of participation. *Journal of the American Planning Association,* 85 (3), pp. 363-376.

Blum, M.E. (2008) *Self-defined leadership: exploring family history to enhance future leadership*. In: Harvey, M., Barbour, J. (Eds.), Building leadership bridges, global leadership: portrait of the past vision for the future. College Park, MD: International Leadership Association, The James Mac Gregor Burns Academy of Leadership.

Boddy, C.R. (2016) Sample size for qualitative research: qualitative market research, *An International Journal of Qualitative Methods,* 19 (4), pp. 426-432.

Boehm, A. and Staples, L. H. (2002) The functions of the social worker in empowering: the voices of consumers and professionals, *Social Work,* 47 (4), pp. 449-460.

Booth, A. (2006) Clear and present questions: formulating questions for evidence-based practice, *Library Hi Tech,* 24 (3), pp. 355-368.

Bourdieu P (1985) The social space and the genesis of groups, *Soc Sci Inf,* 24 (2), pp. 195-220.

Bourquin, P., Joyce, R., and Keiller, A.N. (2020) *Living standards, poverty and inequality in the UK: 2020*. London: The Institute for Fiscal Studies.

Boutain, D. (2011) *Social justice in nursing: a review of literature*. In M. De Chesnay, & B. A. Anderson (Eds.), Caring for the vulnerable: perspectives in nursing theory, practice, and research (pp. 4357). Burlington, MA: Jones & Bartlett

Boutain, D.M. (2008) Social justice as a framework for undergraduate community health clinical experiences in the United States, *International Journal of Nursing Education Scholarship,* 5 (1), pp. 1-12.

Bovill, C., Bulley, C.J. and Morss, K. (2011) Engaging and empowering first-year students through curriculum design: perspectives from the literature, *Teaching in Higher Education,* 16 (2), pp. 197-209.

Bower, K.M., Alexander, K.A., Levin, M.B., Jaques, K.A., and Kub, J. (2021) Using critical service-learning pedagogy to prepare graduate nurses to promote health equity, *Journal of Nursing Education,* 60 (1), pp. 38-43.

Boydell, N., Fergie, G., McDaid, L., and Hilton, S. (2014) Avoiding pitfalls and realising opportunities: reflecting on issues of sampling and recruitment for online focus groups, *International Journal of Qualitative Methods*, 13 (1), pp. 206-223.

Bradley, J.M., Werth, J.L., Hastings, S.L., Pierce, and T.W. (2012) A qualitative study of rural mental health practitioners regarding the potential professional consequences of social justice advocacy, *Professional Psychology Research and Practice,* 43 (4), pp. 356–363.

Brayner, F.H.A. (2017) Paulofreireanismo: instituting a secular theology? *Review of Brazilian Education,* 22 (70), pp. 1-5.

Brighouse, H. (2004) *Justice*. Cambridge, Polity Press.

Britannica Encyclopaedia. Poverty. https://www.britannica.com/topic/poverty

British Educational Research Association (BERA) (2018) *Ethical guidelines for educational research*. London: BERA.

Brookfield, S.D. (2007) *Discussion as a way of teaching*. Unpublished class handout. Columbia University: Teachers College.

Brown, G. (2007) *An introduction to education and social justice*. Gordon Brown, speech to the University of Greenwich. London: Greenwich University.

Bryman, A. (2016) *Social research methods.* 5th ed. Oxford: Oxford University Press.

Buettner-Schmidt, K. and Lobo, M.L. (2012) Social justice: a concept analysis, *Journal of Advanced Nursing,* 68 (4), pp. 948–958.

Cabinet Office (2020c) *People born outside the UK.* Available from: https://www.ethnicity-facts-figures.service.gov.uk/ukpopulation-by-ethnicity/demographics/people-born-outside-the-uk/latest [Accessed 20/1/2021]

Calvès, A.E. (2009) Empowerment: the history of a key concept in contemporary development discourse, *Revue Tiers Monde,* 200 (4), pp. 735–749.

Cameron, D. (2010) *Transcript of a speech by the Prime Minister on the Big Society*. At https://www.gov.uk/government/speeches/big-society-speech

Campbell, A. V. (1995) *Health as liberation: medicine, theology, and the quest for justice*. Cleveland: Pilgrim Press.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., Walker, K. (2020) Purposive sampling: complex or simple? Research case examples, *Journal of Research in Nursing*, 25 (8), pp. 652–661.

Campinha-Bacote, J. (2007) *The process of cultural competence in the delivery of healthcare services: the journey continues*. 5th ed. Cincinnati, OH: Transcultural CARE Associates.

Canadian Nurses Association (2010) *Social justice … a means to an end, or an end in itself*. Ottawa: CAN.

Canadian Nurses Association (2017) *Code of Ethics for Registered Nurses*. Ottawa: CAN.

Carey, B. (2008) Wired for justice: the urge to punish is more than Wall Street loathing: it's instinctive. *New York Times*, D1 & D6.

Carnicellia, S. and Bolukb, K. (2017) The promotion of social justice: service learning for transformative education, *Journal of Hospitality, Leisure, Sport and Tourism Education,* 21, pp. 126-34.

Charmaz, K. (2006) *Constructing grounded theory. a practical guide through qualitative analysis.* Thousand Oaks, CA: SAGE Publications.

Charmaz, K. (2014). *Constructing grounded theory*. 2nd ed. Los Angeles: SAGE Publications.

Charmaz, K. (2015). *Grounded theory*. London: SAGE Publications.

Charmaz, K. (2017) Constructivist grounded theory, *The Journal of Positive Psychology*, 12 (3), pp. 299-300.

Charmaz, K. (2019) With constructivist grounded theory you can't hide: social justice research and critical inquiry in the public sphere, *Qualitative Inquiry*, pp. 1-12.

Charmaz, K. and Thornberg, R. (2021) The pursuit of quality in grounded theory, *Qualitative Research in Psychology*, 18 (3), 305-327.

Chen, C-H, McAdams-Jones, D., Tay, D.L. and Packer, J.M. (2012) The impact of service–learning on students' cultural competence, *Teaching and Learning in Nursing,* 7, pp. 67-73.

Chinn, P.L. (2013) *Peace and power: new directions for building community*. 8th ed. Burlington, MA: Jones and Bartlett Learning.

Clark, M.T. (2015) *Augustine on justice – a chapter in Augustine and social justice.* New York: Lexington Books.

Cochran-Smith, M., Gleeson, A.M., and Mitchell, K. (2010) Teacher education for social justice: What's pupil learning got to do with It? *Berkeley Review of Education*, 1 (1), pp. 1-8.

Cohen, L., Manion, L., and Morrison, K. (2007) *Research methods in education*. 6th ed. London: Routledge.

Collins, C.S. and Stockton, C.M. (2018) The Central Role of Theory in Qualitative Research, *International Journal of Qualitative Methods*, 17, pp. 1-10.

Cooksey, R. and McDonald, G. (2011) *Surviving and thriving in postgraduate research*. Prahran, VIC: Tilde University Press.

Cooper, C., Booth, A., Varley-Campbell, J., Britten, N., and Garside, R. (2018) Defining the process to literature searching in systematic reviews: a literature review of guidance and supporting studies, *BMC Medical Research Methodology,* 18 (85), pp. 1-12.

Corbin J. and Strauss, A (2015) *Basics of qualitative research: techniques and procedures for developing grounded theory.* 4th ed. Thousand Oaks, Ca: SAGE Publications.

Courtland, S.D., Gaus, G., and David S. (2022) *Liberalism*, in *The Stanford Encyclopedia of Philosophy*. Spring 2022 Edition, Edward N. Zalta (ed.), URL = https://plato.stanford.edu/archives/liberalism/

Creswell, J.W. and Poth, C.N. (2018) *Qualitative Inquiry and Research Design Choosing among Five Approaches*. 4th ed. Thousand Oaks: SAGE Publications.

Critical Appraisal Skills Programme (2018) *CASP Qualitative Checklist.* Available at: https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Cronin P, Ryan F, and Coughlan M. (2008) Undertaking a literature review: a step-by-step approach, *Br J Nurs.,* 17, pp. 38-43.

Crotty, M. (1998) *The foundations of social research: meaning and perspective in the research process.* London: SAGE Publications.

Cylus, J., Richardson, E., Findley, L., Longley, M., O'Neill, C., and Steel, D. (2015) United Kingdom: health system review, *Health Syst. Transit.,* 17 (5), 1-126.

D'Antonio, P. (2013) *Routledge handbook on the global history of nursing.* Abingdon: Routledge.

Denzin, N.K. and Lincoln, Y.S. (eds.) (2005) *The SAGE handbook of qualitative research.* 3rd ed. Thousand Oaks, CA: SAGE Publications.

Denzin, N.K. and Lincoln, Y.S. (eds.) (2017) *The SAGE handbook of qualitative research.* Los Angeles: SAGE Publications.

Dickman, S.L., Himmelstein, D.U., and Woolhandler, S. (2017) Inequality and the health-care system in the USA, *Lancet,* 389 (10077), pp. 1431-1441.

Dolwick, J.S. (2009) The social and beyond: introducing Actor-Network Theory, *J Mari Arch*, 4, pp. 21-49.

Driver, J. (2014) *The History of Utilitarianism*. In The Stanford Encyclopedia of Philosophy. At https://plato.stanford.edu/archives/win2014/entries/utilitarianism-history/

Duignan, B. (2015) *Utilitarianism*. In Encyclopædia Britannica. At https://www.britannica.com/topic/

Dworkin, S. L. (2012) Sample size policy for qualitative studies using in-depth interviews. *Arch Sex Behav*., 41, 1319-1320.

Dyson, S. (2017) *Critical pedagogy in nursing: transformational approaches to nurse education in a globalized world.* London: Palgrave Macmillan.

Edward, R. and Holland, J. (2013) *What is qualitative interviewing?* London: Bloomsbury.

Elliott, A. and Sandberg, M. (2021) Teaching social justice in undergraduate nursing education: an integrative review, *Journal of Nursing Education,* 60 (10), pp. 545-551.

Ellis, S. (2013) *The existing intersection of social justice and nursing*. At http://publications.theseus.fi/

Ellsworth, E. (1989) Why doesn't this feel empowering? Working through the repressive myth of critical pedagogy, *Harvard Educational Review*, 59 (3), pp. 297-324.

Eriksen, M.B. (2018) The impact of patient, intervention, comparison, outcome (PICO) as a search strategy tool on literature search quality: a systematic review. *Journal of Medical Library Association,* 106 (4), pp. 420–43.

Errol, J.E. and Winston, B.E (2005) A correlation of servant leadership, leader trust, and organizational trust, *Leadership and organization development journal,* 26 (1), pp. 6-22.

Esposito, J.L. (1998) Religion and global affairs: political challenges, *SAIS Review*, 18 (2), 19-24.

Etikan, I., Musa, S.A., and Alkassim, R.S. (2016) Comparison of convenience sampling and purposive sampling, *American Journal of Theoretical and Applied Statistics*, 5 (1), 1-4.

Eva, N., Robin, M., Sendjaya, S., van Dierendonck, D. and Liden, R.C. (2019) Servant leadership: a systematic review and call for future research, *The Leadership Quarterly,* 30 (1), pp. 111–132.

Fabre, C. (2013) Global distributive justice: an Egalitarian perspective, *Canadian Journal of Philosophy,* 35 (31), pp. 139-164.

Fanon, F. (1986) *Black skin, White masks.* London: Pluto Press.

Fanon, F. (1994) *A dying colonialism.* New York: Grove/Atlantic Inc.

Fard, H.D. (2012) Research paradigms in public administration, *International Journal of Humanities,* 19 (4), pp. 55-108.

Farling, M.L., Stone, A.G. and Winston, B.E. (1999) Servant leadership: setting the stage for empirical research, *The Journal of Leadership Studies,* 6 (2), pp. 49–72.

Ferch, S. and Mitchell, M. (2001) Intentional forgiveness in relational leadership: a technique for enhancing effective leadership, *Journal of Leadership Studies,* 4, pp. 70–83.

Ferch, S.R. (2003) *Servant-leadership, restorative justice, and forgiveness, voices of servant leadership series.* Monograph. Indianapolis: The Greenleaf Centre for Servant-Leadership.

Ferranto, M.L.G. (2015) A qualitative study of baccalaureate nursing students following an eight-day international cultural experience in Tanzania: cultural humility as an outcome, *Procedia - Social and Behavioral Sciences*, 174, pp. 91-102

Festenstein, M. (2018) *Dewey's political philosophy*; in Zalta, Edward N. (ed.), The Stanford Encyclopedia of Philosophy, Metaphysics Research Lab, Stanford University.

Fink, L.D. (2003) *Creating significant learning experiences: an integrated approach to designing college courses*. San Francisco, CA: Jossey-Bass.

Flick, U., von Kardoff, E. and Steinke, I. (eds.) (2007) *A Companion to Qualitative Research.* London: SAGE Publications.

Fook, J. and Askeland, G. A. (2006b) Challenges of critical reflection: nothing ventured, nothing gained, *Social Work Education,* 16 (2), pp. 1-14.

Ford, D.R. (2017) Making Marxist pedagogy magical: from critique to imagination, or, how bookkeepers set us free, *Critical Education,* 8 (9), pp. 1-14.

Forsey, M. (2012) Interviewing individuals. In *Handbook of qualitative research education*. New York: Edward Elgar Publishing.

Fraser, N. (2003) *Social justice in the age of identity politics: redistribution, recognition, and participation*. New York: Verso.

Fraser, S. and Bosanquet, A.M. (2006) The curriculum? That's just a unit outline, isn't it? *Studies in higher education,* 31 (3), pp. 269-284.

Freidson, E. (2001) *Professionalism, the third logic: on the practice of knowledge*. Chicago: University of Chicago Press.

Freire, P. (2005) *Pedagogy of the oppressed*: *30th anniversary edition*. New York: The Continuum International Publishing Group.

Fuchs, C. (2015) Power in the age of social media, *Heathwood Journal of Critical Theory*, 1 (1), pp. 1-29.

Gammie, E., Hamilton, S., and Gilchrist, V. (2017) Focus group discussions. In Z. Hoque, L. D. Parker, & M. A. Covaleski (Eds.), The Routledge companion to qualitative accounting research methods (pp. 372–386). Taylor & Francis

Gandolfi, F. and Stone, S. (2018) Leadership, leadership styles, and servant leadership, *Journal of management research,* 18 (4), pp. 261–269.

Gardner, J. and Emory, J. (2018) Changing students' perceptions of the homeless: a community service-learning experience, *Nurse Education in Practice,* 29, pp. 133-136

Garneau, A., Browne, A.J., and Varcoe, C. (2016) Integrating social justice in health care curriculum: drawing on antiracist approaches toward a critical anti-discriminatory pedagogy for nursing. 2nd. *International Critical Perspectives in Nursing and Healthcare,* 5 (3), pp. 1-13.

Gibbs, G. (1988) *Learning by doing: a guide to teaching and learning methods*. Oxfords: Oxford Brookes University.

Gibson, R. (2008) *The dead end at Freire: speech at Canadian Society for the study of education.* Vancouver BC: University of British Columbia.

Giroux, H. (2016) Beyond pedagogies of repression, *Monthly Review*, 67 (10), 57–71.

Giroux, H. A. (2011) *On critical pedagogy.* New York: The Continuum International Publishing Group.

Glaser, B. (1978) *Theoretical sensitivity: advances in grounded theory*. Mill Valley, CA: The Sociology Press,

Glaser, B. and Strauss, A. (1967) *The discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine.

Grace, P.J. and Willis, D.G. (2012) Nursing responsibilities and social justice: an analysis in support of disciplinary goals, *Nurs Outlook,* 60 (4), pp. 198–207*.*

Grant, M.J. and Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies, *Health Information and Libraries Journal,* 26, pp. 91–108.

Greenleaf, R. K. (1977) *Servant leadership: a journey into the nature of legitimate power and greatness.* Mahwah, NJ: Paulist Press.

Grix, J. (2019) *The foundations of research*. London: Macmillan International.

Groh, C.J., Stallwood, L.G., and Daniels, J.J. (2011) Service learning - learning in nursing education: its impact on leadership and social justice, *Nursing Education Research Social justice,* pp. 400-406.

Grosfoguel, R. (2013) The structure of knowledge in westernised universities: Epistemic racism/sexism and the four genocides/epistemicides, *Journal of the Sociology of Self-Knowledge*, 1, pp. 73-90.

Guest, G., Bunce, A. and Johnson, L. (2013) How many interviews are enough?An experiment with data saturation and variability, *Field Methods*, 18 (1), pp 59-82.

Gunnar, A. (2017) *Health care politics, policy, and services: a social justice analysis*. 3rd ed. New York: Springer Publishing Company.

Habermas, J. (1994) Struggles for recognition in the democratic constitutional state, in C. Taylor et al., *Multiculturalism: examining the politics of recognition*. 2nd ed., Princeton: Princeton University Press.

Hackman, H.W. (2005) Five essential components for social justice education. *Equity and Excellence in Education*, 38, pp. 103-109.

Hairston, M. (1992) Diversity, ideology, and teaching writing, *College Composition and Communication*, 43 (2), pp. 179-193.

Hallman, M., Baker, L. and Ng, S. (2017) Using critical consciousness to inform health professions education: a literature review, *Perspect Med Educ.,* 6, pp. 12-20.

Halloran, L. (2009) Teaching transcultural nursing through literature. *Journal of Nursing Education,* 48 (9), pp. 523-528.

Hart, C. (2018) *Doing a Literature review: releasing the research imagin*ation. 2nd ed. London: SAGE Publishing.

Hatchett, L., Elster, N., Wasson, K., Anderson, L., and Parsi, K. (2015) Integrating social justice for health professional education: self-reflection, advocacy, and collaborative learning, *Online Journal of Health Ethics,* 11 (1), 1-14.

Havig, K. (2013) Empowering students to promote social justice: a qualitative study of field Instructors' perceptions and strategies, *Field educator*, 3.2, pp. 1-24.

Hayek, F.A. (1998) *The mirage of social justice, in law, legislation and liberty: a new statement of the liberal principles of justice and political economy.* London: Routledge.

Hellman, A.N., Cass, C., Cathey, H., Smith, S.L., and Hurley, S. (2018) Understanding poverty: teaching social justice in undergraduate nursing education, *International Association of Forensic Nurses,* 14, pp. 11-17.

Hendricks, V., Cope, V., and Harris, M. (2010) A leadership program in an undergraduate nursing course in Western Australia: building leaders in our midst, *Nurse Education Today*, 30 (3), pp. 252-257.

Hester, R.J. (2012) The promise and paradox of cultural competence, *HEC Forum,* 24 (4), pp. 279-291.

Hodges B. (2014) When I say ... critical theory, *Medical Education,* 48, pp. 1043-4.

Holmes, A.G.D. (2020) Researcher positionality: a consideration of its influence and place in qualitative research - a new researcher Guide, *Shanlax International Journal of Education,* 8 (4), pp. 1-10.

Horvat, L., Horey, D., Romios, P., and Kis-Rigo, J. (2014) Cultural competence education for health professionals, *Cochrane Database of Systematic Reviews,* 5, CD009405.

Hutchinson, J.S. (2015) Anti-oppressive practice and reflexive lifeworld-led approaches to care: a framework for teaching nurses about social justice, *Nursing Research and Practice,* pp. 1-6.

Iheduru-Anderson, K.C. (2020) The White/Black hierarchy institutionalizes White supremacy in nursing and nursing leadership in the United States, *Journal of Professional Nursing*. At https://doi.org/10.1016/

Ikäheimo, H. and A. Laitinen (eds.) (2011) *Recognition and social ontology*. Leiden-Boston: Brill.

International Council of Nurses (ICN 2012) *The ICN code of ethics for nurses.* Geneva: ICN.

International Council of Nurses (ICN, 2021) *The ICN code of ethics for nurses.* Geneva: ICN.

International Labour Organisation (1919) *The International Labour Organization and the quest for social justice, 1919-2009*. At https://www.ilo.org/global/

International Labour Organisation (2020) *The International Labour Organization and the quest for social justice, 1919-2009.* At https://www.ilo.org/global/

International Lesbian Gay Bisexual Trans and Intersex Association (2017) *State-sponsored homophobia – a world survey of sexual orientation laws: criminalisation, protection and recognition*. Geneva: ILGA.

Irani, E. (2019) The use of videoconferencing for qualitative interviewing: opportunities, challenges, and considerations, *Clinical nursing research*, 28 (1), pp. 3-8.

Iser, M. (2019) Recognition, In *The Stanford Encyclopedia of Philosophy*. https://plato.stanford.edu/

Jackson, B. (2005) The conceptual history of social justice, *Political Studies*, 3 (3), pp. 356-373.

Jakubec, S.L., Szabo, J., Gleeson, J., Currie, G., and Flessati, S. (2021) Planting seeds of community-engaged pedagogy: community health nursing practice in an intergenerational campus-community gardening program*, Nurse education in practice,* 51, pp. 1-12.

Jarrell, K., Ozymy J, Gallagher, J., Hagler, D., Corral, C., and Hagler, A. (2014) Constructing the foundations for compassionate care: how service learning affects nursing students' attitudes towards the poor, *Nurse Educ Pract.,* 14, pp. 299-303*.*

Jeyaraj, J.J. and Gandolfi, F. (2020) Empowering students for social justice through a critical pedagogy inspired framework of servant leadership, *Pedagogy, culture and society,* pp. 1-17.

Johns, C. (2000) *Becoming a reflective practitioner.* Oxford: Blackwell.

Johnson, B. (2021) *The Prime Minister's levelling up speech: 15 July 2021: Prime Minister Boris Johnson gave a speech on his vision to level up the United Kingdom*. At https://www.gov.uk/government/

Joseph, R. (2020) The theory of empowerment: a critical analysis with the theory evaluation scale, *Journal of human behaviour in the social environment,* 30 (2), pp. 138-157.

Kagan, P.N., Smith, M.C., and Chinn, P.L. (eds.) (2014) *Philosophies and practices of emancipatory nursing: social justice as praxis.* New York: Routledge Taylor Francis Group.

Keeler, C. (2013) Liberation Health and the Role of the Public Health Leader, *Open Journal of Leadership,* 2, pp. 82-84.

Keeves, J.P. (1997) *Educational research methodology and measurement*. Cambridge: Cambridge University Press.

Kemmis, S. and Grootenboer, P. (2008) *Situating praxis in practice: practice architectures and the cultural, social and material conditions for practice*. In Enabling praxis: challenges for education, ed. S. Kemmis and T.J. Smith, 37–62. Rotterdam: Sense.

Kemmis, S. and T. Smith, eds. (2008a) *Enabling praxis: challenges for education.* Sense: Rotterdam.

Kenny, M. and Fourie, R. (2015) Contrasting classic, Straussian, and constructivist grounded theory: methodological and philosophical conflicts, *The Qualitative Report,* 20 (8), pp. 1270-1289.

Khechen, M. (2013) *Social justice: concepts, principles, tools and challenges.* Geneva: Economic and Social Commission for Western Asia (ESCWA).

Kift, S. and K. Nelson, K. (2005) Beyond curriculum reform: embedding the transition experience. At http://www.herdsa.org.au/wp-content/uploads/conference/2005/pdf/refereed/paper_294.pdf

Kirkham, S.R. and Browne, A.J. (2006) Toward a critical theoretical interpretation of social justice discourses in nursing, *Advances in Nursing Science,* 29 (4), pp. 324-339.

Kivunja, C. and Kuyini, A.B. (2017) Understanding and applying research paradigms in educational contexts, *International Journal of Higher Education*, 6 (5), pp. 26-41.

Kleinheksel, A.J. (2014) Transformative learning through virtual patient simulations: predicting critical student reflections, *Clinical Simulation Nursing,* 10 (6), pp. 301-8.

Kominers, S.D., Stanton, C., Wu, A., and Gonzalez, G. (2020) *Zoom video communications: Eric Yuan's leadership during COVID-19*. Massachusetts: Harvard Business School.

Krause, K. (2007) New perspectives on engaging first year students in learning. At http://www.enhancementthemes.ac.uk/documents/events/20070308/FYE_Engagement_Krause.pdf

Kuhn, T. (1970) *Postscript* 1969, In T. Kuhn, The structure of scientific revolutions. 2nd ed., pp. 174-210. Chicago: University of Chicago Press.

Kumagai, A. and Lypson, M.L. (2009) Beyond cultural competence: critical consciousness, social justice, and multicultural education, *Academy of Medicine,* 84, pp. 782-7.

Kvale, S. (1996) InterViews: *an introduction to qualitative research interviewing*. Thousand Oaks, CA: SAGE Publications.

LeBlanc, R.M., (2017) Designing a beautifully poor public: postgrowth community in Italy and Japan, *Journal of Political Ecology,* 24 (1), pp. 449-461.

Leefers, J. and Mitchell, E. (2010) Conceptual model for partnership and sustainability in global health, *Public Health Nurs.,* 28 (1), pp. 91–102.

Leininger, M., and McFarland, M. R. (2006) *Culture care diversity and universality: a worldwide nursing theory*. Sudbury, MA: Jones & Bartlett Learning.

LEXICO. *Social justice*. At https://www.lexico.com/definition/social_justice

Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic inquiry.* Beverly Hills, CA: SAGE Publications.

Lincoln, Y.S., Lynham, S.A. and Guba, E.G. (2011) *Paradigmatic controversies, contradictions, and emerging confluences*. In N. K. Denzin & Y. S. Lincoln (Eds.), The SAGE handbook of qualitative research (4th ed., pp. 97–128). Thousand Oaks, CA: SAGE Publications.

Loewenson, K.M., and Hunt, R.J. (2011) Transforming attitudes of nursing students: evaluating a service-learning experience, *Journal of Nursing Education,* 50 (6), pp. 345-349.

Lofland, J., Snow, D., Anderson, L. and Lofland, L.H. (2006) *Analysing social settings: a guide to qualitative observation and analysis*. 4th ed. Belmont, CA: Wadsworth Thomson.

London Doctoral Academy (LDA) (2022) *Research degrees code of practice. LDA Code of practice V8.* LSBU.

Louie, D.W. (2020) A social Justice teaching framework: blending critical theory and Blackfoot epistemologies, *Interchange,* 51, pp. 179-197.

Lucas, T., Zhdanova, L., and Alexander, S. (2011) Procedural and distributive justice beliefs for self and others: assessment of a four-factor individual differences model, *Journal of Individual Differences,* 32, pp. 14-25.

Marmot M, Allen J, Bell R, Bloomer E, and Goldblatt P. (2012) WHO European review of social determinants of health and the health divide. *Lancet*, 379, pp. 181-8.

Marmot M. (2015) *The health gap: the challenge of an Unequal World.* London: Bloomsbury.

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., and Morrison, J. (2020) *Health equity in England: The Marmot Review 10 years on.* London: Institute of Health Equity.

Marquardt, M.J. (2000) Action learning and leadership, *The Learning Organization*, 7 (5), pp. 233-240.

Marshall, B., Cardon, P., Poddar, A. and Fontenot, R. (2013) Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems,* 54 (1), 11-22.

Marshall, C. and Rossman, G.B. (2016) *Designing qualitative research.* 6th ed. Thousand Oaks, CA: SAGE Publications.

Martimianakis, M.A.T., Michalec, B., Lam, J., Cartmill, C., Taylor, J.S., and Hafferty, F.W. (2015) Humanism, the hidden curriculum, and educational reform: a scoping review and thematic analysis. *Academic Medicine,* 90 (11), S5–S13.

Mason, J. (2002) *Qualitative researching*. 2nd ed. London: SAGE Publications.

Matwick, A.L. and Woodgate, R.L. (2017) Social justice: a concept analysis, *Public Health Nursing,* 34 (2), pp. 176-184.

Maxwell, J.A. (2013) *Qualitative research design: an interactive approach*. 3rd ed. Thousand, Oaks, CA: SAGE Publications.

Maynard, M.T., Gilson, L.L., and Mathieu, J.E. (2012) Empowerment – fad or fab? a multilevel review of the past two decades of research, *Journal of management,* 38 (4), pp. 1231-1281.

McCann, E. and Brown, M. (2020) The needs of LGBTI+ people within student nurse education programmes: A new conceptualisation, *Nurse Education in Practice,* 47, pp. 1-14.

McGoldrick, M., Gerson, R., and Petry, S. (2008) Genograms: assessment and intervention. 3rd ed. New York, NY: Norton.

McLaren, P. (2016) Revolutionary critical pedagogy: staking a claim against the macrostructural unconscious, *Critical Education,* 7 (8), pp. 1-43.

McMullin, C. (2021) Transcription and qualitative methods: implications for third sector research. *International Society for Third-Sector Research*, pp. 1-14.

Menzel, N., Willson, L.H., Doolen, J. (2014) Effectiveness of a poverty simulation in second life: changing nursing student attitudes toward poor people, *International Journal of Nursing Education Scholarship,* 11 (1), pp. 1-7.

Merriam, S.B. and Tisdell, E.J. (2016) *Qualitative research: a guide to design and implementation.* San Francisco, CA: Jossey-Bass.

Mertens, D.M. (2015) *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. 4th ed. Thousand Oaks, CA: SAGE Publications.

Mezirow, J. (1997) Transformative learning: theory to practice - new directions for adult and continuing, *Education*, 74, pp 1-10.

Miles, M.B., Huberman, A.M. and Saldaña, J. (2014) *Qualitative data analysis: a methods sourcebook.* Thousand Oaks, CA: SAGE Publications.

Miller, D.E. (2017) Mill's act-utilitarian interpreters on Utilitarianism. *Canadian Journal of Philosophy*, 47 (5), pp. 674-693.

Mohammed, S.S. (2006) Moving beyond the exotic: applying post-colonial theory in health research, *Advances in Nursing Science*, 29 (2), 98-109.

Mohammed, S.A., Cooke, C.L., Ezeonwu, M., and Stevens, C. A. (2014) Sowing the seeds of change: Social justice as praxis in undergraduate nursing education, *Journal of Nursing Education*, 53 (9), pp. 488-493.

Moorley, C., and Cathala, X. (2019) How to appraise qualitative research, *Evidence Based Nursing,* 22 (1), pp. 10-13.

Moorley, C., Darbyshire, P., Serrant, L., Mohamed, J., Ali, P. and De Souza, R. (2020) Dismantling structural racism: Nursing must not be caught on the wrong side of history, *Journal of Advanced Nursing,* pp. 1-4.

Morgan, D.L. (1996) Focus group, *Annual Review of Sociology,* 22, pp. 129–52.

Muzzin, L. and Martimianakis, M.A. (2016) The professoriate and professionalism in the academy. In M. Dent, I. L. Bourgeault, J.-L. Denis, & E. Kuhlmann (Eds.), The Routledge Companion to the Professions and Professionalism. Abingdon: Routledge.

Naidu, T. and Kumagai, A.K. (2016) Troubling muddy waters: problematizing reflective practice in global medical education, *Academic Medicine,* 91 (3), pp. 317-321.

Nascimento, L.S. and Steinbruch, F.K. (2019) The interviews were transcribed, but how? Reflections on management research, *RAUSP Management Journal*, 54 (4), pp. 413-429.

Ng, S.L., Kinsella, E., Friesen, F. and Hodges, B. (2015) Reclaiming a theoretical orientation to reflection in medical education research: a critical narrative review, *Med Educ.,* 49, pp. 461–75.

Ngulube, P. (2015) *Qualitative data analysis and interpretation: systematic search for meaning*, in Mathipa, ER & Gumbo, MT. (eds). Addressing research challenges: making headway for developing researchers. Mosala-MASEDI Publishers & Booksellers cc: Noordywk, pp. 131-156

Nguyen, T.T.L. (2019) Selection of research paradigms in English language teaching: personal reflections and future directions, *KnE Social Sciences*, pp. 1-19.

Nhamo-Murire, M., and Macleod, C.I. (2018) Lesbian, Gay and Bisexual (LGB) people's experiences of nursing health care: an emancipatory nursing practice integrative review, *International Journal of Nursing Practice,* 24 (1), pp 1-5.

Northouse, P.G. (2020) Leadership: theory and practice. 8th ed. Thousand Oaks, CA: SAGE Publications.

Novak, (2009) Defining social justice, *First things,* 108, pp. 11-13.

Nozick, R. (1974) *Anarchy, state and utopia.* New York: Basic Books.

Nurses for Social Justice. At https://www.nurses4socialjustice.org/

Nursing and Midwifery Council (NMC) (2001) *Memorandum by the Nursing and Midwifery Council.* At https://publications.parliament.uk/pa/ld200304/ldselect/ldconst/68/68we53.htm

Nursing and Midwifery Council (NMC) (2015) *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

Nursing and Midwifery Council (NMC) (2018) *Part 2: Standards for student supervision and assessment.* London: NMC.

Nussbaum, M. (2003) Capabilities as fundamental entitlements: Sen and social justice, *Feminist Economics,* 9, (2-3), pp. 33–59*.*

Nussbaum, M. (2011) *In Responsibility for Justice.* New York NY: Oxford University Press.

Nussbaum, M. (2020) *The Cambridge Handbook of the Capability Approach*. Cambridge: Cambridge University Press.

O'Dair, S. (2003) Class work: site of egalitarian activism or site of embourgeoisement? *College English,* pp. 593-606.

Office for National Statistics (2020) Which occupations have the highest potential exposure to the coronavirus (COVID-19)? At https://www.ons.gov.uk/employmentandlabourmarket/

Okesina, M. (2020) A Critical Review of the Relationship between Paradigm, Methodology, Design and Method in Research, *IOSR Journal of Research and Method in Education*, 10 (3), pp. 57-68.

Oppenheimer, J. (2002) Considering social justice: a review of David Miller's principles of social justice, *Social Justice Research*, 15 (3), pp. 295-312.

Ornstein, A.C. (2017) Social Justice: history, purpose and meaning, *Social Science and Public Policy*, 54, pp. 541–548.

Oulton, J.A. (2006) The global nursing shortage: an overview of issues and actions, *Policy and Politics of Nursing Practice,* 7 (3), pp. 345–398.

Oxford Reference. *Social Justice.* At https://www.oxfordreference.com/view/10.1093/oi/

Papadopoulos, I., Shea, S., Taylor, G., Pezzella, A., and Foley, L. (2016) Developing tools to promote culturally competent compassion, courage, and intercultural communication in healthcare, *Journal of Compassionate Healthcare,* 3 (2), pp. 1-12.

Parry, M. (2020) *As coronavirus spreads, universities stall their research to keep human subjects safe*. https://www.chronicle.com/article/As-Coronavirus-Spreads/248274

Patil, V. (2015) Caste system hindering the goal of social justice. *The Hindu,* Archived.

Paton, M., Naidu, T., Wyatt, T.R., Oni, O., Lorello, G.R., Najeeb, U., Feilchenfeld, Z., Waterman, S.J., Whitehead, C.R., and Kuper, A. (2020) Dismantling the master's house: new ways of knowing for equity and social justice in health professions education, *Advances in Health Sciences Education,* 1 (20), pp. 1-16*.*

Patten, A. (2014) *Equal recognition: the moral foundations of minority rights.* Princeton: Princeton University Press.

Patterson, K. A. (2006) Servant-leadership: a brief look at love and the organizational perspective, *The International Journal of Servant-Leadership,* 2 (1), pp. 287–296.

Patterson, N. and Hulton, L. (2012) Enhancing nursing students understanding of poverty through simulation, *Public Health Nursing,* 29 (2), pp. 143-51.

Patton, M.Q. (2015) *Qualitative research and evaluation methods.* 3rd ed. Thousand Oaks, CA.: SAGE Publications

Pearson, J. (2011) Is Miller's Minimalist approach to human rights obligations coherent? *Theoria: A Journal of Social and Political Theory,* 58 (129), pp. 35-57.

Pérez-Garzón, C.A. (2019) What is social justice? A new history of its meaning in the transnational legal discourse, *Revista Derecho del Estado,* 43, pp. 67-106,

Perry, D.J., Willis, D.G., Peterson, K.S. and Grace, P.J. (2017) Exercising nursing essential and effective freedom in behalf of social justice: a humanizing model, *Advances in Nursing Science,* 40 (3), pp. 244-262.

Petre, M. and Rugg, G. (2010) The unwritten rules of PhD research. 2nd ed. London: Open University Press.

Phillips, N. and Hardy, C. (2002) *Discourse analysis: investigating processes of social construction*. London: SAGE Publications.

Polit, D.F., Beck, C.T. and Hungler, B.P. (2001) *Essentials of nursing research: methods, appraisal and utilization.* 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins.

Ponte, P. and Smit, B.H.J. (2013) Education for all as praxis: consequences for the profession, *Professional Development in Education,* 39 (4), pp. 455-469.

Powell, A.R. and Matzkp, P. (eds.) (2020) *Visions of liberty.* Washington, DC: CATO Institute.

Powell, M. (ed.) (2002) *Evaluating New Labour's welfare reforms.* Bristol: The Policy Press.

Pozzebon, M. (2004) *Conducting and evaluating critical interpretive research: examining Criteria as a key component in building a research tradition*. In: Kaplan, B., Truex, D.P., Wastell, D., Wood-Harper, A.T., DeGross, J.I. (eds) Information Systems Research. IFIP International Federation for Information Processing, vol 143. Boston, MA: Springer.

Presthus, W. and Munkvold, B.E. (2016) How to frame your contribution to knowledge? A guide for junior researchers in information systems, *NOKOBIT*, 24 (1), pp. 1-14.

Public Health England (2020) *Disparities in the risk and outcomes of COVID-19.* London: PHE.

Race, K.E., Hotch D.F. and Packer T. (1994) Rehabilitation program evaluation: use of focus groups to empower clients, *Eval. Rev.,* 18, pp. 730–40.

Ravitch, S.M. and Carl, N.M. (2016) *Qualitative Research: Bridging the conceptual, theoretical, and methodological.* Los Angeles: SAGE Publications.

Rawls, J. (1999) *A theory of justice.* Cambridge: Harvard University Press.

Rawls, J. (2001) *Justice as fairness: a restatement.* Cambridge: Harvard University Press.

Richard, B., Sivo, S.A., Ford, R.C., Murphy, J., Boote, D.N., Witta, E., and Orlowski, M. (2021) A guide to conducting online focus groups via Reddit, *International Journal of Qualitative Methods,* 20, pp. 1–9.

Robeyns, I. and Byskov, M.F. (2021) *The Capability Approach*, In the Stanford Encyclopedia of Philosophy. At https://plato.stanford.edu/archives/win2021/entries/capability-approach

Robinson, H. (2020) *Dualism*, In the Stanford Encyclopedia of Philosophy. https://plato.stanford.edu/

Robinson, O.C. (2014) Sampling in interview-based qualitative research: a theoretical and practical guide, *Qualitative Research in Psychology*, 11 (1), pp. 25-41.

Rodgers, G., Swepston, L., Lee, E. and van Daele, J. (2009) *The ILO and the quest for social justice: 1919-2009*. Geneva: International Labour Office.

Roland, P. (2020) *Developing responsibility-sensitive egalitarianism: a synthesis of five decades of liberal-egalitarian theorizing*. Amsterdam: University of Amsterdam.

Rowe, W.E. (2014) *Positionality*, in The Sage Encyclopedia of Action Research. Los Angeles: SAGE Publications.

Royal College of Nursing (2017) *Caring for Lesbian, Gay, Bisexual or Trans Clients or patients: guide for nurses and healthcare support workers on Next of Kin issues.* London: Royal College of Nursing.

Ruel, S.R. and Wald, L. (2014) A pioneer of home healthcare in the United States, *Home Healthcare Nurse,* 32 (10), pp. 597-600*.*

Saldaña, J. (2013) *The coding manual for qualitative researchers.* 2nd ed. Los Angeles, CA: SAGE Publications.

Sampson, H. (2004) Navigating the waves: the usefulness of a pilot in qualitative research, *Qualitative Research*, 4 (3), pp. 383-402.

Saunders, M., Lewis. P., and Thornhill, A. (2019) *Research methods for business students*. 8th ed. New York: Pearson Education Limited.

Savin-Baden, M. and Major, C.H. (2013) *Qualitative research: the essential guide to theory and practice*. London: Routledge.

Sayers, S. (2021) What Is Marxism? *International Critical Thought,* 11 (3), pp. 377-388.

Scheffer, M.M.J., Lasaterb, K., Athertonc, I.M., and Kyle, R.G. (2019) Student nurses' attitudes to social justice and poverty: *An international comparison, Nurse education Today,* 80, pp. 59-66.

Schreiber, J.D. (2004) *Encyclopaedia of qualitative research.* London: SAGE Publications.

Schroth, J. (2008) Distributive justice and Welfarism in Utilitarianism; inquiry: Interdisciplinary, *Journal of Philosophy,* 51, pp. 123-146.

Schultze, U. (2000) A confessional account of an ethnography about knowledge work, *MIS Quarterly*, 24 (1), pp. 3-41.

Scotland, J. (2012) Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms, *English Language Teaching*, 5 (9), pp. 9-16.

Searle, J. (1990) *The storm over the University*, *The New York Review of Books*, December 6, 1990.

Sen, A (2004) Capabilities, lists and public reasons: continuing the conversation, *Feminist Economics*, 10 (3), pp. 77–80.

Sen, A. (2011) *The Idea of Justice*. Cambridge: Harvard University Press.

Sendjaya, S. (2003) *Development and validation of servant leadership behaviour scale.* Servant leadership research roundtable proceedings.

Shahzad, S., Younas, A. and Ali, P. (2022) Social justice education in nursing: an Integrative review of teaching and learning approaches and students' and educators' experiences, *Nurse Education Today*, pp. 1-24.

Sher, G. (2010) Real-world luck Egalitarianism, *Social Philosophy and Policy,* 27 (1), pp. 218-232.

Shor, I. (1997) *When students have power: negotiating authority in a critical pedagogy*. Chicago: The University of Chicago Press.

Shor, I. (2012) *Empowering education: critical teaching for social change*. Chicago: The University of Chicago Press.

Shorten, A. and Moorley, C. (2014) Selecting the sample, *Evidenced Based Nursing,* 17 (2), pp. 32-3.

Silverman, D. (2010) *Doing qualitative research*. 3rd ed. London: SAGE publications.

Smith, I.D. (ed) (2012) *Social justice: transforming lives.* At https://assets.publishing.service.gov.uk/

Snyder, H. (2019) Literature review as a research methodology: an overview and guidelines, *Journal of Business Research,* 104, pp. 333-339.

Spears, L.C. (2002) *Focus on leadership: servant leadership for the 21st Century*. New York: Wiley.

Stańczyk, P. (2021) The critique of the critical critique of critical pedagogy: Freire, Suchodolski and the materialist pedagogy of emancipation, *Critical Education,* 12 (4), pp. 1-24.

Steffy, B. D. and Grimes, A. J. (1986) A Critical theory of organization, *Academy of management review,* 11 (2), pp. 322-336.

Stewart, D.W. and Shamdasani, P. (2017) Online focus groups. *Journal of Advertising,* 46 (1), pp. 48-60.

Stonewall (2017) *Sexual orientation: a guide for the NHS.* London: Stonewall Publications.

Story, A. (2013) Slopes and cliffs in health inequalities: comparative morbidity of housed and homeless people, *The Lancet,* 382, S93.

Suliman, W.A. (2009) Leadership styles of a nurse manager in a multinational environment, *Nursing Administration,* 33 (4), pp. 301–309.

Sullivan, A. (2010) Young evangelicals: expanding their mission. *Time,* Retrieved [8/10/2020].

Taylor, C. (1992) *Multiculturalism: examining the politics of recognition.* Princeton: Princeton University Press.

Thackrah, R.D., and Thompson, S.C. (2013) Refining the concept of cultural competence: building on decades of progress, *Medical Journal of Australia,* 8 (199), pp. 35-8.

Thatcher, M. (1975) Speech to the Institute of SocioEconomic Studies "Let Our Children Grow Tall". https://www.margaretthatcher.org/document/102769

Thatcher, M. (1987) Speech to Conservative Party Conference https://www.margaretthatcher.org/

Thomas, B. (2012) *Homelessness kills: an analysis of the mortality of homeless people in early Twenty-First Century England.* www.crisis.org.uk/data/files/publications/Homelessness%20kills% [15/3/2021]

Thomas, D.R. and Hodges, I. (2010) *Designing and planning your research project: core skills for social and health researcher.* London: SAGE Publications.

Thurman, W., and Pfitzinger-Lippe, M. (2017) Returning to the Profession's Roots Social Justice in Nursing Education for the 21st Century, *Advances in Nursing Science,* 40 (2), pp. 184–193.

Tobin, G.A. and Begley, C. (2004) Methodological rigour within a qualitative framework, *Journal of Advanced Nursing,* 48 (4), pp. 388-396.

Toma, J.D. (2011) *Approaching rigor in applied qualitative research*. In C. F. Conrad & R. C. Serlin (Eds.), The SAGE handbook for research in education: Pursuing ideas as the keystone of exemplary inquiry (2nd ed., pp. 263–280). Thousand Oaks, CA: SAGE Publications.

Torsvik, M., and Hedlund, M. (2008) Cultural encounters in reflective dialogue about nursing care: a qualitative study, *Journal of Advanced Nursing,* 63 (4), pp. 389-396.

Tsimane, T.A. and Downing, C. (2020) Transformative learning in nursing education: A concept analysis, *International Journal of Nursing Sciences,* 7, pp. 91-98.

Tu, C.H. (2000) Online learning migration: From social learning theory to social presence theory in a computer-mediated communication environment, *Journal of Network and Computer Applications*, 23, pp. 27-37.

Turner, S.G. and Maschi, T.M. (2015) Feminist and empowerment theory and social work practice. *Journal of social work practice,* 29 (2), pp. 151-162.

Ubbink, M.J., Roux, A.A. and Strydom, H. (2013) A postmodern empowerment approach in social group work with previously disadvantaged individuals from disadvantaged communities, *Journal of Humanities,* 53 (4), pp. 618–634.

United Nations (UN) General Assembly (1948) *The universal declaration of human rights*. At http://www.un.org/en/documents/udhr/

Vallentyne, P., Steiner, H., Otsuka, M. (2005) Why left-Libertarianism is not incoherent, indeterminate, or irrelevant: a reply to Fried, *Philosophy and Public Affairs*, 33 pp. 201–215.

van Bewer, V., Woodgate, R.L., Martin, D. and Deer, F. (2021) An Indigenous and arts-influenced framework for anti-racist practice in nursing education, *Journal of Professional Nursing*, 37 (1), pp. 65-72.

van Dierendonck, D. (2011) Servant leadership: a review and synthesis. *Journal of management,* 37 (4), 1228–1261.

VeneKlasen, L. and V. Miller, V. (2002) Power and Empowerment. *PLA Notes,* 43, pp. 39-41.

Vliem, S. (2015) Nursing students' attitudes toward poverty. *Nurse Educator,* 40 (6), pp. 308-312.

Waite, D. and Arar, K. (2020) Problematizing the social in social justice education, In: R, Papa (ed.), *Handbook on Promoting Social Justice in Education* (pp.1-23). London: Springer.

Waite, R., and Brooks, S. (2014) Cultivating social justice learning and leadership skills: a timely endeavour for undergraduate student nurses. *Nurse Education Today,* 34 (6), pp. 890-893.

Walsham, G. (1993) *Interpreting Information Systems in Organizations*. Chichester: John Wiley & Sons.

Walter, R.R. (2017) Emancipatory nursing praxis: a theory of social justice in nursing, *Advances in Nursing Science,* 40 (3), pp. 225-243.

Whitmore, E. (1988) *Empowerment and the process of inquiry*. A paper presented at the annual meeting of the Canadian Association of Schools of Social Work, Windsor, Ontario.

Williams, S., Clausen, M.G., Robertson, A., Peacock, S., and McPherson, K. (2012). Methodological reflections on the use of asynchronous online focus groups in health research, *International Journal of Qualitative Methods*, 11 (4), pp. 368–383.

Wink, J. (2000) *Critical pedagogy: notes from the real world.* New York: Longman.

Wolff, R.D. (2017) *Marxism and postmodernism: our goal is to learn from one another, in Knowledge, class and economics*. 1st ed. London: Routledge.

Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J., and Pawson, R. (2013) RAMESES publication standards: Meta-narrative reviews, *BMC Medicine,* 11 (20), pp. 1-14.

Woods, C. and Pack, R. (2012) *Plato Crito.* San Francisco:Creative Commons. At https://www.pitt.edu/

World Health Organisation (WHO) (2014) *Social determinants of mental health*. Geneva: WHO Document Production Services.

World Health Organization (WHO) (2020) *Social determinants of health.* Geneva: WHO.

Yang, K., Agbememu, K. and Williams, L. (2017) Relate better and judge less: poverty simulation promoting culturally competent care in community health nursing, *Nurse Education in Practice,* pp. 1-6.

Young, I.M. (1990) *Justice and the politics of difference.* Princeton: Princeton University Press.

Young, I.M. (2011) *Responsibility for justice*. New York: Oxford University Press.

Zajda, J., Majhanovich, S, Rust, V. (2006) Introduction: education and social Justice, *Review of Education,* 52, pp. 9–22.

APPENDICES

The list of documents below were included in my thesis for assessment, but they have now been removed from this final copy to maintain confidentiality.

- Publication by Abu, V.K. (2020) on social justice nurse education
- Article submitted for publication by Abu et al. on social justice nurse education
- Ethics application
- Procedure of research project
- Invitation of student nurses for interview
- Invitation of nurse educators for focus group
- Schedule for semi-structured interview
- Schedule for focus group
- Letter of approval from gatekeeper
- Participant information sheet and consent form for interview
- Participant information sheet and consent form for focus group
- Participant debriefing form
- Ethics approval ETH1920-0025
- Pilot study
- Transcripts and coding of interviews
- Transcripts and coding of focus groups
- Presentation of my reflection on students' experience
- Presentation of chapter on literature review
- Participation in national forum on nursing research
- Presentation of chapter on methodology
- Presentation at mock viva
- Educational activities for framework on Awareness for Social Justice Action or ASJA
- Report on my development as Professional Doctor of Education