



Cultivating social justice learning & leadership skills: A timely endeavor for undergraduate student nurses



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Introduction

Global citizenship is an integral component of nursing student education; all nurses, regardless of where they practice, will care for patients who have origins in other parts of the world (Mill et al., 2010). While the American Association of Colleges of Nursing has identified the relevance of social justice and the International Council of Nurses has denoted the significance of social responsibility in the nursing profession, demonstration of social justice within undergraduate nursing education is scarce (Tyler-Viola et al., 2009). In North America specifically, the challenge is to understand how social justice is operationalized into practice starting early in students' academic experiences. For example, the American Nurses Association (2001, 2004, & 2008) has established several pivotal documents that guide nursing practice and standards of care. It is important to note that these documents place great emphasis on the direct care of the individual with much less emphasis on the broader issues of social justice and health system reform. The message delivered via these documents supports a nurse's duty to the patient which is indicated to be his/her primary commitment (Bekemeier and Butterfield, 2005). Reimer-Kirkham and Browne (2006) stated that professional nurse's broad scope of influence is critical to addressing the sustained collective systemic injustices such as

poverty, homelessness, stigma, and racialization in order to promote effective change (Mill et al., 2010). It is unfortunate that the practice of social justice theory has been neglected in nursing education and the nursing profession (Ellis, 2013).

The ever changing demographics in our society calls for increased nursing skills; therefore, students in undergraduate programs need to learn to work effectively with diverse populations and to provide professional leadership. While nurse educators have endeavored to develop students' awareness, knowledge, and sensitivity towards multiculturalism, we have yet to be effective; this represents a major challenge for addressing the needs of culturally diverse societies. Anderson et al. (2009) stated that "it is our lack of concern about the social disadvantages of 'others' at local, national, and global levels that leads to serious health disparities" (p.283). Beyond structural barriers that focus on providing access to healthcare (e.g., health insurance), our challenge is to ensure equitable health outcomes nationally and globally. This requires looking beyond the healthcare industry to wider societal concerns that deepen the perpetuation of inequality in health. When developing foundational understanding about the nursing profession, we must implore our nursing students to act on social change. They must understand that it is their responsibility to be knowledgeable about population health issues and social factors (e.g., world hunger, environmental pollution, lack of access to health care, violation of human rights and inequitable distribution of nursing and health care resources) that contribute disproportionately to disease and disability among populations (Bekemeier and Butterfield, 2005). These authors also reported that nurse educators cannot afford to educate nursing students using a "think small" position by focusing principally on care to individual patients with its goal to improve health only through

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incremental change. Essentially nursing educators must appeal to students to exercise leadership to improve and repair broken systems that promote injustices of health disparities and impede steps to positive health outcomes.

In addition to educating undergraduate nursing students, leaders in education and the health professions must recognize that integration of social justice principles is an essential component of changing healthcare delivery systems. The determinants of population health (e.g., social, environmental, economic, political, cultural) must be addressed through advocacy, education and training, policy, and practice (Garner et al., 2009). Mill et al. (2010) stated that disparities in healthcare within and across nations demand that nursing students: (1) understand the interconnectedness between local and global health challenges, and (2) contribute to the creation and implementation of solutions to these challenges.

Furthermore, there is a dearth of knowledge linking social justice and leadership models and, in particular, leadership approaches in the nursing profession. This brief innovative thought piece: (1) reflects on the interrelationship between multiculturalism, cultural competence, and social justice; (2) advances an argument for understanding the relationship between social justice and student learning; and (3) examines the need to revise nursing education, particularly the ethical mandate and professional responsibility to introduce social justice in prelicensure or preregistration nurse leadership education. This approach, cultivating social justice and leadership skills, is requisite learning for nursing students providing them with the capacity for critical thinking and advocacy skills needed for social action related to their chosen profession.

Interrelationship of Multiculturalism and Cultural Competence

Promoting understanding about multiculturalism, a concept used to reflect the diversity of American culture, with its focus on attitudinal, behavioral, and cultural traits is widely accepted as a catalyst for some improvements in health disparities and health care delivery and practices (Hester, 2012). Many healthcare professions require curricula that address cultural diversity, which typically involves imparting knowledge, developing skills, and changing attitudes to support the cultural competence of practitioners. Diversity encapsulates differences among people (e.g., ability, age, ethnicity, gender identity, race, sexual orientation, social class, religion, and geographic origin). Culture becomes another layer within each diverse group, thereby requiring practitioners' commitment to a lifelong learning process. Cultural competence, "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations," is a controversial concept as it insinuates that there is an *end point* (Hester, 2012, p.281). Culture however is not static, simplistic, or ahistorical (Hester, 2012). In addition, health care practitioners are not experts on culture, therefore learning expands and is enriched with each encounter. Nurses are on the frontlines of many healthcare initiatives globally, resulting in opportunities for necessary critical reflection for increased self-awareness and recognition of ethnocentric views.

Cultural bridging, a more contemporary concept found in the literature, speaks to increased mutuality in encounters instead of falling into stereotypical notions of *other* in cross-cultural exchange (Leefer and Mitchell, 2010). Therefore, individuals learn to understand concepts and values as reflected in the customary expressions of a designated culture and to demonstrate respect and include perspectives of these different stakeholders. If language and cultural support are needed, these services would be provided to enable individuals to have access to health and health promoting services and information. A cultural bridge is therefore provided for individuals and their families to obtain services; in addition, this interchange develops the individual's skills

(e.g., student nurse) in the services setting to support people in a culturally sensitive way.

To affect substantive change, educational content promoting cultural awareness and sensitivity needs to stem from a pedagogical perspective using an action-oriented approach or social justice framework to prepare healthcare professionals (i.e., student nurses) to become change agents. Since *cultural diversity* is a conduit for implementing *social justice*, both are conceptually linked to each other; yet they have separate narratives and outcomes. A social justice doctrine provides a larger system perspective and includes ways that power and privilege contextualize and make meaning of cultural differences within dominant and local communities.

Understanding the Relationship of Social Justice and Student Learning

Paulo Freire (1986), a Brazilian educator and influential leader of social justice education, posits that individuals committed to social action must develop "conscientization" or critical consciousness. Critical consciousness is a "reflective wakefulness" of how power, privilege, and inequities are entrenched in our social reality, and in turn, it permeates all relationships (Freire, 1986). At the most evolved level of commitment, implementation of social justice seeks to eliminate structural inequities in society by diluting power and privilege, while promoting fairness for marginalized and underserved people. Hegtvædt (2007) stated that all individuals are treated with dignity and respect through macro- and micro-change in three areas: action (distributive justice), attitude (procedural justice), and process (interactional justice). Distributive justice reflects how equitably goods are distributed in our society (e.g., insurance for healthcare coverage), while procedural justice refers to the fairness of those mechanisms for receiving such goods (access to and value of services). Interactional justice highlights how others treat individuals during interpersonal exchanges.

Social justice may appear to be a simple concept to implement; however, it is rife with complexities and paradox. Social justice stimulates culturally competent nurses to act as agents of change for the advancement of human dignity and equity. What is fair and just to some becomes controversial to others, sometimes disempowering and paralyzing communities and larger systems (e.g., government, healthcare, education). For example, access to healthcare may require institutions to develop policies, procedures, and programs with differential payment systems that would require consumers with wealth or the institution to absorb cost of services for uninsured or underinsured consumers. Conversely, best practices would require spending more time giving informed consent to patients and their families which could in turn interfere with maintaining well-timed schedules for medical staff and other patients.

Given the role that nurses play within the context of community, healthcare leadership skills, competencies, and behaviors need to be developed early in their career (Garner et al., 2009). As such, nursing education programs can be an integral part of moving upstream by addressing how factors such as neighborhood conditions, working conditions, education, income and wealth, stress, and race and racism affect communities' health and health outcomes. While foundational guidelines (e.g., the American Nurses Association, 2001) require that student nurses become more conscious of the broader social causes of health issues, student nurses must first learn to view these issues with a social justice perspective and then take action to address these issues. The practice of social justice theory in nursing extends beyond its ethical tradition since nursing holds a unique place in health care and society as witnesses of both injustice and suffering — suffering that they can speak about with direct knowledge and their opportunity to motivate those suffering to take action for social justice (Ellis, 2013). Taken together, social justice can (1) serve to enlighten nurses about systematic barriers, power structures, and social determinants of health that influence the health status of their patients and (2) cultivate a

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