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Social Justice as a Framework for Undergraduate Community Health Clinical Experiences in the United States

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Abstract

Educating future registered nurses for social justice is an urgent, yet complex undertaking in undergraduate education. Although the need for social justice education is often highlighted, few articles describe practical teaching strategies for ensuring that undertaking. The purpose of this article is to illustrate how a curricular focus on social justice framed and supported the development of a clinical evaluation tool for undergraduate community health clinical experiences. First, social justice is defined and its relationship to baccalaureate nursing education explained. Then a description is provided of how social justice was highlighted in the vision, curriculum, and community health clinical evaluation tool of a College of Nursing. The article subsequently showcases the content and evaluation of students' journal entries about social justice. The development of the social justice component presented in this article may be useful to nurse educators striving to match theory and practice in the evaluation of social justice in students' community health experience.

KEYWORDS: social justice, undergraduate nursing education, community health clinicals

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Educating future registered nurses for social justice is an urgent, yet complex undertaking in nursing undergraduate education today. The need for social justice education is often highlighted; yet, a repeated multi-year review of published articles on the topic of social justice describes the desire for social justice education more than practical teaching strategies for ensuring that undertaking (Boutain, 2005a; Boutain, 2007). Articles about the theory, practice, and evaluation of social justice in nursing education are needed if future nurses are to advance the practice of social justice.

The purpose of this article is to illustrate how a curricular focus on social justice framed and supported the development of a clinical evaluation tool for undergraduate community health clinical experiences. The article will first define social justice and its relationship to baccalaureate nursing education. The second part of the article will describe how social justice was highlighted in the vision, curriculum and clinical evaluation tool of a College of Nursing. The article subsequently showcases the learning and evaluation of students using exemplar journal entries about social justice.

LITERATURE REVIEW: SOCIAL JUSTICE AND BACCALAUREATE NURSING EDUCATION

Professional documents from the Canadian Nurses Association (CNA) in the year 2002 and American Nurses Association (ANA) in the years 2001, 2003, 2004 and 2007 highlight the value of social justice. For example, the CNA describes justice as nurses upholding “the principles of equity and fairness to assist persons receiving a share of health services and resources proportionate to their needs and in promoting social justice” (CNA 2002, p. 8). Additionally, the 2001 ANA Code of Ethics with Interpretive Statements, the 2003 Nursing’s Social Policy Statement, and the 2004 Nursing: Scope of Standards and Practice state a relationship between social justice and nursing professional behavior.

These documents illustrate the nursing profession’s desire to promote social justice in the United States (US) and Canada, yet the clarity of nursing’s professional vision in the US is questionable. A critical review of social justice content in US professional documents reveals unclear and inconsistent conceptualizations of social justice and nursing’s role in promoting social justice (Bekemeier & Butterfield, 2005). The ANA’s draft of the Public Health Nursing: Scope and Standards of Practice reported the need for social justice as well, but “fails to articulate” (Fahrenwald, Taylor, Kneipp, & Canales 2007, p. 192) a guiding vision for public health practice. The final version of the Public Health

Nursing: Scope and Standards of Practice (ANA, 2007) sets the tone for social justice usage and allows nurses to derive a social justice practice vision.

The vacuity of social justice definitions is also revealed in the nursing literature on social justice (Boutain, 2005a; Boutain, 2007). Although social justice is viewed as an essential element of nursing practice in general, and public and community health practice specifically, it remains poorly defined beyond notions of fairness in the US (Boutain, 2005a; Boutain, 2007). Teaching models which attend to social justice's definitional complexities and misnomers are needed in the US, and may be useful internationally as other countries articulate coherent visions for social justice education in nursing.

Though many definitions of *social justice* are proposed, it can be viewed as the equalizing of the balance of societal burdens and benefits (Beauchamp, 1986, Drevdahl, Kneipp, Canales & Dorcy, 2001; Whitehead, 1992). This definition recognizes that there are societal rights and collateral responsibilities which make everyone accountable for action (Lebacqz, 1986). In this view, equal does not mean just and the distributive justice paradigm is denounced. Equity, from the Greek word *epiky*, is the focus of social justice to ensure that everyone practices reasonableness and moderation when exercising rights (Whitehead, 1992).

Despite the definitional critiques, social justice is still espoused as a central value for community health nurses in the US (Drevdahl, Kneipp, Canales & Dorcy, 2001). Community health nurses often encounter justice issues from population and community based perspectives. These issues include, but are not limited to, wage, housing and work inequity which undermines the health of individuals, families and communities. Since many of these social inequalities result in health inequalities, which are exhibited in inpatient and community settings, social justice has a critical role to play in the development of professional nurses in general (Boutain 2005b) and the clinical development of community health nurses in particular.

However, no clinical evaluation framework was found using social justice as an explicit component for the evaluation of community or public health nursing undergraduate clinicals. Few articles describe the challenges of teaching social justice (Fahrenwald, Taylor, Kneipp, & Canales, 2007) or researching social justice education (Kirkham, Hofwegen, & Harwood, 2005). The rise in fourth generation clinical evaluation methods recognizing power imbalances and interactive meaning creation (Mahara, 1988) has not inspired publications about social justice pedagogical models. Teaching challenges in evaluating clinical

practice, however, continue to be evident in the nursing literature from Australia (Andre, 2000), Ireland (Brosnan, Evans, Brosnan, & Brown, 2006), the United Kingdom (Hughes, 1994; Watson, Stimpson, Topping & Porock, 2002), and the US (Boutain, 2005b; Fahrenwald, 2003).

An approach for the clinical evaluation of social justice may make an international contribution to nursing pedagogy by offering a process whereby nurse educators can evaluate social justice praxis. Teaching models for social justice are particularly needed in the US given the inconsistent professional stances on, and definitions about, social justice. The next section will describe a way to promote a social justice vision, curriculum, and clinical evaluation tool for BSN nursing students. The process of developing a curricular social justice vision may be applicable to international educators in nursing, although the next section describes a model developed and used in the US.

SOCIAL JUSTICE IN THE VISION, CURRICULUM AND CLINICAL EVALUATION TOOL

The community health clinical evaluation tool revision was one part of a larger set of curricular revisions in the College of Nursing. Social justice, as a main feature of the College of Nursing vision, was important to incorporate into the clinical evaluation tool. Part of the vision, for example, indicates that the College of Nursing has “a commitment to social justice”. The College commitment translated into including social justice content across the undergraduate curriculum.

Students’ learning experiences about social justice can be described in three stages: 1) social justice knowledge development, 2) social justice knowledge integration and issue identification, and 3) social justice action. Social justice knowledge development occurred in the second quarter of students’ junior year in the course entitled, Foundations of Professional Nursing. Social justice knowledge integration and issue identification occurred in the third quarter of the students’ junior year and extended to the first quarter of their senior year as they matriculated in Medical-Surgical theory and clinical courses. Social justice actions were taught in students’ second or third quarter of their senior year in the Community Health theory and clinical courses. Each stage will be described more fully below.

Social Justice in the Curriculum

Knowledge development about social justice occurred during the second quarter of nursing students' junior year. Students were introduced to social justice theory as a framework for nursing practice in the Foundations of Professional Nursing course (Boutain, 2005b). Students learned various national and international definitions of social justice and were shown examples of how definitions of social justice can influence decision making. Students used different theories of social justice to critique the benefits and limitations of certain definitions based on one's social positioning in the US related to social class, gender, ethnicity, language accent and use, and racial identity.

For example, some definitions of social justice highlighted the social nature of justice in terms of power, equity and communal need for action. Other definitions, however, viewed social justice in terms of individual to individual rights. As the course concluded, students wrote a paper applying one definition of social justice to critique nursing actions in a narrated real life story from the book, *The Spirit Catches You and You Fall Down* (Fadiman, 1997).

In the third quarter of the junior year and first quarter of the senior year, students progressed from learning about social justice to integrating that knowledge by identifying social issues in nursing practice. Each Medical-Surgical clinical course, for example, had a course objective about social justice. Students were expected to use the knowledge from their second quarter Foundations of Professional Nursing Course (knowledge development) to identify clinical issues about social justice (issue identification) in their medical surgical experiences. Students, in effect, practiced observing issues in real-life clinical settings, and describing those issues as socially just or unjust. It was educationally desirable for students to use a social justice definition as a framework for identifying and critiquing health care events. For example, lack of adequate insurance coverage for advanced diagnostic procedures can be a social justice clinical issue. The issue can be discussed in terms of the injustices related to the allocation of resources for those who are economically vulnerable and have health needs using a social ethos view of social justice. This same example could also be viewed only using a distributive or market justice view of social justice. For example, those with resources get care based upon those resources.

There are two major learning differences from the second quarter to the third quarter. First, students move from using a narrated book as the

context for social justice discussion, to using clinical experiences to frame learning. Secondly, students apply definitions of social justice to their real life clinical experiences.

After learning about social justice theory and identifying social justice issues, students began identifying relevant social justice actions for nursing practice in their senior year. The focus on action is thought to help launch students for future independent nursing actions using a social justice framework upon graduation. Without the action component, social justice teaching cannot be viewed as transformative (Boutain, 2005a), and may not prepare students as future social justice practitioners.

In the senior year, students are presented with an enhanced, detailed clinical evaluation tool (see Table 1). The evaluation tool asks students to identify, define and demonstrate select social justice principles in practice. The detailed evaluation of social justice is assessed in the senior year within the community health clinical experience.

Community health clinical experiences were scheduled in the senior year of a generic baccalaureate of science in nursing (BSN) program, similar to the placement of that specialty area in other US Schools of Nursing (Chappy and Stewart, 2004). Students were enrolled in the clinical over a ten-week period in either Winter or Spring quarter. Five faculty members taught the course, with each supervising 8-10 students quarterly. All faculty were involved in the clinical evaluation tool revision and testing, while one faculty secured project funding, and designed and revised the final tool.

More information about the development and evaluation of social justice in community health clinical experiences is offered below. The next section describes the design, development and evaluation tool. Student journal entries and faculty evaluative comments are also given as examples.

Design, Development and Evaluation of the Tool

The clinical evaluation tool took three years to design (year 1), test (year 2), and revise (year 3). Prior to designing the tool, BSN senior level students (N=15) and community health faculty (N=5) were asked about their experiences with promoting and using social justice during clinical experiences. BSN senior students also shared journals illustrating how they encountered social justice issues in community health clinical experiences. Journals were analyzed to

Table 1

Clinical Performance Evaluation Example of Social Justice

Objective 5: Demonstrate principles of ethics and social justice in examining current community health issues in diverse clients (individuals, families, populations, and communities).			
Superior (12)	Good (10)	Adequate (9)	Poor (0)
<p>With minimal guidance from faculty, a student consistently meets the following expectations:</p> <p>Insightfully explains how the ethical principles of altruism, autonomy, human dignity and integrity influence personal decision making and actions in particular clinical cases</p> <p>Demonstrates ethical principles consistently, especially respect for clients' right to define health and healthcare from their perspective</p> <p>Purposefully and consistently works collaboratively to define ethical issues from the perspectives of clients and other providers</p> <p>Consistently identifies and defines specific social justice strategies used in community health practice</p> <p>Collaborates with clients consistently to propose specific and feasible social justice strategies to address ethical dilemmas</p> <p>Consistently demonstrates respect for community norms, values and rights to confidentiality</p> <p>Consistently seeks the input of others to enhance knowledge of ethical issues and social justice strategies</p>	<p>With occasional guidance from faculty, a student consistently meets the following expectations:</p> <p>Specifically explains how the ethical principles of altruism, autonomy, human dignity and integrity influence personal decision making</p> <p>Demonstrates ethical principles often, especially respect for clients' right to define health and healthcare from their perspective</p> <p>Often works collaboratively to define ethical issues from the perspective of clients and other providers</p> <p>Often identifies and defines specific social justice strategies used in community health practice</p> <p>Collaborates with clients often to propose specific, but not always feasible social justice strategies to address ethical dilemmas</p>	<p>With reasonable guidance from faculty, a student consistently meets the following expectations:</p> <p>Generally explains how the ethical principles of altruism, autonomy, human dignity, and integrity influence personal decision making</p> <p>Demonstrates ethical principles often, especially respect for clients' right to define health and healthcare from their perspective</p> <p>Works with clients to define ethical issues from their perspective</p> <p>Identifies and defines general social justice strategies used in community health practice</p> <p>Collaborates with clients to propose general social justice strategies to address ethical dilemmas</p>	<p>With continuous guidance from faculty, a student consistently meets the following expectations:</p> <p>Rarely explains how the ethical principles of altruism, autonomy, human dignity, and integrity influence personal decision making or recalls learning those principles</p> <p>Inconsistently demonstrates ethical principles, especially respect for clients' right to define health and healthcare from their perspective</p> <p>Seldom works with clients to define ethical and social justice issues from their perspective</p> <p>Seldom identifies or defines social justice strategies used in community health practice or recalls learning about social justice in general</p> <p>Proposes inappropriate social justice strategies to address ethical dilemmas</p>

explore, understand, and evaluate the opportunities available for students to think about social justice. The clinical evaluation tool was developed with revision input from all community health faculty members (N=5). Though the clinical evaluation tool consisted of six objectives, Table 1 shows the objective that specifically relates to social justice. BSN, senior level students (N=100) and all community health faculty (N=5) tested the tool over a two quarter period in year 2. After testing of the tool, revision suggestions were sought from BSN senior students (N=10) and faculty (Faculty from the College of Nursing, N = 10; Community Health Faculty, N=5) in year 3 during a faculty development retreat.

Outcomes

Similar to other educational concepts, students ranged in their ability to use social justice theory in practice, describe social justice issues, and present practical strategies to ensure justice or address injustice. Table 2 below contains paraphrased examples (because of a student's request for anonymity of writing style) of student journal entries. The examples illustrate how three students described the issue of homelessness and the role of the community health nurse in ensuring social justice. To the right, note the rating given by one faculty member for each of the entries, along with the rationale. Clinical journals were evaluated using the criteria as indicated in Table 1 over the entire quarter, not as a singular journal entry. However for the purpose of this illustration, the examples are rated on a one time basis.

Challenges

Faculty debated how to define social justice. Because of the many definitions of social justice, as well as faculty preferences, students were presented with a range of definitions. Students were also introduced to three dimensions of social justice actions to help frame their understandings. These dimensions included actions that would help increase awareness of the injustice issue, help ameliorate injustice by addressing symptoms of injustice, or help transform injustice by eliminating the root causes of injustice (Boutain, 2005b). Providing students with social justice definitions and strategies in the junior year helped students connect theory and practice in their journals in the senior year.

The evaluation of social justice by faculty was also another important issue to address. *Can a grade be given to such an area?* was a primary question. It was determined that if we as faculty valued the component it should be graded with specific criteria and faculty consistency similar to any other important educational content. The ratings of *superior*, *good*, *adequate*,

and *poor* anchored faculty evaluative journal comments for inter-rater reliability. In year 2, each faculty shared a random student inter-rater reliability. In year 2, each faculty shared a random student journal during a 2-

Table 2
Paraphrased Journal Entries about Homelessness and a Faculty's Ratings and Rationale

Paraphrased Journal Entry	Faculty Rating	Faculty Rationale for Rating
Homelessness is a problem. It is just not fair. People need to rise up.	Poor	No theory of social justice used. Unclear proposed strategy of "rise up". The role of the nurse is not stated.
It is important for nurses to help the homeless by providing them with food and shelter. Everybody needs this basic need.	Adequate	Generally defines a social justice strategy, but does not link it to theory.
The quality of housing affects everyone in society because it influences the basic needs of people who contribute to the health of a community. Affordable, mixed income housing may help improve the plight of the homeless and those near homelessness. Nurses can become involved by writing their local politicians about these issues.	Good	Specifically defines a social justice strategy. Does not specifically link it to the theories of social justice. Highlights how the social justice issue influences more than those who are homeless.
Social justice awareness involves becoming knowledgeable about homelessness in my neighborhood. Yet awareness is not enough. It is important for nurses to also provide direct care and assistance to those who are homeless as an amelioration strategy. To really transform the issue of homelessness nurses must become politically active to help increase the minimum wage, increase affordable housing, and address mental health promotion.	Superior	Links social justice concerns to theory of justice awareness, amelioration, and transformation. Provides several specific social justice strategies useful in community health practice. Stated several specific strategies for the role of the nurse.

hour meeting to provide examples to engage in group discussion of how to evaluate journals for social justice. Faculty consistently had agreement on the ratings of journal entries for poor and adequate ratings (nearly 90-95% of the time). Faculty had more discussions about how to rate entries that were good or superior (nearly 85-90%). It was important to emphasize to students that the final grades were based upon quality and consistency, thereby helping to diminish student anxiety.

Refinement

Students (N=65) provided written feedback about the community health clinical evaluation tool and the experience of journaling related to the course objectives. Student feedback and sample journal entries provided faculty with a pool of information to share with future students. Some examples were shared to help future students envision models of superior, good, adequate, and poor performance of the objectives. Some faculty showed examples in the first days of clinical to help students forecast what was expected of them in community health clinical practice. Faculty emphasized that the journals needed to be based upon actual thoughts and performance of social justice. This was important because as some students viewed the examples as “good and long writing”. Those students erroneously thought that journal length, not performance and description, was the way to earn a superior evaluation. Faculty noted that writings must be consistent with the actions or thoughts that were demonstrated in clinical, not fictive narratives about social justice.

Since students journalled weekly, they could see, as one reported, “my progress each week and analyze what I did and how it related to nursing practice”. In the words of another student, the clinical evaluation tool “gave specific criteria with which to gauge progress in fulfilling objectives”. However, for some students, the sub-objectives of interest were still “vague”. Because faculty expected social justice theory identification, analysis and demonstration, some students felt the tool “expects too much to receive a superior” rating. One major issue impeding student learning was that knowledge integration and issue identification was not occurring consistently in the junior year. Students had diverse inpatient experiences, were learning copious amounts of nursing care theory, and engaging in new psychomotor skill practices. Given those course contexts, the topic of social justice was not a forefront concern at times. Thus, some students appraised the curricular clinical focus on social justice as “inconsistent” during clinicals, leading them to report feeling “overwhelmed” in the senior year.

One possible revision could be to use a portfolio approach to social justice education whereby students would provide evidence from multiple sources of how they defined, identified, and addressed social justice issues in all clinical experiences. This evidence can be based on client, nurse, faculty or self evaluations. Prior evidence in a portfolio format could help telescope curricular learning needs before moving to the community health clinical experience. Faculty may then be in a better teaching position by knowing students' prior history and learning needs related to social justice. Prior knowledge of students' experiences could, in turn, help faculty develop more creative examples or teaching pedagogy related to teaching social justice concepts, identifying social justice issues, or brainstorming social justice actions.

A broader view of evidence is needed to address the limits of using journals to evaluate clinical experiences in general and social justice content in particular. Journals can be viewed as a way to reduce complex concepts into simplistic descriptions using rational control and mastery theory (Kirkham, Hofwegen & Harwood, 2005). The emotive conditions and experiences that result in educational transformation may not be readily described by students in journals. For example, social justice learning can evoke feelings of sadness, denial or anger as students grapple with how their own actions may promote unjust situations. Reactive feelings about social justice issues may not be described by students for fear of sharing, reprimand, or dismissal. Another factor in social justice education is students considering growth as significant above and beyond the graded criteria. Grading any concept, unfortunately, may inspire some students to reduce the learning to performance for evaluation versus learning as a professional responsibility. Combined, these issues underscore how power and accountability influence the learning process and knowledge construction (Kirkham, Hofwegen, & Harwood, 2005).

IMPLICATIONS FOR NURSING EDUCATION

The degree to which learning occurs does not automatically translate into future actions unless students are taught to use and act on social justice principles in clinical practice. Teaching social justice definitions, concepts and issues is one step in the process of learning. However, evaluative teaching strategies are needed to assess students' learning of social justice content in clinical practice. Published models for social justice evaluation are rarely tested and mostly created for theory based courses. No article was found evaluating the social justice knowledge of faculty teaching social justice.

There is a continued need for more strategies to evaluate social justice in light of the challenges in teaching social justice. When there is a curricular focus on social justice, faculty at each stage of the curriculum must be in communication to ensure a smooth transition of knowledge development, integration and refinement. At the same time, if multiple faculty teach in any one clinical, all faculty must be willing to share social justice challenges in order to have a focused plan to educate student groups.

The emergence of social justice as a central concept in clinical nursing practice promotes an accompanying shift to develop teaching methods that evaluate the use of that concept in clinical teaching. The evaluation of social justice presents challenges, yet a clear accountable system of evaluation can help students see what is expected of them in practice. The development of the social justice component presented in this article may be useful to other nurse educators striving to match theory and practice in the evaluation of social justice.

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