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Exploring Social Justice Through Art in a Community Health Nursing Course

ABSTRACT

Social justice and health equity are foundational to community health nursing. Arts-based pedagogy has learning and reflexive value for community and population health education within nursing and health professions curricula. Art has been increasingly used in health care and in promoting health, including in nursing education. However, research has not explored the use of arts to teach community health nursing students about social justice. The objective of this study was to understand how the inclusion of a collaborative artistic process relates to the understanding of social justice issues for second-year baccalaureate nursing students enrolled in a community health nursing course. Visual art and symbolic components were added to an existing group concept mapping assignment of community health nursing interventions from a social justice approach. We engaged in analysis within interpretive phenomenological inquiry to understand and share students' experiences with constructing and giving meaning to symbols and art pieces, internalizing the concept of social justice, and collaborating with group members. Students used symbols and visual representation to explore social justice and health. Students' narrative reflections encompassed experiences finding personal power, engaging in empathy, reflecting on their own position and privilege, and benefitting from non-traditional forms of learning. Students recounted group processes that deepened their understanding of concepts, increased their appreciation of the need for advocacy, and enabled creative freedom in the context of collective vision. The addition of a collaborative creative, artistic process enhanced students' learning about social justice and health.

KEYWORDS

arts-based pedagogy, community health nursing, nursing students, social justice

INTRODUCTION

Social justice "focuses on the relative position of one social group in relation to others in society as well as on the root causes of disparities and what can be done to eliminate them" (Canadian Nurses Association 2017, 26). The concept of social justice assumes all societies experience broad, systemic oppression and inequities, including racism, classism, sexism, and heterosexism, which affect some people more than others (Peter, Sweatman, and Carlin 2020). Social justice and health equity are concepts and principles central to community health nursing (Dosani, Etowa, and van Daalen-Smith 2020, 604–6). In this study, we have amended a small group assignment (Dosani, Lind, and Loewen 2019) that focuses on teaching second year nursing students about community

health nursing interventions for social justice issues (Appendix A). We added a creative component to enable students to express what social justice means to them, based on the learning gained from exploring their chosen social justice issue through developing a concept map. Students were asked to create a visual symbol or art piece which could be represented in the form of a collage, a drawing, or a photograph. The following words were provided to students as inspiration for their creative component: power, oppression, justice, equity, fairness, opportunity, empowerment, action, and activism.

The use of art in promoting health is not a new concept. In fact, there are four major areas where arts are used in health care, specifically for the promotion of healing, including music engagement, visual arts therapy, movement-based creative expression, and expressive writing (Stuckey and Nobel 2010). In addition, the use of arts-based research methods is also gaining interest in health care (Boydell et al. 2012; Nguyen 2018; Parsons et al. 2017). Arts-based inquiry in health research has powerful potential because of its capacity to convey and represent experiences using adaptable and unique forms of expression (Desyllas 2013; Osei-Kofi 2013). A study by Kirkham, Smith, and Havsteen-Franklin (2015) involved the collection of visual materials and verbal accounts from participants to depict and describe their chronic pain. Drawing on the work of Kirkham, Smith, and Havsteen-Franklin (2015), Smith and Nizza (2022) described the use of the visual representations as a means for participants to elucidate and merge complex experiences between the visual and individual narrative materials. While Stuckey and Nobel (2010) advocate for the connection between art and public health, there is a paucity of literature available on the use of arts to teach students about social justice (Osei-Kofi 2013) and no literature on using it to teach community health nursing students about social justice. Using the arts challenges people to think differently, engages them in different behavioral experiences, and carries them through different emotional experiences (Camic 2008). Using the arts asks one to consider what kind of transformation or translation might be involved in documenting our experiences of the world in an art form (Camic 2008) and the role this type of aesthetics plays in internalizing community health nursing concepts that students are tasked to learn. This project intends to add to the growing body of literature on the scholarship of teaching and learning as well as planting seeds to pave the way for further pedagogical research specifically within the discipline of community health nursing. Our research questions were:

1. How would you describe your symbol or art piece and what it means to you in terms of social justice?
2. What was your experience of internalizing the concept of social justice at any point during the creative process?
3. What was your experience of creating a symbol or art piece with your group members that represents social justice learning through your concept map?

The theoretical underpinnings of critical social theory guided our research questions and methods. The aim of critical social theory is to reflect on social reality and provide practical and achievable goals for social transformation that are emancipatory and foster a freer and more just world for all members of society (Baum 2015; Bohman, Flynn, and Celikates 2021). In other words, critical social theory is concerned with empowering people to transcend the social constraints placed on them that pertain to race, class, and gender (Horkheimer 1972; Fay 1987). Through this assignment, our hope was that students would connect their learning to the skills needed to empower communities to engage in social change.

METHODS

To answer our three research questions, we used interpretive phenomenology as a framework. Phenomenological research explores the nature of an experience from the "lived experience" or perspectives of the people experiencing the phenomenon (Connelly 2010; Frechette et al. 2020). This approach presupposes social relationships (i.e., ways of being with others) as foundational to analysis and includes the interpretation of the structures of experiences and how things are understood by people who live through these experiences and by those who study them in a particular context (Frechette et al. 2020; Wojnar and Swanson 2007). This emphasis on relationality applies to our project since students were working in groups of three to five students. Interpretive phenomenology is based on the perspective that understanding individuals cannot occur without considering their culture, social context, or historical periods in which they live (Campbell 2001) and is particularly valuable for illuminating how context influences, structures, and sustains human lives and experiences. Furthermore, interpretive phenomenology must include the meaning or significance attributed to the experience and help us answer our research questions in a way that allowed us to "pull away layers of hiddenness that are present in our everyday existence" (Frechette et al. 2020, 2). As such, interpretations are a blend of meanings and understandings articulated by the researcher and the study participants (Wojnar and Swanson 2007).

Data collection

Ethical approval was received from the Human Research Ethics Board at Mount Royal University and written informed consent that provided consent for their assignment to be included in our research was obtained from all students. Data were collected from student concept map assignments (Dosani, Lind, and Loewen 2019) from two different sections of the community health nursing course in winter 2021 and one section in spring 2021. Of 111 students eligible to participate in the study, 20 students in five groups provided consent to participate. Of these five groups, three groups comprised a combination of white and racialized students, and the remaining two groups comprised of white students. Data collection consisted of the concept map, the artistic component, and the reflection paper. The concept map and artistic component were completed in groups of 3–5 students. Each student submitted a reflection that included an explanation of the creative component and what it meant to them in terms of social justice, how engaging in the development of art helped them internalize the concept of social justice, and a description of their experience of creating art with others.

Data analysis

Wojnar and Swanson (2007) stated interpretive phenomenology often involves reading data and obtaining an overall understanding, writing interpretive summaries, coding for and unifying themes, clarifying disagreements and writing composite analyses, identifying common meanings and patterns linking themes, and developing responses and suggestions toward a final draft. Smith (2007) described immersion in a hermeneutic circle where "the part helps to make sense of the whole and vice versa" (as cited in Spiers and Smith 2019, 4). The hermeneutic circle is described as repeated immersion in the data, in its entirety, and then "zooming in to key sections" by Frechette et al. (2020) (10). The goal of interpretive inquiry is to identify the meanings of participants' experiences from the blend of researchers' understandings of the participants, participant-generated information, and data obtained from other relevant sources (Wojnar and Swanson 2007). As such, researchers should reflect upon any biases, values, or assumptions they have that may affect the study (Wojnar and Swanson 2007). Accordingly, our research team acknowledged our power and position by engaging in

discussion throughout the research process. We reflected on the critical social theory (Baum 2015; Bohman, Flynn, and Celikates, 2021) used in the development of the research questions as a means to interpret and illuminate social action. The meaning of experiential elements for each student was identified by each of us through repeated reading of responses to the three questions. Similarly, meaning associated with collective processes was captured in students' written reflections on conversations and creative decisions about their resulting images. Students' ascribed meanings to depictions of health inequity and associated social justice actions that reflected their own interpretations of the disparities for their respective sub-populations.

In interpretive phenomenology, rigour encompasses comprehensive and meticulous data collection and analysis processes (Shinebourne 2011). This includes ensuring systematicity and transparency in the use of methodology to ensure that data collection and analysis methods are consistent with the research approach identified (Meyrick 2006). Before coming together as a team, we independently engaged in repeated viewings of the images alongside reading and re-reading of written narratives. Furthermore, by triangulating data from a variety of sources, including both written reflections and visual representations from groups across three sections of the community health nursing course, we aimed for depth and authenticity of findings (Farmer et al. 2006; Whittemore, Chase, and Mandle 2001).

FINDINGS

Student groups explored a broad range of social justice issues in order to examine injustices facing youth and adolescents with respect to reproductive health, people who use injection drugs (PWUID) with respect to stigma in society and health care, adolescents with respect to adverse childhood experiences, unhoused older adults with respect to ageism and social exclusion, and refugees with respect to racism, poverty, and living unhoused.

Describing creative components and ascribed meaning in terms of social justice

The five student groups used a variety of artistic approaches to express the meanings of social justice in their art pieces (Figures 1–5). Two thematic layers were identified in students' reflections: symbolism and visual representations (Table 1). Groups used symbols and visual representations to illustrate how social justice approaches might shape the health, lives, and experiences of their focus populations. Numerous students spoke of relationships between language, concepts, and symbols in the determinants of health, identity, power, and privilege, and the cycle of oppression. Individual student accounts of exploring connections between concepts informed our interpretation of the variety of ways that students, individually and collectively, came to make these connections. These overlapping layers are depicted in the conceptual model (Figure 6).

Figure 1. Contraceptives: Access denied

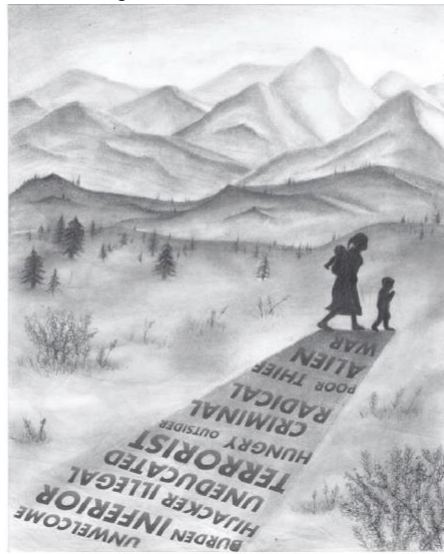**Figure 2.** Social justice and the journey of the refugee

Figure 3: The cards we are dealt

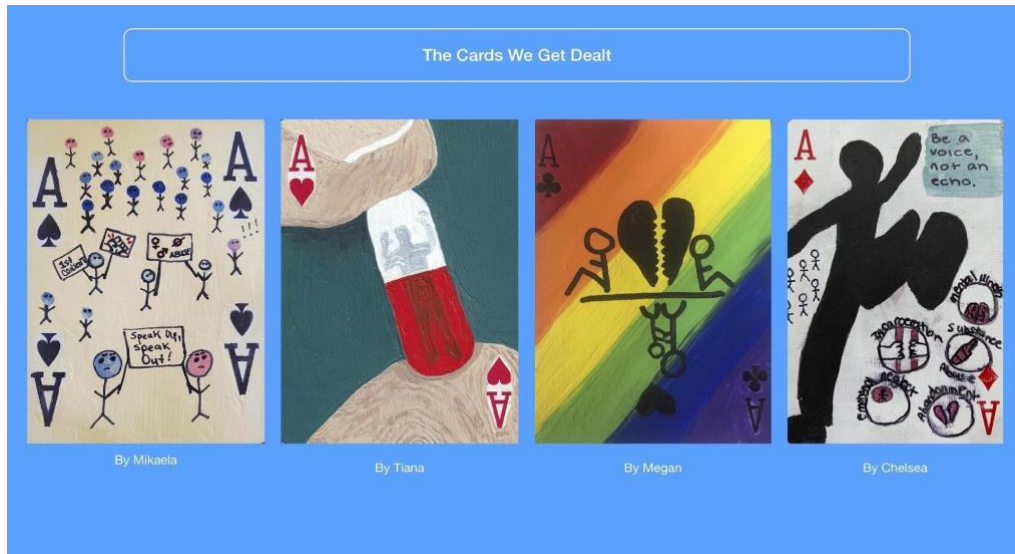**Figure 4.** People who use drugs deserve care and respect
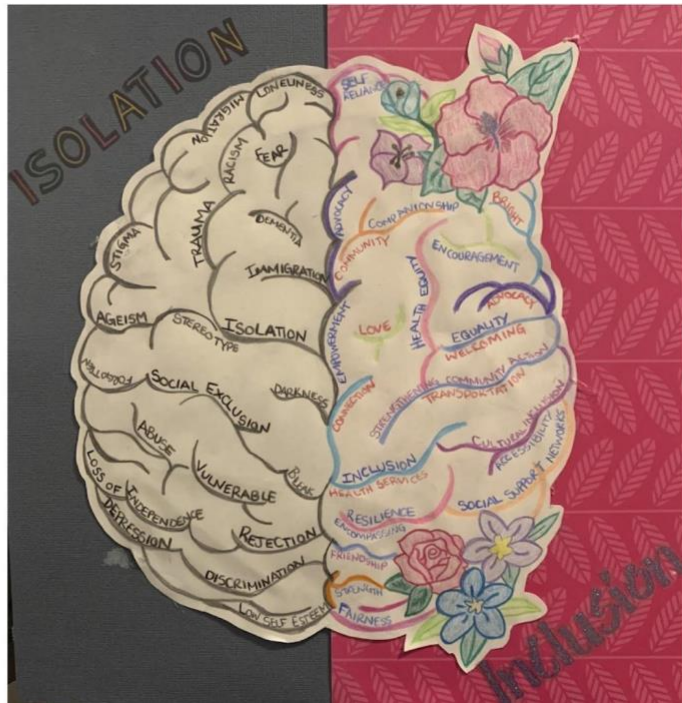
Figure 5. From isolation to inclusion

Table 1: Describing creative components and ascribed meaning in terms of social justice

Symbolism used to represent social justice in creative art pieces	"By showing the supplies locked up, it reflects the unjust system that has been introduced to at-risk adolescents." (S2G1) "My understanding is that the use of different colours on the flag represents the diversity that exists within the LGBTQ2+ community and demonstrates how beautiful diversity can be. My use of this symbol was meant to represent the duality of it, both as a strong social justice symbol and the risk that comes for those, especially adolescents, who identify as members of the community." (S4G3) "The half of the brain that is representing isolation is dark with no colour added and includes words throughout the brain that are potential risk factors for rendering older adults to become isolated and lead to a decrease in overall health . . . the other side represents the experience of social inclusion. That side is colourful to represent feelings of happiness and inclusion as it also contains words that promote social inclusion." (S3G4) "Images on posters of a fist rising to depict empowerment . . . exclamation marks and facial expressions on various individuals on the art piece support the importance of people passionately advocating and demanding to be heard." (S2G3)
Narrative reflection to describe visual representation of social justice in creative art pieces	"Our creative component has the silhouette of a refugee mother and her two children, they are trying to carve a new path, but the road they walk is muddled with obstacles from their past and the closed minds of the individuals that inhabit their new home. To me, the social justice portion of this concept comes from the acknowledgment of the struggles that exist

	for these marginalized groups and advocating for them wherever possible." (S4G5) "Instead of only showcasing how to promote social justice for the population, our group thought it was important to show the why. Due to a lack of understanding, many people have opinions that resemble some of the phrases in the top left corner. Explicitly showing these prejudicial thoughts next to some of the risk factors for injection drug use . . . intergenerational trauma, child abuse . . . decreased access to healthcare, homelessness, criminalization and risks associated with consumption of unregulated substances . . . is a means of highlighting the cycle of oppression." (S1G2) "Stereotypes that refugees are 'aliens,' 'terrorists,' and 'hijackers' persist in [refugees'] lives, to the point where these labels become imprinted on their identities, and on a wider scale, enable systemic social injustices to persist. In reality, the shadow does not physically exist. However, it endures in people's minds, consciously or subconsciously leading to actions that oppress refugees. Additionally, when people interact with refugees, they may begin to justify these biases based on their preconceived notions, developing firm beliefs that demonize refugees." (S2G5) "[The colorful side] represents how the staff . . . collaborated with the residents and considered how the lockdown was affecting them differently than it was affecting the younger generation. It shows how the feelings and abilities of the residents were considered to make a plan that allows the residents to be together in spirit while apart in distance, and to help keep the spirit of community alive even during a lockdown." (S1G4) "The other reason for the words behind this art piece is that words have power . . . to build up just as much as they can tear down. Thus, to me, by including words the art piece promoted positive connection and communication between populations who may not readily communicate with each other." (S2G2)

Internalizing the concept of social justice through the creative process

Students described various ways they internalized the concept of social justice through the creative process. Four themes were identified: finding personal power, engaging in empathy, reflecting on their own position and privilege, and the benefits of alternate forms of learning (Table 2). Students described how creating art allowed them the space to find personal power and to envision professional power dynamics. Frequently, students described empathetic processes with respect to the complexity and depth of human lives and experiences of students' focus populations. Many students spoke about how they became more aware of the root causes of health inequities as well as implications of dominant discourses. For example, several students reflected on shifts in their perspectives and values, and the importance of exercises such as values clarification to effect change, over the course of the creative process. Many students also spoke to the benefits of non-traditional forms of learning to internalize and make connections between concepts.

Table 2: Internalizing the concept of social justice through the creative process

Finding personal power	"Overall, I feel this art piece allowed me to really dive into what social justice means to me and how I can use my art to bring further awareness to the topic . . . I believe that I will be

	able to utilize this greater understanding of social justice in my practice in order to further advocate and care for my patients." (S1G3) "We were able to come together as a group of women to share our experiences to further understand this sensitive topic, with hope to empower this vulnerable population." (S3G1) "I have always felt a strong connection, motivation, and anger toward injustices, but I did not know there was a whole part of nursing devoted to this concept." (S3G2)
Engaging in empathy	"Internalizing the concept of social justice comes back to empathy. Empathy . . . is the driving force of all of nursing. When I put myself into the shoes of others and I try to share their feelings and experience, it gives me a great deal of motivation to help them." (S4G4) "I am a visual learner, therefore, having the ability to visualize the different barriers that [people who use injection drugs (PWUID)] experience enabled me to replace my judgment with empathy . . . this art piece allowed me to visualize all of the causes, implications, and possibilities of injection drug use in order to realize the vital need of kindness, empathy, and justice for PWUID. Through this creative process, I have been able to reorientate my own thoughts on PWUID." (S4G2)
Reflecting on and challenging their position, privilege, and bias	"This project and art piece made me realize just how many factors play into the situation, most of which are underlying and go unnoticed by others." (S1G1) "Through the art piece though I was able to realize that art is often so much more than the picture in front of me. It can be the intent of the artist behind the piece itself. I was able to connect with artists of future art pieces as I was able to put myself in their shoes in trying to come up with a creative portrayal of extending social justice to [people who use injection drugs]." (S2G2) "Putting myself in their shoes . . . it was frankly, infuriating because it is hard to comprehend how so many facets of society are not being of access or help, and it furthered my awareness of the privilege I hold within society." (S1G2) "It is important for everyone, especially nurses, to constantly be checking and reflecting on potential biases they may hold that are capable of affecting the care they provide." (S4G4) "Establishing social justice begins with individuals who actively reflect on their biases and work to end the cycle of oppression." (S2G5) "I think that the idea of identifying these preconceived notions before ever stepping into working with any population can be influential to creating positive change." (S2G2) "Although I have not endured many of the hardships that refugees have, I have experienced similar discrimination. In particular, constantly feeling and being treated like an outsider because of the way I look, my cultural background, and the languages I speak has been an insidious theme in my life and is accurately represented by the shadow in the art piece.

	These biases have become so prevalent in my life that they seem to be part of my identity, and I find myself at times justifying and normalizing them . . . by illustrating this concept as well as exploring how prejudice and discrimination are risk factors for poverty in the refugee population, I have internalized how detrimental these labels are to health equity and social justice, and how even I must continually work on dismantling my personal biases." (S2G5)
Benefits of alternate forms of learning to internalize concepts	"At first, I was skeptical about how this creative component would contribute to my learning, especially since I do not consider myself to be a very creative person. And it was in my preparation to be creative (e.g., researching symbols) that led me to have unexpected learnings related to the LGBTQ2+ community, learnings that I do not think I would have had from this project without the creative component . . . engaging in and completing this creative component sparked an interest and curiosity in me that I was not expecting." (S4G3) "The creative component has given me insight into the social justice issues concerning older adults. Through our creative component we were able to represent the social justice concerns by demonstrating social isolation and social inclusion stemming from our concept map concepts and community nursing interventions" (S3G4)

Collaborative experience of creating a symbol or art piece

Students shared their experiences working collaboratively through the creation of a visual depiction of social justice. Three themes were identified, including conversations that resulted in deeper understanding of concepts, identifying the need for advocacy, and for some the experience of creative freedom that arose from working in a collaborative process (Table 3). Numerous students described how engaging in collaboratively developed art held space for discussion and facilitated deeper understanding of the topics being explored as well as awareness of the increased need for advocacy for people rendered vulnerable by sociopolitical structures and systems. Many students also described the format and structure of the project positively in terms of broadening their understanding and providing creative freedom compared to traditional forms of evaluation.

**Table 3:** Collaborative experience of creating a symbol or art piece

Deeper understanding of concepts through collaboration	"It was truly these discussions during the creative process that provided awareness, humility, knowledge and education." (S3G5) "The experience of collaboratively designing an art piece with my group members was enlightening. Our group created a comfortable and open platform for our thoughts, emotions, and ideas to be expressed which led to dynamic conversations and expression of shared experiences." (S1G5) "The collaborative experience of developing our creative component allowed us to connect and understand each other on a deeper level." (S4G1)
Collaboration drew attention to the increased need for advocacy	"Overall, I enjoyed this experience and noted the importance of discussing these challenges, as well as considering the improvements that need to be made from a community and public health standpoint." (S2G1)

	"Overall, I found the creative piece of this assignment to be fascinating and I felt that it allowed me to further understand what the concept of social justice meant to me. As a nursing student and a health care worker, I believe that I will be able to utilize this greater understanding of social justice in my practice in order to further advocate and care for my patients." (S1G3)
Creative freedom to demonstrate learning collaboratively	"It is not often that we get to explore our creative sides as student nurses . . . I would be open to doing something like this again that does not rely on strict guidelines and requires deeper thinking." (S1G4) "This was an interesting project to be a part of and I enjoyed having the opportunity to demonstrate my learning in a way that was non-traditional in terms of typical evaluative activities in the nursing program." (S4G3)

We developed a conceptual model (Figure 6) about students' exploration of social justice through art. The conceptual model integrates thematic processes identified in students' reflections. Although there was some linearity evident in the processes, overlap and iteration were predominant, particularly as students came together in groups to listen, share, and collaborate with one another. The processes include (a) learning and researching, where students applied skills in locating credible sources to build or expand on foundational knowledge about their focus populations and the complexities of determining root causes of health inequities (Dosani, Lind, and Loewen 2019; see Appendix A); (b) empathizing, where students aimed to understand, in non-evaluative ways, the lives and experiences of their focus populations; (c) reflecting, where students described considering their own position and privilege as well as the injustice of persisting inequities; (d) co-constructing, where students described collaboratively building symbols and art pieces in groups; and (e) abstracting, where students described considering the implications of their learning and reflection for their professional practice and broader social change.

Several factors contributed to each group's ability to engage in the physical art-making process. The course was fully online in both terms with pandemic restrictions on gathering as well as potential geographic separation between students. Members of one group described sharing the creative element equally when they divided their image into four playing cards and having "creative freedom" for their individual contributions. Differences in the ways that groups created their art piece serve to underscore retaining this openness in future offerings regardless of delivery method.

Figure 6. Conceptual model for students' exploration of social justice through art
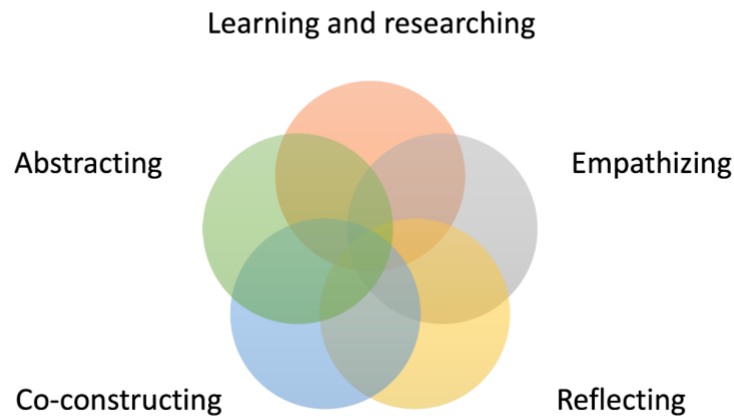
DISCUSSION

This study contributes to the ongoing scholarship of teaching and learning research around arts integration in nursing education (Obara et al. 2022; Rieger et al. 2020a; Rieger et al. 2020b; Rieger et al. 2021). The addition of a collaborative visual element to a group assignment gave students the opportunity to show their understanding of social justice in a novel and creative way. The emergent patterns and themes demonstrate how students gained additional insight into the broader concept of social justice as well as analytical perspectives into intersectionality, power, and the cycle of oppression (McGibbon, Etowa, and McPherson 2008). Additionally, students linked these insights to professional values including empathy, equity, and diversity. The study's results suggest that the use of art helped students examine and challenge dominant discourses and ways of knowing and become more aware of how frames of reference shape nursing practice and health care systems (Osei-Kofi 2013).

Students' reflections on the collaborative elements revealed that groups chose different approaches to producing visuals, and discussions provided opportunities for students to recognize their unique contributions and learning. The creative component compelled students to collaboratively identify central ideas related to their issue and express those ideas visually. Participants described a process where identification of central themes for the creative component arose from group discussions. Some participants clearly linked the research done for the concept map to a direct influence on choices made for the creative component. Group processes described by participants included active listening and engagement, exploring options together, and decision-making. The identification of themes was actualized in a familiar way for nursing students in their assessment, analysis, and formulation of a plan. These findings support the idea that including an arts-based creative component added dimensions to student engagement, both individually and as collaborators. Student engagement in learning was noted by Obara et al. (2022) and Rieger et al. (2020b), who found that student engagement in an arts-based process fostered engagement in learning. These authors also reported that students who had minimal engagement in the process reported little engagement in learning. Rieger et al. (2020b) discussed the possibility that learner engagement may be amplified by students' emotional connection to the topic. Osei-Kofi (2013)

further spoke about students' engagement in terms of navigating, through arts-based research, "what it means to embody [anti-oppressive approaches] in an academy that is in many ways hostile to conceiving of research in this way" (146).

Themes emerging from participants highlighted novel features of a creative component in the context of a group assignment. In response to questions about the creative element, participants reflected on the creation of a visual product, their engagement in a collaborative creative process, and their internalization of social justice that emerged from these processes. After creating an artistic product, participants reflected on the symbolic elements that arose from the issue at the center of their concept map. The symbolic components included images, metaphor, color selection, and compositional elements. Participants noted that decisions about how to visually depict ideas arose from the group discussions. A collaborative process was described by several participants in terms of shared ideas and decisions. There was also a recognition that their collaboration contributed to new perspectives, deeper exploration of the issue, and a creative component that represented a collective vision.

Each participant reflected on the product and process' influence on their own internalization of social justice. One area that stood out was the connections made by individual participants to the learning that took place in the collaborative, creative process. Participants reflected on personal learning within the context of a shared ownership of the creative process and subsequent creative piece. In terms of internalizing social justice, participants mentioned that depicting the issue evoked empathy, and several participants spoke to their professional roles as advocates. Students' abilities to choose topics of personal or professional interest to focus on may have influenced this learning. Several participants noted similarities and differences between their own lived experiences and those of people in the focus population. Students conveyed increased awareness of root causes of health inequities and dominant discourses. Students also had opportunities to build on prerequisite course concepts including population health, social determinants of health, and the health inequities influenced by history, politics, and societal injustices. However, the focus on community and population health presented students with an opportunity to show a growing confidence in articulating a more comprehensive understanding of complex systemic issues.

These comparisons included ideas about privilege, inequities, opportunities, and barriers related to relevant social and political determinants of health. At least one student in each group identified personal biases regarding the issue and/or population. Each student described a recognition of their own perspective, and some described the influence professionally while others spoke of more personal shifts in thinking. Students' accounts of empathy and perspective during the creative process evoke Osei-Kofi's (2013) observation of ". . . acknowledgment that our own worldviews and life experiences impact our work, while also recognizing that the process by which we engage with our work and what we learn from it also transforms us" (147). With that said, we noted that a small number of students equated social justice with equality and a few students described "easily" internalizing the concept of social justice, and, accordingly, we recognize opportunities to further facilitate students' understandings and reflexivity.

The inclusion of a creative element as part of an existing assignment had several advantages worth noting. Linking the artistic component to a public health issue explored in a concept map (Dosani, Lind, and Loewen 2019) meant that participants were grounded in current literature about the population and issue of interest. The underlying exploration of the issue contributed to confidence about the artistic choices and resulting artistic piece. The focus on a broader concept of social justice in the creative element and reflection may have contributed to the participants' sense of freedom when depicting aspects of their issue. The context of a group

assignment fits with a collaborative approach to creating an original artistic piece. The flexibility of co-creating a piece responded to online delivery and provided students with latitude to contribute in a variety of ways to the process and final submission. Furthermore, there were no negative experiences conveyed in students' discussion papers. This could be related to self-selection into groups or because the creative element was part of a graded assignment. The positive elements included students' engagement in a creative process as well as opportunities to understand other perspectives from group members and deepen peer relationships.

Implications for future research and practice

To continue to develop students' understanding of social justice, we propose that future group projects further integrate feminist and critical social and race theories (Bennett, Hamilton, and Rochani 2019; Jacob et al. 2021; Kelly and Chakanyuka 2021; Valderama-Wallace, Paulino, and Apesoa-Varano 2020; Wesp et al. 2018) to encourage students to examine their interpretation of, participation in, and disruption of power relations and dominant discourses. This includes othering and structural othering, such as how power relations are negotiated between nurses and patients, as well as the contexts (e.g., medicalized practice situations) that shape and control both nurses' practices and patients' health-related experiences (Jacob et al. 2021). We propose purposefully integrating a layered approach to future projects, where students engage in seminar discussions and peer review responses to provide opportunities to further listen, share, and unpack learning, ensuring all perspectives are accounted for.

Educators must engage in critical conversations regarding the need to integrate more community health nursing and population/public health courses in undergraduate curricula that are appropriately leveled. This way, a foundation of public health nursing is normalized within curricula and all students have an opportunity to explore their interest and aptitude for community health practice. The Canadian Community Health Educators Interest Group highlighted the loss of community clinical experiences due to the COVID-19 pandemic in addition to a continuing "erosion of community/population health content in curricula across Canadian schools of nursing" (Canadian Association of Schools of Nursing 2021, 26). Both maintenance and expansion of community and population health education within undergraduate nursing curricula can foster further skill development in public health advocacy, community mobilization, political action, and interdisciplinary and intersectoral collaboration, which would provide adequate priming for those wishing to pursue graduate-level nursing and public health education.

We endorse further research exploring the application of creative, arts-based learning activities that enhance social justice learning in nursing education. In their systematic review of the effectiveness of arts-based pedagogy, Rieger et al. (2016) recommended using diverse qualitative methods to enhance the understanding of nursing students' experiences of arts-based pedagogy. They recommended examining student and faculty perspectives, employing innovative arts-based approaches, and evaluating the effectiveness of different interventions. Rieger et al. (2020a) described a theoretical understanding of how and why students experience learning through unique, arts-based pedagogical practices.

Indeed, our research demonstrated how nursing students can learn about social justice using arts-based pedagogy. In a subsequent paper (2020b) these authors described discrete findings about engaging in a novel creative process and the elements influencing the degree of student engagement. Their recommendations (Rieger et al. 2020a; Rieger et al. 2020b) included studying non-evaluative arts-based experiences with nursing students and interdisciplinary contexts. We suggest further integration of advocacy and the lived experiences of patients and communities into nursing education

through arts-based and creative projects. In addition, we also support future research that looks at the efficacy and impact of arts-based practices on discrete learning outcomes (Rieger et al. 2020a; Rieger et al. 2020b). There are opportunities for both replication of studies and innovation in arts-based pedagogy to support undergraduate education in nursing and health professions.

Limitations

Several limitations apply to our research project. Fewer student groups consented to participate in the research project than anticipated. Several factors may have contributed to this, including ongoing oppressive practices and inequities in representation at Mount Royal University that sustain institutional barriers and hinder individuals from sharing their experiences. In addition, the COVID-19 pandemic and shifts involved in online course delivery may have impacted group cohesion and processes. As a result, we are unable to share the work of a larger number of student groups. In addition, we recognize that the students, being in their second year, may have had some reticence in putting forward their ideas, identities, and experiences, which underscores the importance of empowering them to do so.

CONCLUSIONS

This article contributes to the scholarship of teaching and learning in nursing education by describing the unique integration of arts and creative expression in an assignment exploring social and public health issues in a community health nursing course. We shared students' experiences constructing and giving meaning to symbols and art pieces, internalizing the concept of social justice, and collaborating with group members. Emergent themes included students' experiences of finding personal power, engaging in empathy, reflecting on their own position and privilege, and enjoying the benefits of alternate learning forms. Based on the discussions and reflections on the process, creating art collaboratively provides students with meaningful opportunities to deepen their understanding of social justice as well as public and population health, and to develop skills needed to empower communities to engage in social change.

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DISCLOSURE STATEMENT

The authors report no competing interests to declare.

ETHICS

Research was approved through the Human Research Ethics Board (HREB) review processes at Mount Royal University.

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APPENDIX A

GROUP ASSIGNMENT GUIDELINES: CONCEPT MAP (25%) *(Developed by Sylvia Loewen, Dr. Candace Lind & Dr. Aliyah Dosani)*

Students will work together in groups of ~4 students. Please ensure that you have completed your team contract prior to beginning working together.

Format: This assignment includes 4 components:
>   **#1. Concept Map** (Jamboard page 1)
>   **#2. Reference Page** (Jamboard page 2)
>   **#3. Creative Component** (Jamboard page 3)
>   **#4. Discussion Paper** (electronic paper in word or pdf)

What is a concept map?
Concept maps create a picture of connections related to an issue, demonstrating links and cross-links between key concepts.

A **concept** is a priority challenge or issue or strength noted in the main community health topic with your selected population.

This visual is a way to show how you are making connections, interpretations and understanding of the topic.

Purpose:
This is an opportunity to explore an issue at the population level:

a. **Component #1: Concept Map** - visually demonstrates a main topic with a selected population, with links and cross-links between concepts, and further connections made with:
    o   *Social Determinants of Health* (SDoH) (Health Canada, 2013; Mikkonen & Raphael, 2010)
    o   *Population Health Promotion Model* (PHPM) (Hamilton & Bhatti, Public Health Agency of Canada, 1996/2001)
    o   *Health Promotion Action Strategies* – PPHM and Ottawa Charter (Hamilton & Bhatti, 1996; World Health Organization, 1986/2018).

b. **Component #2: Reference Page**

c. **Component #3: Symbol or Art Piece: This is a representation of your social justice learning**

d. *Component #4: Discussion Paper:* **Each student must write a 2 page maximum discussion paper about the creative component. Present your discussion paper as a combined word document for a total of 8 pages for your group.**

Assignment Resources:

Hamilton, N., & Bhatti, T., Public Health Agency of Canada (1996/2001). *Population health promotion: an integrated model of population health and health promotion.* Retrieved from https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion/developing-population-health-promotion-model.html

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Component #1: CONCEPT MAP

a. **Present your concept map on Jamboard page #1**

b. **Select one General Community Health Topic and One Population Group from the Choices Presented Below. Please note that these are all social justice issues at the community and population level. If you have found COVID-related layers to any of the options below, feel free to add a COVID-spin.**

General Topic	Population Group Choices
Poverty and Homelessness	Families Living in Poverty
	Adults Experiencing Homelessness
	Refugee Families Displaced by Political Reasons/War
	Adolescents Experiencing Homelessness
Violence and Abuse	Children Separated from Families/Immigration Detention
	People Experiencing Intimate Partner Violence
	Older Adults Experiencing Financial Abuse
	People who have Survived Violent Crimes (e.g. Female Genital Mutilation)
Sexuality	Adolescents Expecting Children

	People who Work in the Sex Trade
	People who Experience Human Trafficking
	People who Identify as LGTBQAI2S+
Substance Use	People Who Use Injection Drugs
	Adolescents who Smoke Tobacco or Cannabis
	Seniors who Abuse Alcohol
	Professionals who Use Illicit Substances
Food Industry/Food Security	Migrant Workers in the Food Industry
	Food Security in Remote Northern Communities
	Policy that Impact Food Choice
	Social Innovations that Impact Food Supply
Other Social Injustices	Indigenous People's Access to Safe Drinking Water
	Access to Affordable Housing for All
	Older Adults who are Isolated
	People living with Different Abilities

c. **Develop Title Question. Place your title question in the centre of your Jamboard. Please include the following components in your title question:**
   i.   Community Health Issue
   ii. Population of interest
   iii. Influences:
        ▪ *root causes* OR *risk factors* OR *protective factors* OR *combination*
   iv. One of two elements – select either:
        ▪ *Social Determinants of Health (SDoH)*
        ▪ *Health Promotion Strategies*

Example title questions:

> ▪ *What is the relationship between known risk factors and* effective health promotion strategies *to promote breast screening among South Asian immigrant women?*
> ▪ *What are the root causes of adolescent diabetes in relation to the social determinants of health?*

d. **Identify priority Concepts and place them around your title question on the Jamboard:**
   i.   Review relevant literature to identify total of 10 key concepts
   ii. Focus influence on root causes, risk factors, protective factors, or a combination

Example of topic and concept:

> - *Topic:* risk factors and effective health promotion strategies to promote breast screening among South Asian immigrant women
> - *Concept (priority challenge or issue):* access to appropriate health care services, refugee status, culturally safe care, social isolation

e. **Link and cross-link Concepts and SDoH where relationships exist:**

A **link** is direct link between 2 components of your concept map (e.g. concept with SDoH; concept with concept).
A **cross-link** is a series of links that connects > 2 concepts.

a. Cross link concepts
b. Link each concept to at least one SDoH
    - Minimum 6 SDoH must be identified in the concept map

For this assignment, Social Determinants of Health include some of the most commonly recognized determinants of health, including Indigenous/Aboriginal peoples' determinants of health (Benach et al., 2014; Canadian Nurses Association, 2007; Canadian Public Health Association, 2015; Castañeda et al., 2015; Greenwood, de Leeuw, Lindsay, & Reading, 2015; Health Canada; 2013; Martin & Evans, 2015; Martyn, 2004; Mikkonen & Raphael, 2010; Paradies et al., 2015; Pearce & Davey Smith, 2003; Public Health Agency of Canada, 2018; Reading, & Wein, 2013; World Health Organization, 2011).

- Income and Income Distribution/Poverty
- Education/Literacy/Education Systems
- Unemployment and Job Security/Precarious Employment
- Employment and Working Conditions
- Early Childhood Development (early life)/Childhood Experiences/Healthy Child Development
- Food Insecurity
- Housing
- Physical Environment (including natural and built environments, community infrastructure, resources, and capacities)/Environmental Stewardship
- Migration/Dislocation
- Immigration
- Cultural Continuity (the degree of social and cultural cohesion within a community)
- Relationships with Territory/Land
- Social Environment
- Politics/War/Conflict
- Colonization
- Biology and Genetic Endowment
- Social Exclusion
- Social Status
- Social Safety (Support) Networks/Social Capital
- Access to Health Services/Health Service Systems

- Personal Health Practices and Coping Skills/Healthy Behaviours
- Self-Reliance and Self-Determination
- Aboriginal/Indigenous Status
- Gender
- Culture
- Race/Racism (social stratification along racial lines with consequent hierarchical distribution of resources, power, freedom, and control)
- Having different abilities

f. Link community health nursing interventions and Health Promotion Action Strategies:
  i. Link your 10 concepts to a *specific* community health nursing (CHN) intervention
     - Identify intervention with course content by linking the intervention to the class week number #1-13 (see course syllabus for class #)
     - Provide evidence and rationale to support how this intervention addresses the issue

  ii. Link all 10 CHN interventions with the broad Health Promotion Action Strategies (PHPM).
     - You must use at least 4 different Health Promotion Action Strategies

  iii. Link all 10 CHN interventions with the corresponding Level of Action (PHPM).

Example of concept (priority challenge or issue), SDoH, CHN intervention, Health Promotion strategy & Level of Action:

> - _Topic_: risk factors and effective health promotion strategies to promote breast screening among South Asian immigrant women
> - _Concept:_ Women may feel more comfortable going for screening appointments with someone from the same cultural background who speaks the same language[1]
> - _SDoH_: social support
> - _CHN Intervention_: Implement a peer health educator and accompaniment program for breast cancer screening promotion.[1] (*provide rationale & class week #)
> - _PHPM Health Promotion Action Strategy_: Create Supportive Environments
> - _Level of Action:_ Sector/System (health care system)

  iv. Support ideas with evidence and critical thinking.
     - *If this community health nursing intervention was found in the literature*, include citation and reference.
     - *If you came up with this action strategy with your critical thinking skills*, include superscript citation as CT (i.e. Critical Thinking) with no reference.

g. Demonstrate how evidence supports each concept and CHN interventions:
  i. Provide a superscript numbered citation for each concept number
  ii. Numbered Citation corresponds with Reference list.

*Example of superscript citation and reference:

> ▪ *Superscript numbered Citation on the concept map is: Women may feel more comfortable going for screening appointments with someone from the same cultural background who speaks the same language[1].*
> ▪ *Corresponding numbered reference is*
> ▪ Crawford, J., Frisina, A., Hack, T., & Parascandalo, F. (2015). A peer health educator program for breast cancer screening promotion: Arabic, Chinese, South Asian, and Vietnamese immigrant women's perspectives. *Nursing Research and Practice*, *2015*.[1]

*Resource on how to insert superscripts: http://guides.lib.uw.edu/c.php?g=99161&p=642357

Component # 2: REFERENCE PAGE

a. Present your reference list on Jamboard page #2
  i. Required minimum 10 scholarly references to support key concepts <u>and</u> interventions.
  ii. Reference evidence must be scholarly (i.e. peer reviewed journal articles)
  iii. Reference evidence must be current within the last 10 years (2011-2021)
     ▪ **if reference is prior to 2011, this is an additional source, and must be compared & contrasted to a current resource*
  iv. APA format reference list, with corresponding superscript numbers

Tips for creating a concept map

- Use legible text (e.g. 10-point font or larger)
- Identify concepts using keywords from scholarly sources
- Label all concepts clearly and correctly **with sufficient detail**
- Represent information accurately
- Demonstrate clearly visible relationships and linkages
- Differentiate elements, including SDoH, community health nursing interventions, health promotion action strategies, and levels of action.
  o *consider using different colors, shapes, thickness of lines*
- Include a *legend that is easy to read* to explain colors, shapes or lines

Suggested Resources

Resources for concept map development:

- University of Guelph https://www.youtube.com/watch?v=sZJj6DwCqSU
- University of Ottawa https://www.youtube.com/watch?v=1-rjC3j2rhU
- Let's Learn Public Health - The Social DoH -

- https://www.youtube.com/watch?v=8PH4JYfF4Ns

Resources for APA formatting:
- Mount Royal University (2020-2021). APA guides and resources.
  https://library.mtroyal.ca/citations

Resources for Concise Writing:

- https://uwaterloo.ca/writing-and-communication-centre/sites/ca.writing-and-communication-centre/files/uploads/files/writing_concisely_0.pdf
- https://sass.queensu.ca/eliminating-wordiness/
- https://sass.queensu.ca/onlineresource/topics/modifiers-and-how-to-use-them/
- https://sass.queensu.ca/active-and-passive-voice/

Component # 3: CREATIVE COMPONENT

    a. **Marks will be allocated for creativity! Please think outside of the box to develop a unique piece of artwork**

    b. **Please create a visual symbol or art piece. This may be a collage, a drawing, a photograph, etc. Use the following terms for inspiration:**
- Power
- Oppression
- Discrimination
- Stereotype
- Prejudice
- Justice
- Equity
- Fairness
- Diversity
- Inclusion
- Voice
- Reclaim
- Agency
- Resist(ance)
- Privilege
- Empathy
- Intersectional(ity)
- Opportunity
- Empowerment
- Action
- Activism

    c. **Please present a title for your symbol or art piece. This title must be different from the title of your concept map**

    d. **Your symbol or art piece will be presented on Jamboard page #3**

Component #4 -DISCUSSION PAPER

a. **Title page includes:**
    i. Title question (*the same title for your art piece*)
    ii. Student Names and MRU Student ID numbers
    iii. Your professor's name
    iv. Course name and number
    v. The date

b. **Discussion** **Each student must write a 2 page maximum discussion paper about the creative component. Student A addresses all of the components followed by students B, C, & D below. Present your discussion paper as a combined word document for a total of 8 pages for your group. Identify one students to submit the discussion paper via email to your professor.**

    Include the following:
    i. Introduction
    ii. Describe your creative component and what it means to you in terms of social justice
    iii. Discuss your experience of internalizing the concept of social justice at any point during the creative process
    iv. Describe the experience of collaboratively creating a symbol or art piece (i.e. one that represents social justice learning through your concept map)
    v. Conclusion
    vi. General guidelines:
        ▪ Maximum 2 pages per student totaling 8 pages per group
        ▪ Double-spaced
        ▪ Professional, scholarly writing
        ▪ Write concisely (e.g. use active voice, limit non-essential descriptors).
        ▪ No citations or reference required.

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