Received: Dec 30, 2025 Accepted: May 15, 2026

Journal of the Society of Internationally Educated Nurses JSIEN

REVIEW OF THE LITERATURE

Ethics, Equity, and Advocacy: A Review of Inclusive Practices in Nursing and Health Research

Olubunmi Joan Ladapo

Corresponding Author

Department of Nursing Science, Lead City University

Ibadan, Nigeria

Email: aderibakey2k@yahoo.com

Journal of the Society of Internationally Educated Nurses, Vol. 3(1), 1 | 2026
DOI: https://doi.org/10.31542/t0h0es44 | © 2026 under CC BY-NC |ISSN 2819-6481

Ethics, Equity, and Advocacy: A Review of Inclusive Practices in Nursing and Health Research

Abstract

Equity, diversity and inclusion (EDI) are fundamental principles that should underpin all health research activities, particularly in the field of nursing where cultural competence and ethical practice are essential. This review paper explores the interwoven dimensions of policy, ethics, and advocacy as they relate to advancing EDI in health research. Drawing from global and regional literature, the paper synthesizes existing frameworks, ethical mandates, and policy initiatives that promote inclusive research practices. It highlights key ethical principles; justice, autonomy, beneficence, and non-maleficence and their applications in ensuring that research designs are not only scientifically sound but also socially responsible and inclusive. Despite increasing awareness, persistent barriers such as institutional bias, limited policy enforcement, and inadequate representation of marginalized populations continue to impede progress. This paper also identified the central role of nurses as advocates for social justice and inclusive research practices, both at the bedside and within policymaking spaces. Special attention is paid to the Nigerian and sub-Saharan African context, where issues of access, representation, and cultural diversity present unique challenges and opportunities. The review concludes with recommendations for fostering a more inclusive research environment through ethical training, inclusive policy development, and capacity building for nurse researchers. Ultimately, this paper contributes to the growing discourse on how nursing professionals can lead efforts to make health research more equitable, diverse, and inclusive, thereby improving health outcomes and reducing disparities on a global scale.

Keywords: Equity, Diversity, Inclusion, Nursing, Health Research

DOI: https://doi.org/10.31542/t0h0es44 |ISSN 2819-6481

Introduction

In recent years, the need for equity, diversity, and inclusion (EDI) in health research has become increasingly urgent, especially in nursing, where healthcare provision must be culturally responsive, ethically informed, and socially equitable (WHO, 2022). The evolving nature of global health demands that researchers and practitioners recognize and act upon inequalities in access to healthcare, healthcare outcomes, and participation in research. Certain groups, such as ethnic minorities, persons with disabilities, women, and those with low socioeconomic status, have been underrepresented in health studies (Garcia et al., 2016; Ramamoorthy et al., 2015). This underrepresentation continues to perpetuate health inequities, undermine the generalizability of research findings, and subtract from the ethical integrity of the research process.

The intersection of ethical guidelines, inclusive policy, and activist interest is what is at the root of these gaps being filled. Ethics provides a moral foundation for research practice, while policy provides a structural foundation for institutional accountability (Vanclay et al., 2013; Head et al., 2020). Advocacy, on the other hand, ensures that the voices of marginalized communities are heard and interpreted into action within research and healthcare. As front-line researchers and providers of care, nurses are well-positioned to lead these efforts, using their research and practice to promote inclusive health research.

The purpose of this narrative review is to explore how ethics, equity, and advocacy meet in the interests of promoting inclusivity in health and nursing research. The review integrates evidence on ethical theory, international and national policy, and advocacy initiatives, with particular emphasis on the contribution of the nursing profession. Through an exposition of best practice and current dilemmas, the review seeks to inform current debate on how best to facilitate a more inclusive and equitable setting for health research.

Conceptual Framework

To understand the intersection of ethics, equity, and advocacy in inclusive health research, it is necessary to define terms central to the conversation, as shown in Figure 1. Equity in health research involves justice and fairness in the distribution of research opportunities and health resources (Khammarnia et al., 2021). Unlike equality, where the same treatment is given to all, equity acknowledges historical and structural inequalities and attempts to address them with various measures (Braveman et al., 2011). It includes ensuring underrepresented groups, such as ethnic minorities, people who are disabled, and poor groups, are offered equal opportunities to engage with and benefit from research.

Diversity describes the presence of differences among research participants, researchers, and health professionals. This includes variations in race, gender, socioeconomic status, religion, age, sexual orientation, and physical ability (Servaes et al., 2022; Collins et al., 2024). Promoting diversity in research enhances the transferability and cultural relevance of research findings to other populations. Inclusion is the deliberate effort to involve individuals from various groups at each stage of the research process, starting from research design to data collection, analysis, and publication. It makes participants feel valued and respected and ensures that individual views shape the results (Smith et al., 2025).

Ethics in research encompasses the principles that guide responsible conduct respect for persons, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2019; Charaghi et al., 2023). Ethical research involving human subjects must protect participant rights, ensure informed consent, and promote social value (Barrow et al., 2022). Advocacy is the active support of policies, practices, and systems that advance equity and inclusion (Goes., 2025). Chapman defines advocacy as striving to "change upstream factors such as laws, regulations, policies and institutional practices, prices, and product standards that affect the personal health decisions of often millions of people, and the settings in which these are made." (Chapman, 2001) Advocacy, in nursing, implies utilizing professional power to meet social determinants of

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health, challenge unjust systems, and promote justice in research priorities (Flaubert et al., 2024; Pitcher et al., 2025).

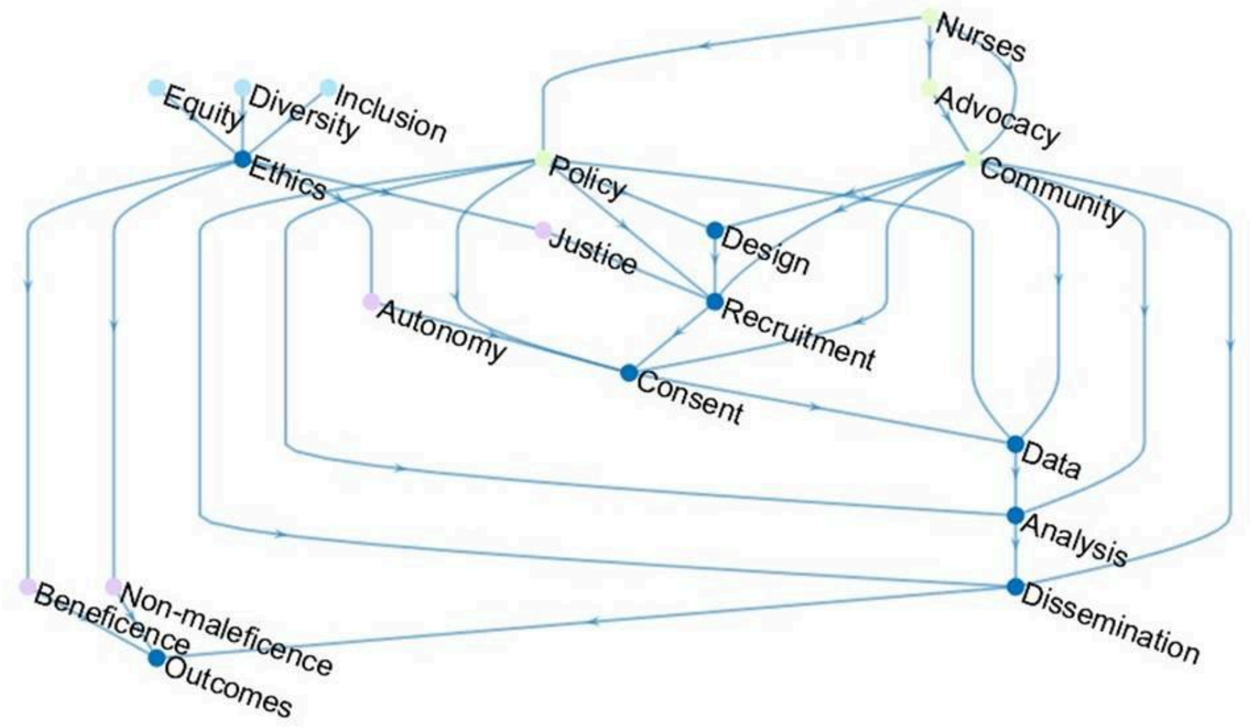

Figure 1: Conceptual Intersections of Ethics, Equity, and Advocacy in Nursing Research

Methodology

This study employed a structured narrative review design to synthesise literature examining ethics, equity, diversity, inclusion (EDI), and advocacy in nursing and health research. A narrative approach was selected to allow for conceptual integration of empirical evidence, ethical frameworks, and policy analyses across diverse contexts, particularly within nursing scholarship.

Data Sources and Search Strategy

A comprehensive and purposive literature search was conducted across four major bibliographic databases: PubMed, CINAHL, Scopus, and Google Scholar. These databases were selected to ensure broad disciplinary coverage spanning nursing scholarship, biomedical research, public health, health policy, and interdisciplinary social science research.

Searches were conducted between March and May 2025 and focused on publications between 2000–2025 to capture contemporary developments in Equity, Diversity, and Inclusion (EDI) discourse and inclusive research frameworks.

Search strategies combined controlled vocabulary terms and free-text keywords related to:

i. Ethics and research governance terms:

(“ethics in nursing research” OR “research ethics” OR “ethical principles” OR “bioethics” OR “Declaration of Helsinki” OR “research governance” OR “institutional review boards” OR “health research regulation”)

ii. Equity, diversity, and inclusion (EDI) terms:

(“health equity” OR “equity, diversity, and inclusion” OR “EDI” OR “inclusive research practices” OR “diversity in health research” OR “underrepresented populations” OR “structural inequities”)

iii. Marginalisation and social context terms:

(“marginalized populations” OR “vulnerable populations” OR “social determinants of health” OR “health disparities” OR “cultural competence” OR “intersectionality” OR “digital exclusion”)

iv. Advocacy and participatory research terms:

(“nursing advocacy” OR “advocacy in health research” OR “community engagement” OR “community-based participatory research” OR “stakeholder engagement” OR “co-production”)

Boolean operators (AND/OR) were applied to combine these domains for maximum coverage and specificity. Additional sources were identified through manual screening of reference lists of selected articles and review of key international and national ethical policy documents.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- Published in English
- Published between 2000 and 2025
- Addressed ethical principles, equity, diversity, inclusion, advocacy, or participatory approaches in nursing or health research
- Provided conceptual, empirical, or policy-relevant discussion applicable to inclusive research practice

Exclusion Criteria:

- Focused exclusively on clinical outcomes without discussion of ethical or equity considerations
- Editorials or opinion pieces lacking substantive conceptual or empirical grounding
- Not accessible in full text
- Screening and Selection Process

The initial search yielded approximately 300 records. After removing duplicates and conducting title and abstract screening, 120 articles were retained for full-text review. Following full-text evaluation for conceptual relevance and alignment with the review objectives, 65 sources, including peer-reviewed articles, international ethical guidelines, and national policy documents, were included in the final synthesis.

Results

Ethical Principles and Considerations in Inclusive Health Research

Inclusive health research should be guided by sound ethical principles in order to promote fairness, respect, and justice for all the research participants. The four basic principles of biomedical ethics , which are autonomy, beneficence, non-maleficence, and justice, offer a basis for assessing and guiding inclusive practices as illustrated in Figure 2 (Beauchamp & Childress, 2019).

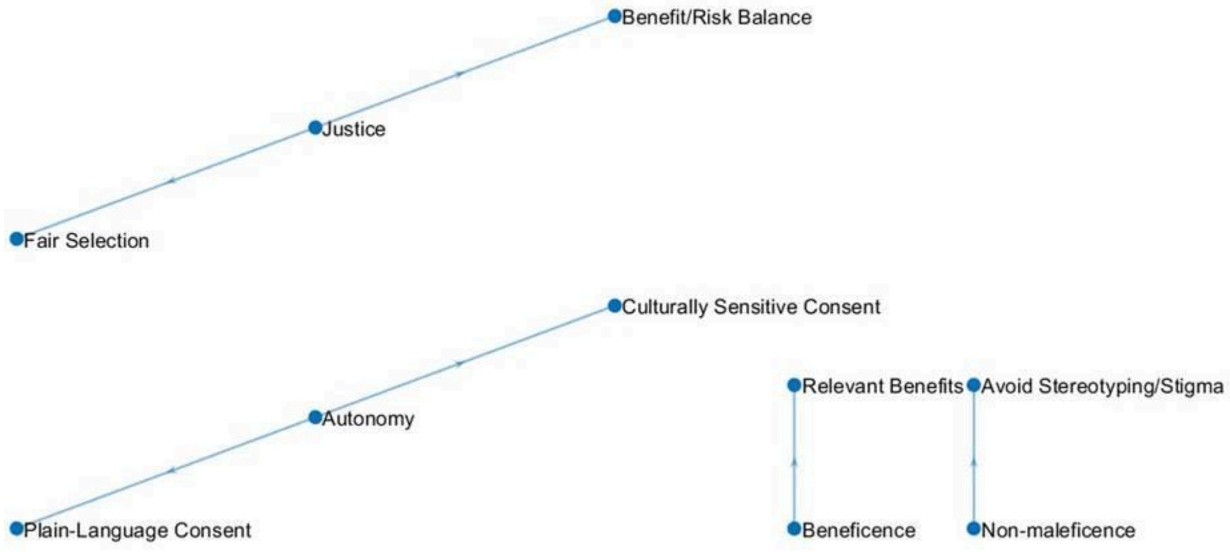

Figure 2: Ethical Principles Driving Inclusive Practices

Autonomy emphasizes respect for the person's right to make an informed decision to participate in research. Within multicultural research settings, obtaining truly informed consent requires cultural sensitivity and the use of plain language and communication approaches

DOI: https://doi.org/10.31542/t0h0es44 | |ISSN 2819-6481

(Agulanna et al., 2008; Pugh, 2020; Chaar et al., 2025). Researchers will also be required to mitigate potential power disparities that could impact decision-making, especially among vulnerable populations (World Medical Association, 2013; Fazal et al., 2021; Davidson et al., 2023).

Beneficence appeals to researchers to optimize good and have a positive influence on participants' health and welfare. This entails carrying out research that is relevant to the interests of vulnerable groups and ensuring that such groups benefit from the findings of the research (Barrios et al., 2022; Barrow et al., 2022). Non-maleficence requires the obligation not to cause harm. In the case of inclusive research, this is being considerate of how the research process or reporting of outcomes can reinforce and perpetuate stereotypes, exacerbate stigma, or lead to indirect harm to vulnerable populations (Cheraghi et al., 2023).

Justice, which is nearest to equity and inclusion, demands the selection and treatment of research participants in a fair manner. It denounces discrimination on the basis of geography, socioeconomic status, gender, or race and favors equal allocation of the risk and benefits of research (Braveman et al., 2011; Cheraghi et al., 2023).

Furthermore, ethics also involve community engagement and participatory research approaches that involve stakeholders in all stages of research development and implementation. These approaches are especially important in nursing, where relational ethics and integrated care emphasize trust, empathy, and shared decision-making (Jamshidi et al., 2014).

Policies Promoting Equity, Diversity, and Inclusion in Health Research

Policy directives are paramount in determining equitable and just practice of health research. The national and international agencies have, over the last few decades, developed policies that seek to redress historical injustices and ensure active engagement of health disadvantaged groups in research, as shown in Figure 3.

One of the most historic and important documents is the Declaration of Helsinki (World Medical Association, 2013), which has global ethical criteria regarding research on human participants. It reaffirms the need for justice in participant recruitment and research responsiveness to impacted groups. The declaration specifically calls for research highlighting the provision of healthcare needs for vulnerable groups.

In the USA, the National Institutes of Health (NIH) has been at the forefront of diversity policy. The National Institutes of Health (NIH) Revitalization Act of 1993 legislated the participation of women and minority groups in all clinical studies being conducted by the NIH (National Institutes of Health, 1994). Subsequently, the policy was further expanded to encompass representation of older adults and individuals across the lifespan (National Institutes of Health, 2017). These policies have; not only transformed the nature of research being carried out in the U.S. but also influenced global standards and expectations for diversity as well.

At the African level, institutions such as the African Academy of Sciences (AAS) and commissions such as the Health Research Ethics Committee (HREC) of individual countries have voiced more context-sensitive research regulation. The African Academy of Sciences (AAS) provides capacity development and ethical governance guidance in ethical guidelines sensitive to the socio-cultural contexts of African research settings (AAS, 2019). In Nigeria, the National Code of Health Research Ethics also demands community involvement, justifiable selection of participants, and culturally sensitive informed consent. It further demands that researchers undertake extension of research benefits to research communities, a consideration which certainly holds true with Equity, Diversity, and Inclusion (EDI) (National Health Research Ethics Committee of Nigeria, 2007).

Apart from that, international funding institutions such as the World Health Organization (WHO) and the Wellcome Trust have adopted equity-focused models of grant financing. These require grant seekers to indicate how they will engage inclusive individuals in their research and encourage ethical practices in culturally sensitive responses (Wellcome, 2021; WHO, 2022).

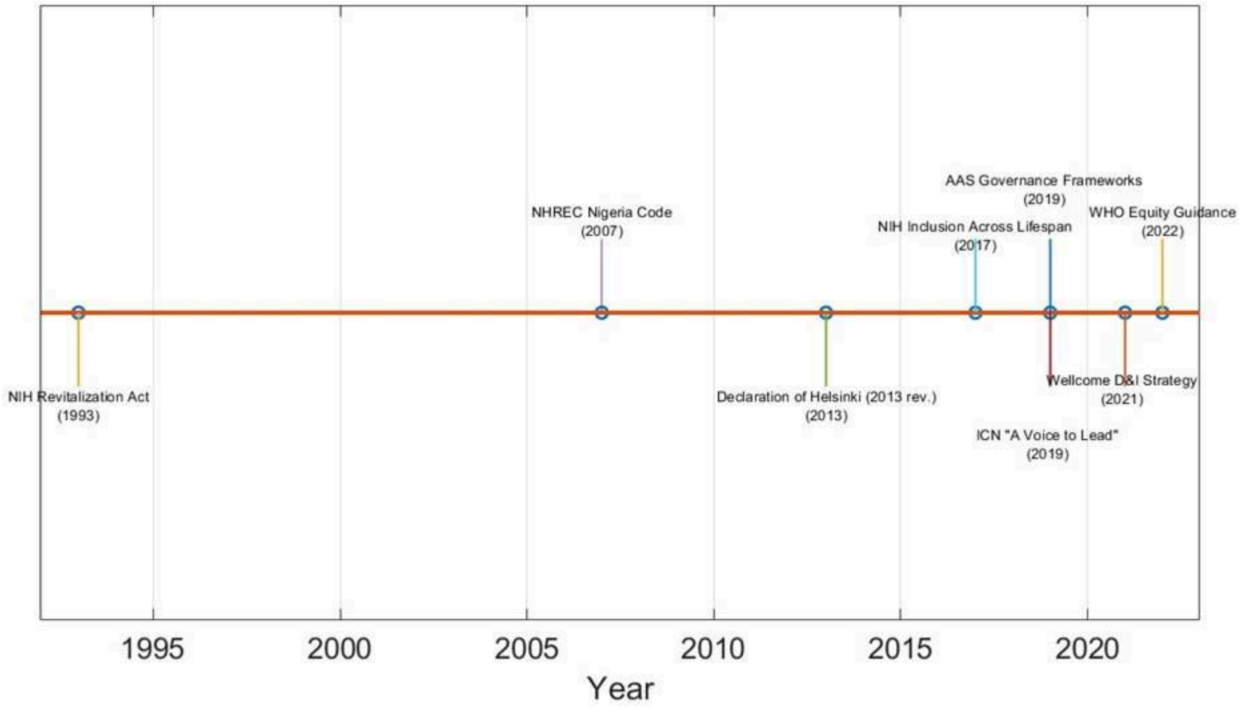

Figure 3: Key Policies and Frameworks Enabling

Despite these developments, policy implementation is still an issue, especially in low- and middle-income countries. Institutional opposition, absence of control over the regulations, and unawareness of the researchers are typical to limit effective implementation of such guidelines (Bangirana et al., 2020). The policies also need to be updated constantly so as to address newly arising forms of exclusion, like digital disparity, language, and intersectional discrimination.

To maintain the momentum, nurse educators and researchers must not only stay abreast of current policy, but also serve as champions for the development and change of systems that are inclusive and fair. Policy literacy and active service on institutional ethics committees can place nurses in a leadership position to design inclusive research environments.

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Barriers to Equity, Diversity, and Inclusion in Health Research

In spite of increased focus on inclusive research practices, there are still many ongoing obstacles to promoting equity, diversity, and inclusion (EDI) in health research. They are structural, institutional, and interpersonal obstacles, and these all too often intersect in compounding ways to marginalize groups from the research process, as shown in Figure 4.

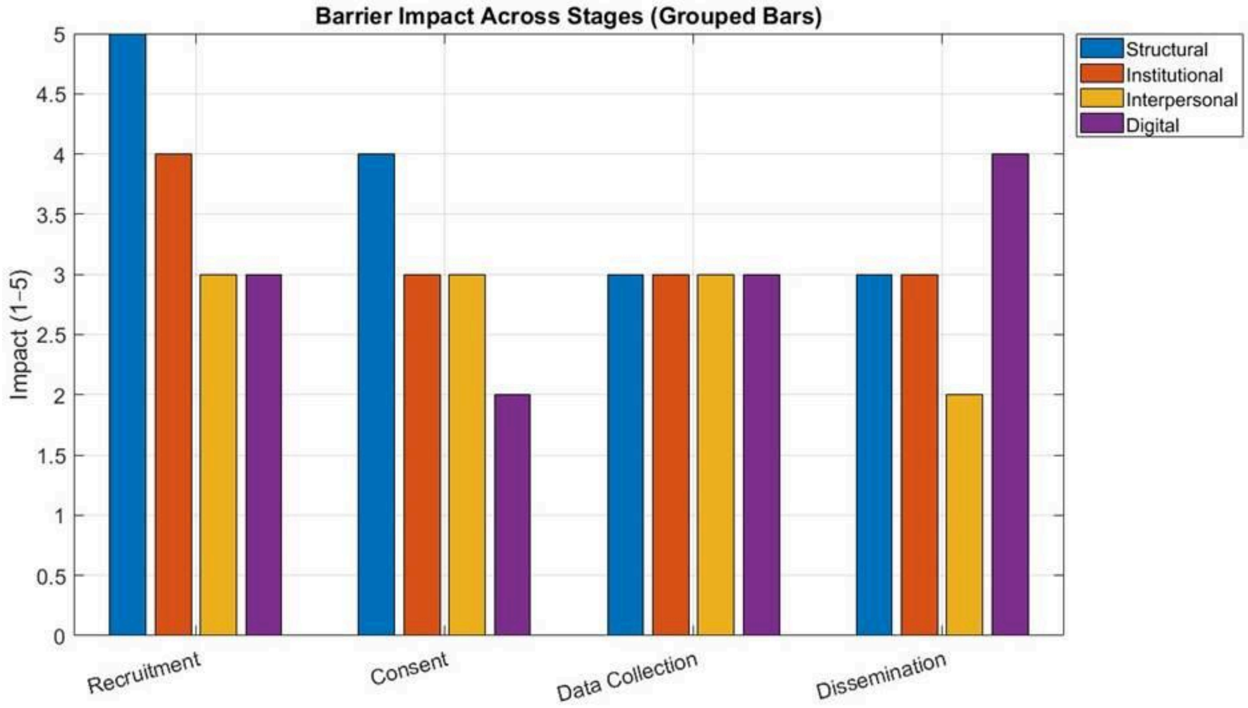

Figure 4: Barrier Impact Across Stages

Among the structural barriers is also a legacy of mistrust of medical research within some communities, and those communities that have been traditionally underserved or exploited by medical systems. For instance, the history of inhuman research such as that conducted in the Tuskegee Syphilis Study continues to inform mistrust within African American communities and other communities of color (Scharff et al., 2010). Throughout much of the Global South, as in Nigeria, the same issues hold from extractive research practices that fail to

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reciprocate locally or involve communities sufficiently in the research process (Tindana et al., 2007).

Institutional biases also enable the underrepresentation in research. They include exclusionary recruitment practices, lack of translation or provision of sufficient consent information, and overly restrictive eligibility criteria that disproportionately exclude older adults, those with disabilities, or those from impoverished and rural groups (George et al., 2014). Funding models employed to conduct studies can also encourage biomedical research over community-based or participatory research of direct value to marginalized communities (Holmes et al., 2020).

Linguistic and cultural differences also make other groups invisible. In multicultural and multilingual groups, failing to provide questionnaires and consent forms in participants' languages leads to miscommunication and unintentional exclusion (Kalev et al., 2017). Women's roles in cultures can disallow women from taking part in studies without men's permission, excluding them from representation.

Digital exclusion is the new frontier in the digital age of health research. The excluded populations are those with limited internet, smartphone, or digital literacy access, due to which they are excluded from technology-enabled or online research participation (Sanders & Scanlon, 2021; Ubalaeze et al., 2024; Hollimon et al., 2025). It is most applicable in low-resource environments where digital divides exaggerate differences.

At the interpersonal level, implicit bias among researchers and healthcare providers can affect who is included, how participants are treated, and what issues are emphasized. Evidence shows that even well-intentioned researchers may unknowingly reinforce stereotypes or fail to do justice to the views of minority populations (Sabin et al., 2009).

Overcoming these barriers requires deliberate effort rather than compliance with ethics procedures. It requires transforming the research culture towards openness, collaboration with communities, responsive methodologies, and policy requiring inclusive practice. For nurses, being sensitive to these barriers and engaging in collaboration with communities can make a quantum leap towards rendering health research inclusive and relevant, as illustrated in Figure 5.

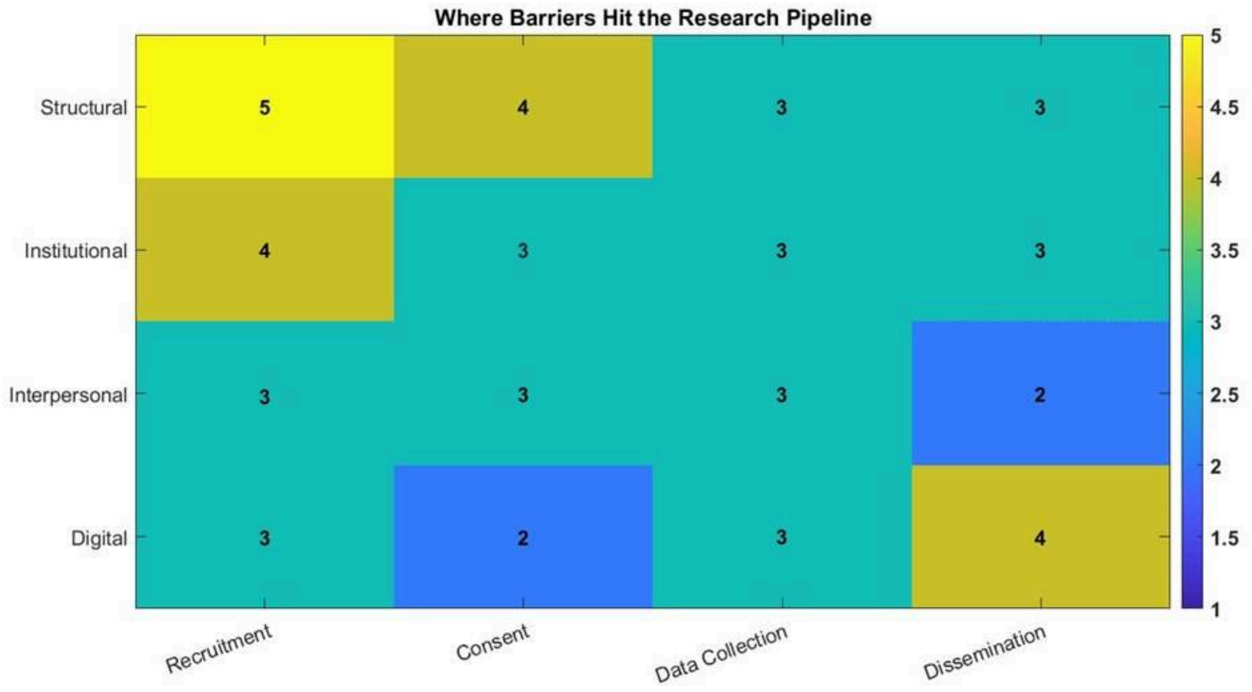

Figure 5: Barriers Effect on the research pipeline

The Role of Nurses in Advocacy for Inclusive Health Research

With the largest number of health professionals in the world, nurses have an individual and pivotal role to promote equity, diversity, and inclusion (EDI) in health research. In Nigeria, where disparities in health access and research participation persist across socioeconomic status, geography, gender, and ethnicity, nurses are uniquely positioned to advocate for inclusive research practices (Uchendu et al., 2020; Abubakar et al., 2023). Their roles span bedside care, community health, education, policy development, and research, placing them at

DOI: https://doi.org/10.31542/t0h0es44 | © 2026 under CC BY-NC |ISSN 2819-6481

the interface between health systems and underserved populations, as shown in Figure 6. This positioning enables Nigerian nurses to identify barriers to participation in health research and to advocate for the inclusion of marginalized groups such as rural populations, women, persons with disabilities, and socioeconomically disadvantaged communities. (International Council of Nurses [ICN], 2019). Advocacy, one of the fundamental principles of nursing ethics, is the act of promoting the interests and rights of people and communities, most critically, of the less privileged, marginalized, or excluded persons from mainstream traditional health systems (American Nurses Association [ANA], 2015).

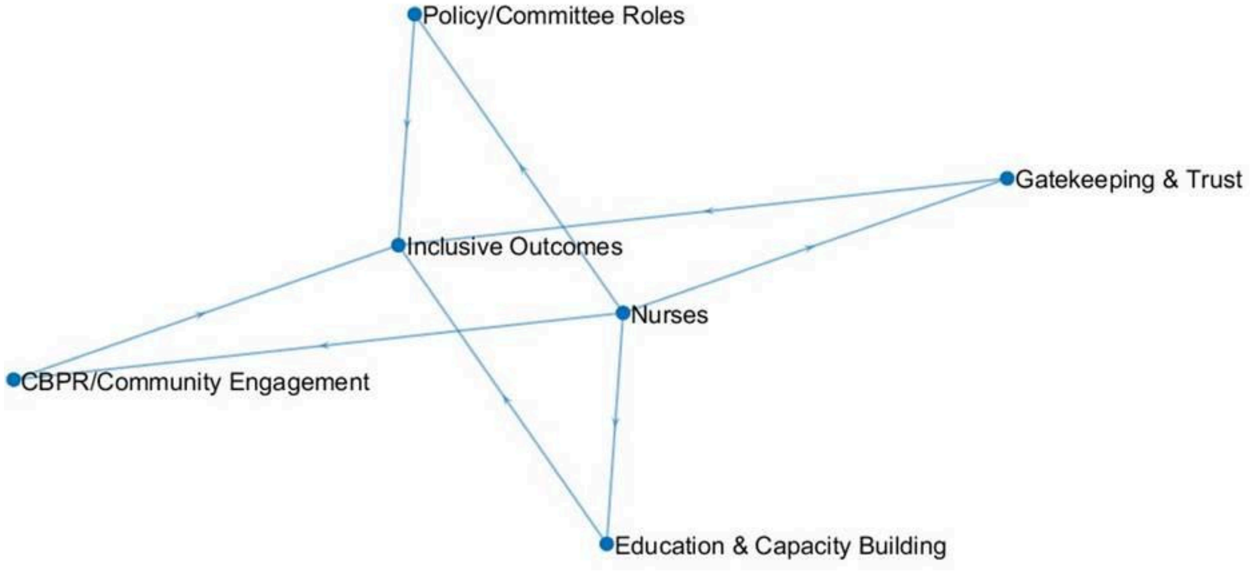

Figure 6: Nurses Drive Inclusion from the bedside to policy

Nurse advocates play a number of roles in health research. They are the first gatekeepers who make it easier to recruit hard-to-reach groups in research by building trust with communities. Their already built relationship with patients allows them to bridge cultural and communication barriers that normally deter research involvement (Flaskerud & Winslow, 1998). Nurses also qualify and refer potential research participants who otherwise would be overlooked due to language, disability, or socio-economic barriers.

Also, nurses also serve as principal investigators, co-investigators, and interdisciplinary research collaborators. In this position, they are in a position to design and conduct studies on ethical and inclusive principles. Applying participatory and community-based approaches, nurses are able to ensure that research questions, interventions, and results are relevant and grounded in minority populations' needs and issues (Israel et al., 2005; Collins et al., 2018).

Additionally, nurses are policy leaders and educators. They can use their voices in academic and policy circles to advocate for inclusive research guidelines and education. Nursing academies and organizations need to incorporate EDI principles in curricula and inculcate research ethics that resist systemic inequalities (Charania et al., 2022). Nurse faculty can also prepare future researchers to place cultural competence and social justice at the center of their scholarly agendas by grounding research training in established theoretical frameworks such as Leininger’s Theory of Culture Care Diversity and Universality, which emphasizes culturally congruent care, and Critical Social Theory, which highlights power imbalances, structural inequities, and social justice in health systems. Additionally, frameworks such as the Social Ecological Model can guide nurse researchers to consider individual, community, and systemic factors influencing research inclusion and health outcomes, thereby promoting more equitable and inclusive research practices as illustrated in Figure 7.

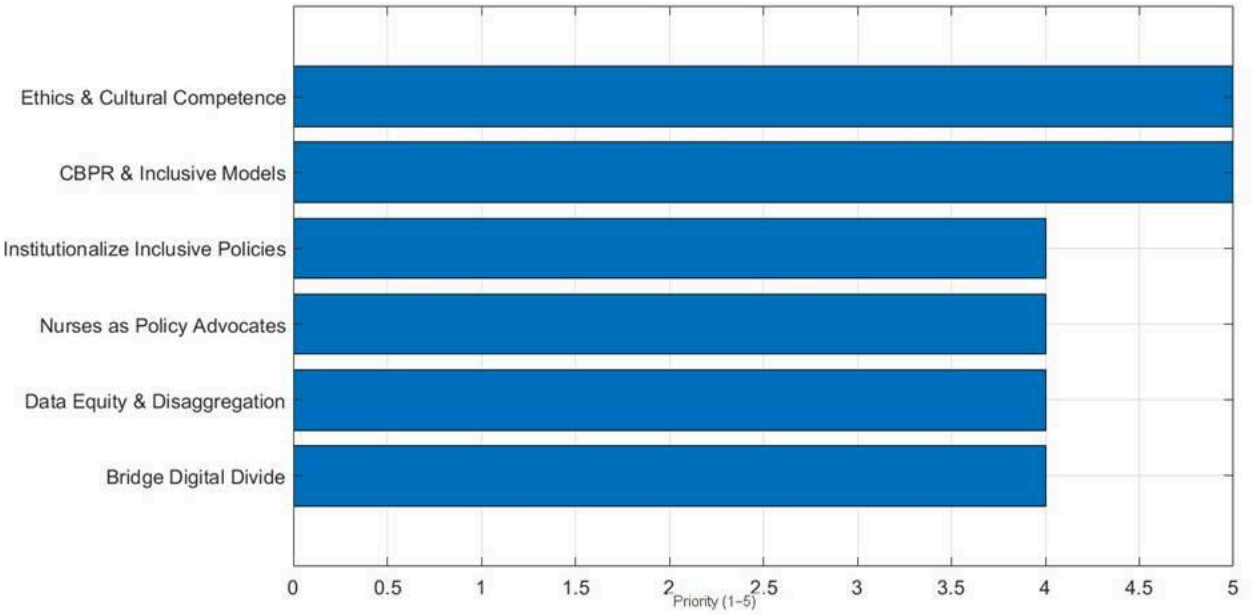

Figure 7: Actionable priority for Inclusive Research

Recommendations and Future Directions

Advancing equity, diversity, and inclusion (EDI) in nursing and health research requires coordinated, multi-level action across academic institutions, funding bodies, regulatory agencies, professional organisations, and community stakeholders. While nurses remain central advocates for ethical and socially responsive research, sustainable progress depends on systemic alignment and institutional accountability.

1. Strengthen Ethical and Cultural Competence Training: Academic institutions and professional regulatory bodies should integrate structured EDI-focused ethics training into undergraduate, postgraduate, and continuing professional development programmes. Training should include implicit bias awareness, culturally responsive informed consent processes, trauma-informed approaches, and ethical engagement in multicultural and underserved settings. Institutions should also embed reflexivity and positionality assessment within research training to address power imbalances.

2. Promote Participatory and Community-Engaged Research: Researchers, particularly within nursing and public health disciplines, should adopt community-based participatory research (CBPR) and other inclusive methodologies that involve community stakeholders throughout study design, implementation, interpretation, and dissemination. Such approaches enhance trust, cultural relevance, and sustainability of research outcomes (Israel et al., 2012). Funding agencies should prioritise and incentivise community-engaged and locally led research models.

3. Institutionalize Inclusive Research Policies: Research funding agencies and regulatory authorities should mandate comprehensive equity and inclusion plans within grant proposals. Requirements should include transparent recruitment strategies, representation targets where appropriate, and justification for population exclusions. Health Research Ethics Committees (HRECs) should evaluate not only participant safety but also distributive justice, benefit-sharing mechanisms, and fairness in international research collaborations.

4. Strengthen Policy and Professional Advocacy: Nursing organisations, academic leaders, and health research institutions should actively engage in policy dialogue at national and global levels. Representation of nurses and community-informed scholars on ethics committees, review boards, and funding panels should be strengthened to ensure that inclusivity principles inform decision-making processes. Governments should align national research strategies with equity-oriented frameworks and enforce compliance mechanisms.

5. Advance Data Equity and Disaggregated Reporting: Researchers should move beyond aggregate reporting and incorporate systematic disaggregation of data by gender, socioeconomic status, ethnicity, geography, disability, and other relevant determinants. This prevents the masking of disparities and enables targeted interventions. Journals and funding agencies should require transparent demographic reporting standards to enhance accountability and reproducibility.

6. Address the Digital Divide in Research Participation: As digital methodologies increasingly shape health research, governments, institutions, and funding bodies must implement strategies to mitigate digital exclusion. Investments in digital infrastructure, community-based digital literacy programmes, and hybrid research models are essential to prevent systematic exclusion of low-resource and rural populations.

Conclusion

Equity, diversity, and inclusion (EDI) are ethical imperatives that must be systematically embedded within health research design, governance, and implementation. This review demonstrates that inclusive research is grounded in established ethical principles and reinforced by policy accountability and sustained advocacy.

Persistent structural inequities, historical mistrust, and digital exclusion continue to constrain equitable participation in health research. Addressing these barriers requires coordinated institutional, regulatory, and community-level action. While nurses play a critical role in advancing culturally responsive and justice-oriented research practices, meaningful progress depends on broader systemic commitment.

Embedding advocacy within research practice enhances accountability, strengthens community engagement, and improves the scientific validity and societal relevance of research. Advancing inclusive research is therefore both an ethical obligation and a prerequisite for rigorous, generalizable, and equitable health outcomes.

Acknowledgements, Conflicts of Interest, and Funding Source

Acknowledgments: The author acknowledges the support of the Department of Nursing Science, Lead City University, in providing the resources to facilitate this research.

Conflicts of interest: No Conflict of Interest Declared.

Funding sources: No funding was received in conducting the Narrative review of the literature.

CRediT

CRediT statement Author : The corresponding author contributed to the conceptualization, methodology, thematic analysis, investigation, resources, writing of original draft, reviewing-editing and visualization.

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