

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

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**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

**Word Count:** 241

**Introduction**

In recent years, the necessity for equity, diversity, and inclusion (EDI) in health research has become ever more urgent, especially in nursing, where healthcare provision must be culturally responsive, ethically informed, and socially equitable. The evolving nature of global health demands 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, and policy 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, the 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.

### **Literature Search and Review Approach**

This narrative review synthesised literature examining ethics, equity, and advocacy in nursing and health research. A non-systematic literature search was conducted across electronic databases including PubMed, Scopus, CINAHL, and Google Scholar to identify peer-reviewed articles published in English. Key search terms included combinations of “ethics in nursing research,” “health equity,” “inclusive research practices,” “social determinants of health,” “advocacy,” and “marginalized populations”. Additional sources were identified through manual searches of reference lists of relevant articles and key policy documents from international health organisations. Articles were selected based on their relevance to the review objectives, conceptual contribution, and applicability to nursing and health research practice.

### **Conceptual Clarifications**

To understand the intersection of ethics, equity, and advocacy in inclusive health research, it is necessary to define terms central to the conversation. 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 under-represented group 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 health, challenge unjust systems, and promote justice in research priorities (Flaubert et al., 2024; Pitcher et al., 2025).

### **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 (Beauchamp & Childress, 2019).

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 (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.

One of the most historic and important documents is 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 provision of healthcare needs for vulnerable groups.

In the USA, the National Institutes of Health (NIH) have been at the forefront of diversity policy. The 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 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 AAS is capacity development know-how 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 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).

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

(Bangiranaet 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.

### **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, institution, and interpersonal obstacles, and these all too often intersect in compounding ways to marginalize groups from the research process.

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 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.

### **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 the interface between health systems and underserved populations. 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).

Nurse advocates play a number of roles in health research. They are 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 are also researchers and research team members. 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 on minority populations' needs and issues (Isreal 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.

## **CONCLUSION**

Equity, diversity, and inclusion are no longer visionary goals for health research, but moral necessities that need to be actively integrated into research design, practice, and policy. As this narrative review has shown, inclusive health research is grounded in a firm set of ethical principles, with robust policy frameworks and ongoing advocacy efforts. With direct interaction with communities and patients, nurses are well-placed to lead such developments through culturally appropriate care, moral analysis, and research leadership.

Despite all these legacy suspicion and structural exclusion barriers to digital divides, the nursing discipline is best positioned to close these gaps. By embracing advocacy as core to research practice, nurses can create more inclusive, complete, and more beneficial research findings for everyone, especially historically excluded populations. Ultimately, inclusive research is not a justice problem but of better science and health for everyone.

## **RECOMMENDATIONS**

In order to advance equity, diversity, and inclusion in health research, particularly in nursing, several actionable strategies must be prioritized in research, policy, and practice domains.

1. **Strengthen Ethical and Cultural Competence Training:** Institutions must integrate EDI-focused ethics training into nursing curricula and continuing professional development. This should include implicit bias training, informed consent in multicultural settings, and culturally responsive approaches.
2. **Foster Participatory Research Approaches:** Researchers, and especially nurses, must adopt community-based participatory research (CBPR) and inclusive models of research that involve community members in all stages. This provides a voice for marginalized communities and ensures that research is respectful and relevant (Israel et al., 2012).
3. **Institutionalize Inclusive Policies:** Funding agencies and regulatory bodies must institute policies requiring the inclusion of underrepresented groups within research proposals. Ethics committees must also periodically examine protocols for justice and inclusivity in participant recruitment and benefit distribution.
4. **Empower Nurses as Policy Advocates:** Nursing organizations need to actively engage in policy-making at both the national and global levels. Nurses need to be encouraged to take leadership roles on ethics committees, review boards, and funding agencies where inclusivity decisions are taken.
5. **Invest in Data Equity and Disaggregated Reporting:** Research must trim beyond umbrella findings to analyze findings by different population subgroups. This allows for health disparities not to be masked and interventions to be directed where it is necessary.

6. Bridge the Digital Divide: With increasing dependence on digital media for research, there needs to be an effort to allow for equal digital access and literacy, particularly in low-resource settings.

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