

# Education on the Sustainable Development Goals for nursing students: Is Freire the answer?

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## Abstract

Significant global events in recent years have had a substantial impact on the nursing profession. The COVID-19 pandemic, climate change, and systemic racism are a few of the many complex issues that create a landscape of disruption and uncertainty in healthcare. With the aims of protecting both people and the planet, the United Nations' Sustainable Development Goals offer a road map to combat these global concerns, yet require more widespread consideration as a way forward. Education on the Sustainable Development Goals is recognised as a key aspect for healthcare professionals to take action towards achieving the targets of the goals. For student nurses, the undergraduate curriculum offers an opportunity to enculturate future nurses on the important role they play in the global agenda to transform our world. Brazilian pedagogue Paulo Freire's theoretical approach to education, critical pedagogy, espouses transformation with *conscientization*, *dialogue* and *liberation*, which may create a paradigm shift toward global action. This discussion paper seeks to provide an argument for embedding the Sustainable Development Goals into nursing curricula using the philosophies of Freire's critical pedagogy. It will argue that a critical approach to education is required to create the transformation needed for student nurses to be educated on the Sustainable Development Goals.

## KEYWORDS

critical pedagogy, nursing education, Sustainable Development Goals

## 1 | INTRODUCTION

Education either functions as an instrument that is used to facilitate the integration of the younger generation into the logic of the present system and bring about conformity to it, or it becomes "the practice of freedom," the means by which men and women deal critically and creatively with reality and discover how to participate in the transformation of their world (Shaul, 2000, p. 34)

Addressing complex global challenges was the impetus for the United Nations' Sustainable Development Goals (SDGs) which offers a vision for a universal call to action. The SDGs outline 17 goals and 169 targets in a framework that organises diverse actions towards goals that seek peace and prosperity for the planet and its people (United Nations, 2015). Although the SDGs have been criticised for having a "western neoliberal approach" (Melling & Pilkington, 2018, p. 3) and were largely developed by the global north, the overarching intention for the SDGs is the empowerment of all people, everywhere (United Nations, 2015). Yet, there is more to be done to ensure that

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the largely quantifiable indicators of the SDGs are representative of all people (Melling & Pilkington, 2018, p. 3). Notwithstanding, recent efforts from international movements, including La Via Campesina (2019) representing peasants, indigenous peoples, migrants, and rural workers, are ensuring that people's voices are heard within the United Nations.

Education for all is a key priority of the SDGs, and a specific target in SDG4 (Quality Education).<sup>1</sup> The educational focus also aims to raise awareness of the SDGs themselves. Education is arguably “at the heart of our efforts both to adapt to change and to transform the world within which we live” (UNESCO, 2015a). Higher education institutions are increasingly recognised as proxies for transformation, to generate the necessary change to meet the 2030 agenda and deliver not only discipline-specific knowledge but also the preparation of global citizenship (Melling & Pilkington, 2018; Tejedor et al., 2019). However, the awareness and uptake of the SDGs across disciplines, in particular nursing, in higher education is sporadic, and gaps remain where these global challenges are omitted.

Nursing has been identified as a pivotal profession to drive action toward the achievement of the SDGs, with demonstrated alignment between health and each of the 17 goals (International Council of Nurses 2017; World Health Organisation, WHO, 2016). Yet, how and when nurses recognise their role and impact on the SDGs is not well known. Across the profession, there is a pressing need for earlier education on global goals (Schwerdtle et al., 2020; Upvall & Luzincourt, 2019). It has been proposed that this should start within higher education nursing studies (Fields et al., 2021), with the undergraduate nursing curriculum presenting an opportunity for initial exploration (Fields et al., 2021; Schwerdtle et al., 2020).

Literature suggests that the SDGs cannot be taught through the higher education standard paradigm of learning (Anastasiadis et al., 2020). A shift in paradigm is required to nurture students to become “informed and critically literate, socially connected and respectful of diversity, ethically responsible and engaged” (UNESCO, 2015b, p. 23). This shift necessitates active participation in social affairs to promote a culture of sustainability both professionally and personally (Tejedor et al., 2019). Within nursing education, this means looking beyond health and traditional nursing-specific curricula and to widen opportunities for nurses as global citizens (Fields et al., 2022).

Educational philosopher Paulo Freire's seminal text *Pedagogy of the Oppressed* (1970) seeks to disrupt traditional pedagogy and create transformation beyond the classroom. Freire is recognised as one of the first to adopt a critical theory approach—critical pedagogy—to education (Giroux, 2010). Critical pedagogy is an educational methodology that provides an opportune framework for education on sustainability as it seeks to transform individuals and take action (Freire, 1970; Giroux, 2011). Critical pedagogy as described by Freire (1970), seeks to deconstruct power imbalance and the oppressive circumstances that students may sustain. The way Freire conceptualises education in *Pedagogy of the Oppressed*

(1970) and his subsequent texts including *Pedagogy of Hope* (1994); *Pedagogy of the Heart* (1997) and *Pedagogy of Freedom: Ethics, Democracy and Civic Courage* (1998), creates a journey toward liberating action through critical pedagogy.

The aim of this paper is to explore how Freire's theory, critical pedagogy, can provide a transformative framework for education on the SDGs for nursing students. The paper begins with a background on critical pedagogy. An argument on the oppressive conditions nurses may face, and the opportunities nursing academics have to support students in raising critical consciousness on their circumstances and positionality in society follows. It then argues the importance of resolving power imbalances and creating *dialogue*<sup>2</sup> and relationships with students so they are empowered and liberated toward action (Freire, 1970). The paper concludes with a discussion on practical applications for higher education on the SDGs for nursing students.

## 2 | CRITICAL PEDAGOGY

Critical pedagogy is an educational philosophy that adopts the principles of critical theory to raise the consciousness of, empower and liberate students (Harden, 1996). The origins of critical theory are attributed to the Institute for Social Research established in the 1920s at the University of Frankfurt (Horkheimer, 1993). The Frankfurt School, as it is more commonly known, was chaired by German sociologist and philosopher Max Horkheimer. Horkheimer established the principles of critical theory in opposition to social injustices and dominating powers of the time (Strydom, 2011). Critical theory is a critique of society and culture that aims to recognise power imbalance and inequity and therefore, take action toward social transformation and liberation (Strydom, 2011). Critical pedagogy stems from Freire's seminal work with Freire among the first to develop a foundation of critical theory for education (Giroux, 2010). While there are diverse beliefs amongst critical pedagogues, including Freire, Giroux, and bell hooks, they are bound by the commonality of a commitment to liberation and social justice through the principles of transformation of both education and society (McArthur, 2010).

Freire likens traditional pedagogical methods to what he describes as a “banking concept of education” where the teacher is perceived as the all-knowing expert, who believes that students are empty and require donations of knowledge to learn (Freire, 1970, p. 45). In Freire's words, within “the banking concept of education, knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider knowing nothing” (Freire, 1970, p. 45). In contrast to these traditional teaching methods, Freire believed that students were not empty but rather possessed existing knowledge and with this prior knowledge and experiences should be co-creators of their learning (Melling &

<sup>1</sup>SDG4 seeks to “[e]nsure inclusive and equitable quality education and promote lifelong learning opportunities for all” (United Nations, 2015).

<sup>2</sup>Italics have been used throughout this article to emphasise concepts used by Freire within the text *Pedagogy of the Oppressed* (1970).

Pilkington, 2018). For learning to take place, Freire was resolute that “[e]ducation must begin with the solution of the teacher-student contradiction, by reconciling the poles of the contradiction so that both are simultaneously teachers and students” (Freire, 1970, p. 45). While Freire acknowledged that the relationship between a student and teacher can never be truly equivalent (Freire & Macedo, 1995), each party can offer reciprocal knowledge to one another through critical *dialogue* and be co-creators of learning. Teachers can choose *problem-posing* methods, as opposed to filling students with answers. These liberating teaching practices empower and enable students to take action (Freire, 1970).

## 2.1 | Teaching SDGs requires a different approach

The achievement of the SDGs requires significant societal transformation (United Nations, 2015). Pedagogical practice, in particular critical pedagogy, is recognised as one method of creating “citizens who are critical, self-reflective, knowledgeable, and willing to make moral judgments and act in a socially responsible way” (Giroux, 2011, p. 3). When academics approach education from the perspective of traditional teaching methods, this will result in the SDGs being unattainable (Melling & Pilkington, 2018). To achieve genuine change, there is a need for “true praxis, built on respect, sharing and equality” (Melling & Pilkington, 2018, p. 3). As Freire forewarns, the consequence of *banking* education is a world without transformation (Freire, 1970).

Critics of critical pedagogy share concern that such an educational philosophy promotes “radical political activism” or “civic discord” (McCartney, 2020, p. 102). Even so far as critical pedagogies being labelled as “inherent enemies of hegemony” (Whiting et al., 2018, p. 10). In the past, encouragement of political activism was deemed “disruptive and viewed as a detraction from student learning and engagement”, however in more recent times the opposite has been found and student activism has been shown to promote leadership, community engagement, and diverse connections (Frago et al., 2018, p. 155). Critical pedagogy is not intended as an opportunity for students to “rant or retreat” (McArthur, 2010, p. 497). Instead, it is an invitation to celebrate differences and move toward a common goal, that is commitment, not consensus (McArthur, 2010), which in this case may be toward the achievement of the SDGs, acknowledging that critique without action will not lead to any change.

Critical pedagogy may be helpful in the facilitation of nursing education, and in particular education on the SDGs, in several ways. First, this paper argues that nurses and more specifically nursing students may be considered oppressed, historically and in current times, with potential unjust power structures in both the clinical environment and in the higher education sector (Vickers, 2008). This oppressive circumstance may impact nurses’ abilities to maximise contributions to the SDGs. Second, critical pedagogy can assist students to become empowered and move toward *liberation* (Freire, 1970). Nursing academics may utilise critical pedagogy

principles to support students to recognise oppressive circumstances and can strive to overcome power structures between themselves and their students through *problem-posing* typology, *dialogue*, horizontal relationships, and co-creation of knowledge (Freire, 1970). Third, the SDGs are regarded as ambitious and overwhelming (Benton & Ferguson, 2016), therefore nursing academics require careful consideration of how best to expose students to global challenges without offering a solution-focused way forward. Without such an approach, students may be left with a sense of hopelessness and helplessness (Blanchet Garneau et al., 2018; Walsh, 2021; Welsh & Murray, 2003) and a fatalistic worldview (Freire, 1970). The SDGs require action; passivity and didactic approaches in curricula are insufficient to inspire the social responsibility and transformation that is offered through an educational paradigm such as critical pedagogy (Blanchet Garneau et al., 2018; Dyson, 2017).

## 3 | OPPRESSION IN NURSING

In *Pedagogy of the Oppressed* (1970), Freire argues that the *dominant elites* (oppressors) use their power to manipulate and dominate people to the point they feel owned and *dehumanised* (oppressed) (Freire, 1970). Many authors use the term “oppressed” as a label for nursing (Fernández-Gutiérrez & Mosteiro-Díaz, 2021; Hutchinson et al., 2006; Vickers, 2008; Whitehead, 2010). These authors present several arguments for why nursing students (and the wider nursing profession) may be considered oppressed (and therefore be benefactors of critical theory). First, nurses are predominately women (WHO, 2020); second, the nursing profession and nursing education have historically “white” roots (Capucão, 2020) and there is evidence of systemic racism (Daly et al., 2020); third, nurses are subjected to hierarchical (class) structures in healthcare (Whitehead, 2010); and finally, student nurses are educated in higher education sectors and therefore, exposed to nursing academics who have the potential to dominate students due to power imbalances. Freire (1970) labels this power imbalance as the *teacher-student contradiction*.

Nurses, including student nurses, are predominately female. WHO (2020) estimates that 90% of nurses globally are women; and yet there is significant disparity and a substantial gap between nurses and women in health leadership roles. These disparities are not exclusive to nursing, with women across the world experiencing gendered discriminatory practices. Throughout many parts of the globe and in particular the global south, women may be excluded from adult education and forced to marry at a young age (United Nations, 2019). Furthermore, one in three girls aged 15–19 years old from 30 Middle Eastern and African countries are said to have experienced female genital mutilation (United Nations, 2019). In the global north, where opportunities for education and employment are more equitable, women still remain disproportionately affected by gender-based sexual violence. In Australia, for example, one in five women has been sexually assaulted by 15 years of age (Australian Institute of Health and Welfare, 2021). COVID-19, a pandemic of disparity where inequity has been exemplified, has also

resulted in a significant increase in domestic violence toward women and threatened the progress of many of the SDG targets specific to gender equality, such as child marriage (United Nations, 2021). All these examples highlight the *dehumanisation* and domination by power (Freire, 1970) of many women throughout the world and substantiate a claim that women may indeed be considered oppressed.

SDG5 (Gender Equality)<sup>3</sup> highlights the importance of gender equality and empowering women. WHO (2020) recognises that investing in nurses across the globe, namely through education and leadership, will contribute to the achievement of SDG5. If nurses are to recognise their potential to impact gender equality, as well as improve health and strengthen economies, known as the “triple impact” (All-Party Parliamentary Group on Global Health, 2016), they cannot be victims of the *dominant elites* and must strive for *liberation* from such oppressive circumstance (Freire, 1970).

It is not merely that nurses are women that make them oppressed. There is also an often unfair and inaccurate portrayal of nurses in popular media and hierarchical power structures in both healthcare and education. Generally, nurses within the media are unfairly typecast and “often portrayed as embodying feminine stereotypes: low-skilled handmaidens, sex objects, angels, or battle-axes” (International Council of Nurses 2017, p. 25). A 1997 study on nurses and the media conducted in the United States, known as The Woodhull Study, determined nurses were only used as legitimate sources in 4% of articles concluding nurses are “essentially invisible” (Sigma Theta Tau International, 1997, p. 8). A key recommendation from the study was that if the media is “to provide comprehensive coverage of health care, the media should include information by and about nurses” (Sigma Theta Tau International, 1997, p. 10). A similar study was repeated 20 years on and showed nurses as sources in the media had further decreased (Mason et al., 2018); clearly indicating the key recommendations had been disregarded.

More recently, there has been much progress in the promotion of the nursing profession. The role of nurses in the global COVID-19 pandemic and the declaration of 2020 as the Year of the Nurse and Midwife by WHO, has increased the prevalence of nurses in popular media. Although nurses have largely been painted in a positive sense, the feminine angel and hero discourse created by the media has the “unintended consequence of undermining professionalism and reinforces a feminised, gendered workforce” (Stokes-Parish et al., 2020, p. 463). The gender stereotyping that leads to disempowerment and silencing of nurses exacerbates oppression.

Nursing has a long history of white and Western domination creating further imbalances in power. Florence Nightingale is commonly portrayed as the founder of modern nursing and is a white supporter of colonialism (Stake-Doucet, 2020). International Nurses' Day, founded by ICN, is celebrated on the anniversary of Nightingale's birth each year, recognising the undeniable contributions (Brookes & Nuku, 2020; Carey et al., 2020) she has brought to

the nursing profession (International Council of Nurses 2020). This includes raising the profile of nurses, providing foundations for standardised nursing training (Cooper Brathwaite et al., 2021) and infection control measures (Brookes & Nuku, 2020). Nightingale's lesser-publicised legacy, however, necessitates critical reflection and debate (Carey et al., 2020). Evidence in Nightingale's historical documents indicates she was a strong advocate for colonisation and felt Indigenous peoples to be uncivilised (Stake-Doucet, 2020). Many of her actions have been criticised as paternalistic, racist, and representative of white supremacy (Brookes & Nuku, 2020; Carey et al., 2020; Stake-Doucet, 2020). Freire would surmise Nightingale's actions as characteristic of the *dominant elites* (Freire, 1970).

This sustained reverence of Nightingale may result in oppressive circumstances for many (Cooper Brathwaite et al., 2021) and paints a picture “of racism and exclusion within nursing” (Stake-Doucet, 2020, para. 15). The New Zealand Nurses Organisation (NZNO) has described Nightingale's legacy, which includes prejudices toward Indigenous peoples, as “dangerous” (Brookes & Nuku, 2020, p. 34). The organisation also declined to celebrate the 200th year anniversary of her birth in 2020. As the NZNO explained:

Continued veneration of Florence Nightingale...is therefore disrespectful and painful. It continues to highlight for our Indigenous nurses that their traditional knowledge and ways of being and doing are not being respected. Raising her as the beacon for nursing globally causes trauma and re-ignites the history and pain of colonisation (Brookes & Nuku, 2020, p. 35)

Similarly in Australia, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives chose to observe the 2020 International Year of the Nurse and Midwife by celebrating black nurses and midwives and recognising the traditional health practices Aboriginal peoples have been providing for thousands of years (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, CATSINaM, 2020).

These examples of recognising diversity in nursing show that positive actions are being taken to move “beyond white” (Valderama-Wallace and Apesoa-Varano 2020, p. 5). In the United States, however, nursing education does not share the same diversity. Within universities across the States, nursing academics are overwhelmingly white, and nationally the faculty lacks diversity (Hassouneh & Beckett, 2003; Nardi et al., 2020; Schroeder & Diangelo, 2010). Historical and continuing inequalities leading to power imbalances, specifically white domination, within nursing, requires needed and further consideration. These issues, however, are outside of the scope of this paper.

In addition to potential domination through race, hierarchical power structures within health care further support the idea that nurses are oppressed. Nurses are described throughout the literature as historically subordinate to and dominated by doctors (Dyson, 2017; Keddy et al., 1986). This “steep hierarchical gradient” (Green et al., 2017, p. 450) perceives doctors as superior to nurses (Okpala, 2021). In practice, nurses may feel intimidated by doctors and

<sup>3</sup>SDG5 seeks to “[a]chieve gender equality and empower all women and girls.” - (United Nations, 2015).

hesitant to question them for fear of retribution. Green et al.'s (2017) work discloses the case of a routine ear, nose, and throat procedure involving a patient who died. The article revealed that the two nurses who were present in the surgery should have spoken up as they knew what was required to potentially change the outcome of the case. The nurses, however, felt too intimidated and powerless to question the practice (Green et al., 2017). This example highlights doctors as the *dominant elites* as characterised by Freire (1970).

It is not only medical staff that may display oppressive behaviours, and the incidence of horizontal and vertical violence between nurses is evident in many situations, particularly in the context of student nurses (Courtney-Pratt et al., 2018; Sauer, 2012). An Australian study on nursing students found that more than half of the students participating in the research had experienced bullying behaviour during their clinical placement (Curtis et al., 2007). Bullying amongst nursing students is so common that it has been labelled a “rite of passage” (Birks et al., 2018, p. 45). The incidence of bullying amongst students from culturally diverse backgrounds is further heightened (Schroeder & Diangelo, 2010). Several authors have concluded from their studies that domination by those in a position of authority triggered student nurses to a state of powerlessness (Birks et al., 2018; Courtney-Pratt et al., 2018; Curtis et al., 2007; Hutchinson et al., 2006). Nurses portraying dominating, bullying, or oppressive behaviour to other nurses may be a consequence of being oppressed at a point in time. As Freire explains those who are “oppressed, instead of striving for liberation, tend themselves to become oppressors” (Freire, 1970, p. 19). On this, he forewarns the importance of interrupting the oppressive cycle “stating the oppressed must not, in seeking to regain their humanity (which is a way to create it), become in turn oppressors of the oppressors, but rather restorers of the humanity of both” (Freire, 1970, p. 18).

Nursing education is also argued to be a source of disparate power structures (Valderama-Wallace & Apesoa-Varano 2020), and, findings have suggested, “the oppression that nurses suffer is especially visible in nursing students” (Fernández-Gutiérrez & Mosteiro-Díaz, 2021, p. 822). Nurses that are oppressors and oppressed may be seen to originate in undergraduate nursing. The well-known phrase, “nurses eating their young” was first identified in 1986, with the author describing nursing academics as the “first offenders of insidious cannibalism” (Meissner, 1986, p. 52). The case of bullying and dominating exertion of the power of academics over students is a trend that continues to be reported on today (Abdelaziz & Abu-Snieh, 2021; Courtney-Pratt et al., 2018; Fernández-Gutiérrez & Mosteiro-Díaz, 2021), the consequences being a disempowered group of students (Courtney-Pratt et al., 2018). This is not to say that teachers, including nursing academics, oppress students necessarily with intent or malice. Freire (1970) accepts there are well-meaning teachers that may not be consciously aware of *dehumanising* students, nor aware, as Jeyaraj and Harland (2014) identify of their power and positionality. For example where nursing academics choose to didactically lecture students as their primary method of education, where the lecture is considered “one of the most patriarchal forms of education” (Vickers, 2008, para. 16). The result is that students

become passive receivers of the experts’ (teachers) knowledge, which Freire (1970) argues establishes students that are passive within the world. Nursing academics should instead seek to disrupt power and engage in discussion with students (Derr & Simons, 2020).

#### 4 | DIALOGUE AND HORIZONTAL RELATIONSHIPS: WHAT THIS MEANS FOR EDUCATORS

Critical and liberating dialogue, which presupposes action, must be carried on with the oppressed at whatever the stage of their struggle for liberation (Freire, 1970, p. 39)

Freire (1970) asserts that critical *dialogue* and resolution of the *teacher-student contradiction* are essential for *liberation*. Those in positions of perceived power in education “who do not act dialogically, but insist on imposing their decisions, do not organise the people—they manipulate them. They do not liberate, nor are they liberated: they oppress” (Freire, 1970, p. 151). Nursing academics must contest for an antioppressive pedagogy (Valderama-Wallace & Apesoa-Varano 2020) that supports this *dialogue* and rejects *banking* education, which in itself is “an instrument of oppression” with critical pedagogy “an instrument of liberation” (Freire, 1970, p. 7).

For a critical discussion to be enacted, nursing academics should have an understanding of their “privilege, position, and power” (Boluk et al., 2019, p. 875). This is not for absolution of power, which Freire (1970) notes is not possible in the *teacher-student contradiction*, but as recognition of the imbalanced power structures and steps needed to reduce this verticality (Melling & Pilkington, 2018). Nursing academics can appreciate what students bring to the table and recognise that they can learn from their students through *dialogue* and democracy. In this situation the perceived authority of the nursing academic is no longer valid and both student and teacher co-create knowledge. In critical pedagogy, the nursing academic is “taught in dialogue with the students, who in turn while being taught also teach” (Freire, 1970, p. 53).

Within the classroom, critical pedagogue Giroux discusses the need to “reinvigorate democracy by assuming the pedagogical project of prioritising debate, deliberation, dissent, dialogue” (Giroux & Bosio, 2021, p. 3). Fostering democracy in the classroom may inspire both “critical...empowered citizens” (Marouli, 2021, p. 9). Although there may be hesitation by some to encourage dissent for fear of “civic discord” (McCartney, 2020, p. 102), open and frank discussions, without “rant or retreat”, may lead to a shared understanding (McArthur, 2010, p. 497). Acknowledgement of diverse perspectives allow for other viewpoints to be heard. It is important to embrace these viewpoints whilst striving for unity, which Freire (1970, p. 85) proclaims, enables “unity within diversity” against the common enemy and for the common good. Through education on the SDGs, the common enemy may be considered to



be COVID-19, climate change, gender inequality, poverty, or any of the social injustices that are embodied by the goals. Critical *dialogue* offers an invitation to celebrate differences with the goal of not necessarily building tolerance, but embracing it and allowing it to grow. As Freire (1970, p. 17) points out, he chooses to “engage in dialogue not necessarily because I [he] like[s] the other person” but instead to learn from them.

The SDGs may offer a framework for engaging in critical discourse however should not be used by academics to push their own social justice agendas (Blanchet Garneau et al., 2018). Instead, they should be used to leverage conversation to create horizontal relationships with students and minimise power imbalance (Melling & Pilkington, 2018). Here, the teacher and student both teach and learn and are both responsible for one another's education. “[E]ducation is suffering from narration sickness” (Freire, 1970, p. 44) and the use of *banking* education that fills the students' heads with facts on the SDGs (or the nursing academics' views) will not be transformational.

## 5 | LIBERATING ACTION: MOVING STUDENTS FROM SPECTATORS TO ACTORS

It is necessary that the weakness of the powerless is transformed into a force capable of announcing justice. For this to happen, a total denouncement of fatalism is necessary. We are transformative beings and not beings for accommodation (Freire, 1997, p. 36)

Traditional approaches to nursing education, and maintaining the status quo, are insufficient to create the transformation needed to combat global challenges such as poverty, gender equality, and climate change (Dyson, 2017; Fields et al., 2022; Valderama-Wallace & Apeso-Varano 2020; Van Bewer et al., 2021). For example, presenting a didactic lecture on the SDGs is unlikely to inspire action. The central premise of critical pedagogy however is to “make the world a better place” (Jeyaraj & Harland, 2014, p. 344). The SDGs present real-world and complex issues that require diverse perspectives and ideas to devise creative solutions. They also provide an opportune framework for nursing students and academics by way of enabling “critical dialogue and move students towards the action of working sustainability into praxis” (Boluk et al., 2019, p. 876).

Raising students' consciousness and deepening their understanding of global concerns may hazard the risk of paralyzing students, with a sense of continued or worsened hopelessness at the magnitude of the issues (Blanchet Garneau et al., 2018; Harden, 1996; Welsh & Murray, 2003). However, the counterargument is that the deeper the students' complexity of understanding of sustainability concerns, the “greater [the] capacity to act” (Welsh & Murray, 2003, p. 231). In his book *Pedagogy of Hope* (1994), Freire discusses that hope is not maintaining the status quo or a fatalistic

worldview, but rather assisting students to see that change is possible, and from this, it can be concluded that the SDGs are also indeed achievable. Freire rejects the idea that “tomorrow is the pure repetition of today” (Freire, 1994, p. 91) and instead we need to create new opportunities.

Furthermore, raising consciousness “in students is only taking them halfway,” that is “reflection without action” (Harden, 1996, p. 36), which perpetuates hopelessness. Instead of simply raising consciousness, a concept described by Freire (1970) is *conscientization*, that is, critical consciousness of one's positionality within society and ensuring “human activity consists of action and reflection: it is praxis; it is the transformation of the world” (Freire, 1970, p. 98) that is required. For example, in a discussion paper that advocates for the use of principles of critical pedagogy to educate nursing students on social justice against racism, the authors surmise that awareness of culture, racism, and discrimination is insufficient to combat racial discrimination. Instead, an action-orientated approach to combating racism is required (Blanchet Garneau et al., 2018).

Similarly, a qualitative paper that explored the inclusion of social justice in the nursing curriculum, concluded that pedagogy is necessary that critiques disparity, contrasting to the current dominant discourse that is “merely raising awareness about disparities” (Valderama-Wallace & Apeso-Varano 2020, p. 1). Findings from this study also suggest nursing academics felt there needed to be a move away from pedagogy that seeks to teach students who are white about “others” and move “beyond white” (Valderama-Wallace & Apeso-Varano 2020, p. 5). Several nursing academics within this study, however, often avoided social justice discussions on such topics as racism and white privilege, for fear of career-limiting student evaluations (Valderama-Wallace & Apeso-Varano 2020). Freire rejects evasion of such dialogue averring “[w]ashing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral” (Freire, 1985, p. 122). Supporting Freire's argument on siding with the powerful, scholars from a School of Nursing in the United States undertook a project addressing whiteness in nursing education and warned “to not address racism is to actively collude with racism” (Schroeder & Diangelo, 2010, p. 245). Although the curriculum espouses reflecting social justice principles, scholars argue that this may not translate to the students (Blanchet Garneau et al., 2018; Valderama-Wallace & Apeso-Varano 2020) and are often superficial in nature (Franch, 2020).

A further study discussing antioppressive pedagogy describes sympathy for educators feeling hesitant about the inclusion of such challenging topics (Zinga & Styres, 2018). In this study, students were introduced to provoking social justice topics including colonisation, noting the potential for student resistance and conflict within the classroom. The authors, however, provided several strategies for managing this resistance, for example, they afforded students the opportunity to critically reflect upon topic areas through problem-solving techniques. These techniques avoided providing students with the “answers” and instead encouraged students to seek a deeper understanding of the subject that is meaningful for them.

Furthermore, they engaged in discussion and debate to encourage shared perspectives (Zinga & Styres, 2018). The SDGs detail many global issues that may be confronting to students, such as gender equality, racism, and climate change; however, nursing academics can support students in becoming “responsible subjects,” that is “those who know and act” (Freire, 1970, p. 10) through use of *dialogue* and *problem-posing* techniques such as mentioned above.

Empowering nursing students and affording opportunities where they can undertake local projects that create impact can assist in fostering hope and may embolden an ethos of action and global citizenship (Melling & Pilkington, 2018). Furthermore such activities “empower learners to act for the common good” (Marouli, 2021, p. 10). A qualitative study conducted on global citizenship education, however, found educators were hesitant to afford an opportunity for students to undertake meaningful activities to globally “make a difference” (Franch, 2020, p. 520) and instead opted to postpone tangible action to future points in students’ lives. This led the authors to conclude that more critical and “moral” pedagogies are required in global citizenship education, to increase synergy between academia and practice and ensure theory is converted to action (Franch, 2020). This correlates with the notion of *praxis* as pronounced by Freire, as he concludes there can be “no transformation without action” (Freire, 1970, p. 60).

## 6 | PRACTICAL APPLICATIONS: TEACHING SDGs IN NURSING EDUCATION

Education that leads to transformation for a sustainable future “is needed today more than ever before” (Marouli, 2021, p. 1). Passive recipients of education will not actively participate in sustainable practices that strive toward the achievement of the SDGs. Oppressive pedagogy such as the *banking* model (Freire, 1970) of teaching, where students are considered empty and require filling with the nursing academics knowledge, will lead to *dehumanisation* and may render students powerless to take action. Instead, innovative and creative pedagogy is required that challenges the status quo of nursing curricula (Richardson et al., 2019) and pursues transformation and liberating action (Freire, 1970; Giroux, 2011). Critical pedagogy affords the opportunity to reflect the “lives and interests” (Weiler, 2002, p. 68) of diverse groups and perspectives in opposition to dominant discourse and explore “contributions to nursing by nurses beyond the West” (Capucao, 2020, Para. 1).

Nursing academics can and should embed the SDGs into nursing curricula (Osingada & Porta, 2020) and this may be best achieved through a critical pedagogy paradigm, ensuring future nurses are prepared for reflection and action (*praxis*) toward the goals. Principles espoused by Freire as methods of critical pedagogy that may be adopted by nursing academics include:

### 6.1 | Conscientization

*Conscientization* relates to having a critical consciousness of ones’ positionality within society and taking reflection and action

(*praxis*) to transform it (Freire, 1970). For nursing academics, this involves supporting students to recognise oppression and power imbalances to take action for social justice. Critical pedagogy can provide nursing students with perspective and a commitment to recognising injustices regardless of students’ current circumstances. Nursing academics can encourage students to reflect upon their own positionality to increase awareness of how society’s power structures may be fluid and represent both “privilege and oppression” (Blanchet Garneau et al., 2018, p. 4). Privilege and oppression can be experienced by an individual at various times, with the objective for the individual to aim for absolution from constraints of power for themselves and/or others.

### 6.2 | Dialogue and horizontal relationship building

Through co-creation rather than transmission of knowledge of the SDGs (Marouli, 2021) nursing academics may resolve the *teacher-student contradiction* (Freire, 1970). The SDGs require *problem-posing* considerations, not simply reflection, for action to be impactful. Nursing academics should avoid providing students with the answers in dialogue around the SDGs, which given the complex, global, social justice concerns even the most expert academic will unlikely be able to solve in isolation. Discourse should encourage and celebrate diversity and include methods of “debate, deliberation, dissent, dialogue” (Giroux & Bosio, 2021, p. 3), with the aim of unity toward combating the common enemy (Freire, 1997), in this circumstance achieving the SDGs. Teaching methods such as the flipped classroom, which encourages students to develop knowledge before class attendance encouraging deeper participation (Buil-Fabregá et al., 2019), may allow students to reflect on their positionality on challenging topics and encourage richer dialogue and debate. Nursing academics should overcome fears of poor student satisfaction scores (Valderama-Wallace & Apesoa-Varano 2020) or “inflaming civic discord” (McCartney, 2020, p. 102) with the inclusion of social justice issues including gender and racism in pedagogy. Instead, they should recognise the societal benefits of such critical *dialogue* and that the avoidance of these issues is to “side with the powerful” (Freire, 1985, p. 122), that is, the oppressor.

### 6.3 | Liberating/transforming action

Nursing academics can encourage students to seek a deeper and more critical awareness of the goals, being mindful that without an action-orientated approach this may lead to paralysis and hopelessness (Blanchet Garneau et al., 2018; Harden, 1996; Welsh & Murray, 2003). Furthermore, nursing academics can afford students opportunities to undertake meaningful and impactful projects (Melling & Pilkington, 2018) that may empower and liberate students to take further action to transform society.

## 7 | CONCLUSION

Nursing academics can embody the role of “agents of social change, since they help learners develop a critical consciousness and organise the pedagogical praxis for social transformation” (Marouli, 2021, p. 10). Education through critical pedagogy offers hope against a seemingly overwhelming task of achievement of the SDGs, through a critique of current societal power and injustices and reflection and action (*praxis*) to transform the future. Nursing academics can progress the *liberation* of the next generation of nurses by supporting students to recognise their positionality in society and empowering them to strive for social justice for themselves and others. The use of Freire’s critical pedagogy in nursing curricula contributes to transformative education that makes an impact and ultimately leads to action. Further research is needed on practical applications of critical pedagogy, and the impact this has on future nursing graduates.

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The authors declare no conflicts of interest.

### DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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