

When nursing education becomes political: Norm-critical perspectives in a campus-based clinical learning environment

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Abstract

Nursing education is in the process of incorporating critical thinking, social justice, and health inequality perspectives into educational structures, aspiring to help nursing students develop into professional nurses prepared to provide equal care. Norm criticism is a pedagogical philosophy that promotes social justice. This qualitative case study aimed to gain an understanding of and elaborate on an educational development initiative in which norm criticism was incorporated into the composition of a new campus-based clinical learning environment for nursing education. By analyzing documents and interviews with the help of reflexive thematic analysis three themes were generated: "Intention to educate beyond nursing education," "Educating in alliance with society," and "The educative ambiguity of the Clinical Learning Centre." The case study indicates that the incorporation of norm criticism into a campus-based clinical learning environment may encourage nursing students to evolve social skills for nursing practice that support health equality within healthcare. By collaborating with society, nursing education can considerably improve its educational frameworks in alignment with societal demands. However, the inclusion of norm criticism in a setting such as a campus-based clinical learning environment entails a clash with established institutionalized norms and being perceived as too proximate to politics.

KEYWORDS

campus-based clinical learning environment, health inequalities, norm criticism, norms, nursing education, politics, social justice, social skills

1 | NURSING EDUCATION AS A SPACE AND PLACE FOR LEARNING

The fundamental intention of nursing is to deliver good quality care to everyone equally. Nevertheless, changes in healthcare organizations have resulted in nursing becoming systematized and

standardized, affecting vulnerable populations and equality within healthcare (Arnone & Fitzsimons, 2015). For this reason, nurses' understanding and skills regarding social justice and critical thinking should be grounded early on in nursing education (Canales & Drevdahl, 2014). Higher education, such as nursing education programs, follows societal shifts regarding knowledge production

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and expectations of the nursing profession (Puzan, 2003). This is in line with the fact that higher education institutions have transformed from institutions of society into institutions in society, now providing knowledge and collaborating with society to address contemporary social issues (Kwo et al., 2004), such as equality and social justice. Additionally, learning in higher education, including in nursing education, has developed from a teacher-centered to a learner-centered paradigm (Adedokun et al., 2017). A learner-centered paradigm implies that learning is a social, experienced, and situated process grounded in the Vygotskian theoretical tradition (Vygotskij, 1978). Because of the shift toward a learner-centered paradigm, research in the field of higher education has focused during the last decade on how learning environments can be spaces with social meaning and relevance to education (Adedokun et al., 2017) and to society. Abualrub and Stensaker (2018) attempted to capture the concept of a learning environment by relating it to three areas: a pedagogical place for teaching and learning, an administrative entity to aid teaching and learning, and a space for students to participate in a social and academic arena. For nursing education programs, the challenge is not only attempting to mirror the preconditions for nursing practice in a classroom context, but also evolving learning rooms to be spaces and places for teaching and learning contemporary nursing issues (Saifan et al., 2015). A study by Habibzadeh et al. (2021) suggest that by employing teaching strategies that integrate actual clinical cases of vulnerable populations in nursing curricula and discuss the context that surrounds these patient cases, nursing students can enhance their understanding of social justice and health inequalities.

2 | CLINICAL LEARNING ENVIRONMENTS ON NURSING EDUCATION CAMPUSES

In striving to develop professional nurses, nursing education has focused on providing a learner-centered education and integrating elements from authentic clinical situations into learning environments on campuses (Benner et al., 2009, 2010). Ewertsson et al. (2017) emphasized that nursing education and learning environments have been designed in various ways in the quest to develop nursing. These learning environments have been labeled skill laboratories, simulation laboratories, or simulation centers (Abrandt Dahlgren et al., 2016; Msosa et al., 2021; Rooney et al., 2015). Mthimunya and Daniels (2019) claimed that clinical learning environments are essential in nursing education and include both theoretical and practical learning settings. The educational purpose of clinical learning environments is to create a safe environment in which students can develop the plethora of nursing skills that are needed to provide nursing care (Chernikova et al., 2020; Terzioğlu et al., 2016). Song and McCreary (2020) stated that nursing education should accentuate the development of soft skills (i.e., communication, critical thinking, collaboration) and social skills (i.e., social engagement, advocacy, and empowerment) to prepare nursing students for the practice of nursing. However, whether social skills can be learned in skill laboratories or

similar learning environments has been debated (Hitchcock et al., 2018). Nevertheless, some studies (McGaughey et al., 2019; Vandsburger et al., 2010) have underscored the usefulness of such learning environments in raising awareness among nursing students regarding equal care. Boutain (2020) claims that the nursing profession places a high value on social justice and that nurses can greatly improve health and social relationships in society by understanding the concept of social justice and how advocating for social justice can counteract health inequalities. A clinical learning environment on campus can be an arena for processing social justice values such as critical thinking in a more manifestable way than traditional classroom learning environments.

3 | NORM-CRITICAL PERSPECTIVES FOR NURSING EDUCATION

Although still in its infancy and largely constrained to Nordic countries, norm criticism has emerged as a concept for addressing issues of social justice, inequalities, and inequity in society (Bengtsson & Bolander, 2020). Nordic educators and scholars describe norm criticism as a reflexive process that focuses on the dichotomy between normal and abnormal and scrutinizes preconceptions of normality, to obtain equality in society (Isaksson et al., 2017; Kalonaityté, 2014; Tengelin, 2019). The objective of norm criticism is to challenge the view of what is taken for granted as "normal" in society. The concept of norm criticism originated in the field of pedagogy and has its foundation in antioppressive, queer, and feminist pedagogies (Bengtsson & Bolander, 2020). Both Kalonaityté (2014) and Tengelin (2019) have described how norm criticism is used in the field of higher education to problematize the concepts of norms and power structures. Regarding norm criticism's contribution to nursing education, Nye et al. (2023) developed a theoretical model of norm criticism in which the concepts of power, otherness, and norms intersect and complement each other. By using norm-critical pedagogy, which impels the use of the pedagogical tool of critical reflection, nursing students are given the opportunity to reflect on and discuss the construction of otherness and normality and how it can affect nursing practice (Nye et al., 2023). Social justice values and critical thinking, as proposed by Canales and Drevdahl (2014), are areas that are central to norm-critical theory which are not exclusively relevant in a classroom context, but also applicable in learning environments used for practical nursing education.

4 | RATIONALE AND AIM

Norm-critical profiling in nursing education has primarily been explored from a theoretical perspective (Tengelin, 2019). By describing a clinical learning environment on campus that incorporates norm-critical perspectives into its educational framework, we can gain knowledge of the contribution of norm criticism in settings where students are expected to integrate nursing theory and

practice. Presumably, this integration will present nursing students with opportunities to develop critical reflection and augment their social skills for nursing in a safe learning environment, thus promoting social justice values and health equality. This case study aimed to gain an understanding of and elaborate on an educational development initiative in which norm criticism was incorporated into the composition of a new campus-based clinical learning environment (CBCLE) for nursing education.

5 | METHOD

5.1 | Study design and empirical setting

This was a qualitative single-case study, which is considered suitable for exploring contemporary social events that require an empirical in-depth method that relies on units of analysis to contextualize the case (Yin, 2018).

In Sweden, The Higher Education Ordinance (SFS, 1993:100) regulates nursing programs, and nursing students enrolled in a registered nurse program complete a 3-year bachelor's degree that results in a Registered Nurse Diploma. The six-semester bachelor's degree program combines academic coursework (theory) with clinical practice in healthcare facilities. Swedish nursing students must participate in clinical learning activities in an on-campus learning environment before they can practice in a healthcare facility. The empirical setting for this study was a clinical learning environment for nursing education at a university college in Western Sweden, called the Clinical Learning Center (CLC) and inaugurated in 2019. The center with its norm-critical profile was contoured and formed during a process in which the perspective of norm criticism was highlighted and integrated into nursing education curriculum in the studied department, as described in Tengelin et al. (2019) and Tengelin (2019).

In this case study, we labeled the learning environment the CBCLE. The CBCLE was organized in different learning spaces, such as method rooms, simulation rooms, and reflection rooms. The method rooms resembled hospital wards and often had three to four beds with basic mannequins. In contrast, the simulation rooms were more computerized and were operated from a control center, and the students were often presented with simulation scenarios to execute structured nursing care on advanced mannequins. These rooms were used for reflection before and after undertaking learning activities. The CBCLE also aimed to provide a norm-critical learning environment in which nursing students were afforded an opportunity to reflect on their positions as care providers. The walls of the CBCLE's unisex changing rooms and hallways are decorated with norm-critical artwork that encourage nursing students to reflect on norms about how people should be or look. The norm-critical artworks that the nursing students encounter on the walls depict humanhood and situations that rarely occur in official art, such as people from the LGBTIA+ community, people experiencing homelessness, people of color, and other people marginalized by society. Norm-critical

perspectives were not only incorporated through the artwork at the CBCLE, but also through learning activities such as educational drama sessions in which nursing students critically reflect on power structures, social justice, health inequalities, and people's vulnerabilities.

5.2 | Data collection

The study consisted of a two-unit folded exploration of the case. One set of data was derived from desk-based documentary research, and the other set was derived from a field-based inquiry involving qualitative interviews. The use of multiple sources of evidence increases the quality of a case study (Yin, 2018).

In case studies, documents can be used to track developments and changes within an organization (Merriam & Tisdell, 2016). For the first data set, a document search was performed by I. A. C. on the university college's internal archives to access board meeting documents and reports related to the CBCLE's norm-critical profile. The start date of the search was 2016 because discussions regarding the development of the clinical environment started during that year. This search resulted in a total of 365 files, all of which were read. From these, a selection was made based on the following inclusion criteria: documents from 2016 and later that contained the words "norm criticism," "norm-critical pedagogy," "norm awareness," "clinical training center," or "clinical learning center" and that had a connection to the construction of the CBCLE. If the words were only mentioned without any content, the document was excluded. This process resulted in 64 documents, as shown in Table 1.

Response-driven sampling (Tolley et al., 2016) was used for the second data set. The inclusion criteria were that participants must have had a decisive position in planning, developing, or implementing the norm-critical features of the CBCLE. Nine individuals involved in the process of the CBCLE's development were strategically identified: an information letter and a request to participate were sent to them. Two declined and seven agreed to participate. Four of the

TABLE 1 Description of documents used.

Documents	N (64)
Minutes from program council meetings	36
Minutes from clinical learning environment meetings	10
Minutes from the department's research environment "Learning and Caring"	4
Documents connected to the project description of the clinical learning environment	4
Reports from the department	3
Business plans	3
Quality indicators for recordings in the clinical learning environment	2
Other	2

seven participants were employed by the university college in question and held positions of authority within the department; all of them had previously worked as registered nurses before undertaking an academic path. The other three participants worked in fields concerned with issues regarding norm criticism; only one of the participants had experience of working within the healthcare system. The participants were all Swedish, with a mean age of 64 years. Six of the participants were women, and one was male. Participants' educational levels ranged from high school to doctoral degrees.

Qualitative semistructured interviews were conducted in the autumn of 2021 by I. A. C. Before the interviews, participants were informed according to the principles contained in the Declaration of Helsinki (World Medical Association, 2013). Signed informed consent forms were collected from the participants in connection with the interviews. Ethical approval for the study was provided by the Regional Ethical Review Board in Linköping, Sweden (Dnr 2020-05828). Three of the interviews were conducted face-to-face, while four were conducted using a video-conferencing software application. The 12 interview questions concerned the participant's involvement in the development of the CBCLE, their role in the implementation of the norm-critical perspective, and what they thought the purpose was of linking norm-critical perspectives with learning activities and teaching for nursing students. The specific interview questions can be found in Supporting Information: 1.

The interviews were audio-recorded and ranged between 40 and 65 min; thereafter, they were transcribed verbatim, deidentified, and each document received a code with the same denomination as the deidentified interviews. The denomination for the specific data became "item" and a number or a letter. The data corpus, that is, both interviews and documents, was then imported into QSR NVivo 12 (2018) data analysis software for analysis.

5.3 | Data analysis and reflexivity considerations

The analytical method used in the study was reflexive thematic analysis (RTA), an approach intended to outline patterns of unified

and shared meanings within a data corpus. The researcher's intersubjectivity and reflections are seen as assets and incorporated into the analysis (Braun & Clarke, 2022). Detailed description of the seven steps of the data analysis procedure can be found in Supporting Information: 2.

Reflexivity during the research process can enhance the trustworthiness of a study (Berger, 2015). All authors were actively involved in the study by outlining, discussing, and reflecting on the research process. The research group consisted of three women (E. T., S. H. A., and E. D.) and one man (I. A. C.). All the researchers were between 40 and 60 years old and White. Three of them were of Swedish heritage and one was of South American heritage. The researchers were experienced nurse educators affiliated with the university college under investigation. While E. T., S. H. A., and E. D. were experienced researchers, I. A. C. was a recently enrolled PhD student in research education at the university college. I. A. C. conducted the interviews and had no prior relationship with the interviewees. Throughout the research processes of gathering data, analyzing the data, and discussing the findings the researchers reflected upon their social position and preunderstanding of the investigated learning environment. The researchers acknowledge their situatedness and its influence on the current study.

6 | RESULTS

6.1 | Overview

This analysis generated three central themes (see Figure 1). The first theme, "Intention to educate beyond nursing education," emphasized the intention of nursing educators at the university college to construct a CBCLE that offered nursing students an education that would enable them to meet social challenges regarding equal care. The second theme, "Educating in alliance with society," underlined the role of society as a stakeholder in the construction of the CLC, which is the name of the CBCLE under investigation. The third theme, "The educative ambiguity of the Clinical Learning Center," highlighted

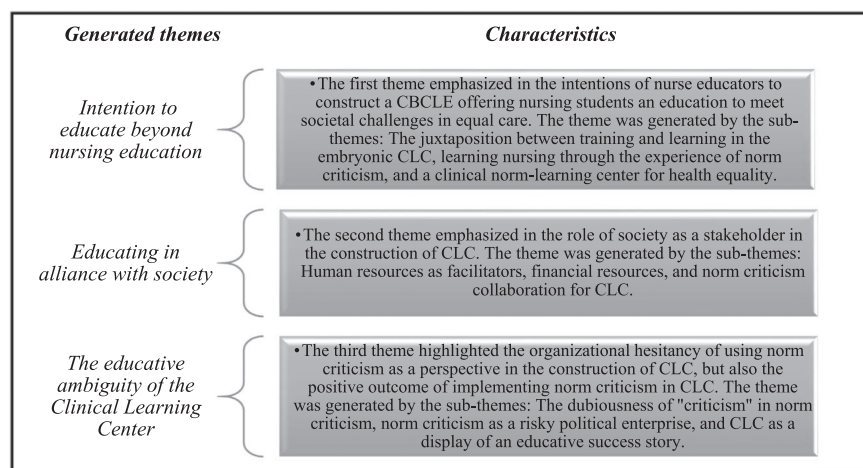


FIGURE 1 Thematic map over the RTA and the resulting themes. CLC, Clinical Learning Center; RTA, reflexive thematic analysis.

the organizational hesitancy regarding the use of norm criticism as a perspective in the construction of the CBCLE, but also the positive outcome of implementing norm criticism in the specific learning environment.

6.2 | Intention to educate beyond nursing education

Before the formation of the CBCLE there was a general feeling of unrest among nursing students, staff within the department, and from the healthcare system that nursing students were poorly prepared for nursing practice after engaging in the existing clinical learning environment. The learning environment was perceived as a cluster of small-scale method rooms with outdated materials that were used for nursing exercises. Managers in the department realized that the clinical learning environment had to evolve.

And then the managers at the department realized, NO we cannot have it like this, they [nursing students] have to learn more before they go out to their practicums. (Participant 4)

During deliberations regarding the substandard clinical learning environment, it was decided to assemble a team of lecturers and professors to probe and draft ideas for a new and more operational clinical learning environment. Members of this group were allowed to devote themselves to the process of drafting plans for their future workplace. The goal was to construct a new learning environment in line with other Swedish campus-based clinical training centers. As a report from 2017 stated:

In light of the limited capacity of the current method rooms concerning students' needs, the pedagogical and technical progress today, and the future, there is a demand for improved opportunities for students to practice clinical skills and be assessed/examined in simulated care situations. The Department of Health Science wishes to invest in an expansion and development of a modernized Clinical Training Centre. (Report from 2017)

The decision to follow the path chosen by universities and university colleges in Sweden regarding their CBCLEs became somewhat difficult to navigate in the wider context of the university college's vision of education. The concept of training did not fit the overall objective of incorporating the work-integrated learning (WIL) approach adopted by the university college and the department. Because the intention was to create a clinical learning environment that centered around WIL, the name "Clinical Training Centre" was changed to "Clinical Learning Centre." Nevertheless, the dynamics between the concepts of training and learning lingered during the entire process of the CBCLE's construction even after it became

operational. At meetings regarding learning activities at the CBCLE, most of the focus was on how to assess training and examine nursing students, not on learning, as shown in the following document: "OSCE [Objective Structured Clinical Examination] pass or fail. More grades? How do we assess? Decision: We proceed with pass or fail derived by OSCE's score 1 or 0" (*Program council minutes from 2019*). This struggle with different concepts within the pedagogy of the CBCLE was reflected by one of the case study participants:

...and in the next column it was learning outcome, well I cannot even remember anymore, but everything was done in a way for measurement. Which is a complete collision with both experience-based learning and the possibility for norm-critical reflection. (Participant 7)

The decision to include "learning" in the CBCLE's name came naturally. There was broad consensus among the teaching staff that the name should include the word "learning." Learning was seen as encapsulating more pedagogical freedom to structure the learning environment in contrast to training, which was restricted to practical training. Choosing learning as an educational strategy also raised the question of what to learn. The objective of the learning environment was to provide nursing students with a learning environment anchored in the reality of being a nurse; therefore, the objective was also to construct learning situations that were as authentic as possible and to have structures within the CBCLE that expanded nursing students' learning experiences.

The different skill exercises were contextualized with the help of different theoretical approaches to mirror the reality of nursing. One perspective that had been adopted before construction on the CBCLE began was norm criticism, which was compatible with both the pedagogical approach used by the CBCLE and WIL. Both WIL and norm criticism use reflection as a pedagogical learning tool. The aim was to present learning situations that mirrored the "real" world and to use experienced learning situations to reflect on and learn about the reality of encounters between patients and professional nurses in caring situations.

Moreover, to enhance the impact of norm criticism in learning situations, norm-critical artwork was used as a tool to illustrate the precondition of diversity among patients and caring situations. The main objective of having norm-critical artwork on the walls was to provide nursing students with the skills needed to provide nursing care based on social justice and equality, and to learn about the challenges encountered by some patients within the healthcare system. Utilizing norm criticism as a perspective in the CBCLE also entailed a desire to educate nursing students in a wider context than the healthcare system. Thus, the data analyzed in this study demonstrate that the CBCLE can be a tool for accomplishing a socially sustainable society. The learning environment can encourage nursing students to become professional nurses prepared not only to provide nursing care for patients but to develop sustainable healthcare in society.

We are assigned to educate nurses, and more than that, we also are assigned to educate citizens that not only want, but also have tools, methods, competencies, and knowledge to change the healthcare system, wherever they are, to more equal care. (Participant 2)

6.3 | Educating in alliance with society

Norm criticism was not designed to be implemented solely as an internal process within the department. Various mechanisms within the department, the university college, and society at large made the CBCLE's norm-critical profile possible. Individuals within the team responsible for creating the CBCLE were both knowledgeable and competent regarding norm criticism. Furthermore, some of the team members had worked or were still working in other regional and national government agencies steeped in norm criticism. Alongside this influx from other governmental agencies, the perspective of norm criticism had crucial support within the university college. During the process of restructuring the clinical learning environment into a CBCLE with a norm-critical profile, the department was supported by the university college governing board. This high-level support went beyond unconcerned approval of the project, but rather encouraged the implementation of norm criticism in the CBCLE; the vice-chancellors expressed overwhelmingly positive attitudes regarding norm criticism. Nevertheless, this embracement must be contextualized in terms of the regulations that the government imposed on universities and university colleges at the time:

You can say that the timing was very good because more and more of those directions had come, especially for universities, to work with issues about equality in a more distinct way than before. (Participant 3)

Approval of norm criticism did not only come from the upper levels of the university college. The student union and nursing students' views about norm criticism were not only considered but sometimes proved decisive. One participant described how a nursing student's positive attitude toward norm criticism made it easier for them to continue with the incorporation of the perspective in the learning environment. Besides the assistance of the structures within the university college, a vital element that determined the possibility of designing the CBCLE with its norm-critical artwork was external funding. One document illustrates the process of finding funding:

The first application failed, a new attempt will be made with a focus on CLC and norm-awareness. (Research environment minutes from 2018)

In due course, the researchers submitted applications that called for innovative norm-critical projects. The application to implement

norm criticism in the CBCLE was approved. This funding imposed both limitations and freedom on the department. The grants had to be used for the particular purposes of norm criticism in the CBCLE; the funding was thus limited to the specific educational environment. On the other hand, it gave the CBCLE team a solid direction in which to steer resources while developing the learning environment and the freedom to think outside the educational box. Norm criticism experts were invited to work on the development of the CBCLE, which was perceived as collaboration rather than cooperation. There was respect for each other's knowledge and a mutual understanding of what they wanted to accomplish as a group. In this collaboration, stakeholders from different parts of society were invited to enter the educational arena and share their perspectives. Likewise, the collaboration also led to the experts learning how an educational process could be formed. Their involvement and collaboration with the university college was perceived as favorable for their organizations.

This is how you wish the county council should work. That we are involved in the processes that are happening out in the county, but at the same time, not being the ones that are directing them, rather it should be initiated by the agencies themselves. (Participant 5)

6.4 | The educative ambiguity of the CLC

Even though the general perception of implementing norm criticism in the CBCLE was positive, the process became problematic. There was tension regarding the sole use of the term "norm criticism"; thus, it was often combined with "norm awareness," a term that was less provocative because of its nature of being conscious, that is, being passive, while the notion of "criticism" in norm criticism could be seen as something threatening because of its connotation of being active. When the norm-critical approach was first introduced, it was questioned in the department. Later, when the artwork was implemented and the concept of norm criticism was illustratively formulated on the walls of the CBCLE, the hesitancy toward the implementation of the perspective became tangible. When the artwork was presented to the departmental staff, questions were asked as to whether being "critical" of norms was suitable for nursing education. The constitution of the artwork depicting nudeness, norm-breaking human scenography, and norm-critical design generated fear that the artwork was too provocative.

It was more when it became physical on the walls when we had the preview of the exhibition. Oops, is it going to be like this? You became worried for a while, but it wasn't for long. (Participant 1)

In addition to the polemic of the artwork, the project also touched on a subject debated in society: the politics of education. As

a result of contemporary discourse in party politics, the issue of implementing norm criticism has been politicized. The hesitancy regarding the use of the concept of norm criticism in the context of nursing education was not only because of insecurity regarding the perspective's position in nursing education, but there was also nervousness regarding being perceived as taking a position in an identity politics debate rather than wanting to provide relevant nursing education. Although the implementation of norm criticism in the learning environment was an uncharted political educative journey, it was also perceived that educating nursing students through artwork was innovative, unique, and even courageous.

Because I know how photographs can be used as a tool when working with people, I thought it was like a really good idea to use this kind of pictures. I would like to say it is brave, **brave!** (Participant 6)

Regardless of the various twist and turns, the outcome of the project was perceived by university college officials and the department as overwhelmingly positive. The CBCLE became a success story not only for the department but also for the university college itself. Norm criticism was exported to other educational contexts and departments within the university college. The learning environment, with its norm-critical profile, was metaphorized into a showroom for the university college to use in presenting itself. The CBCLE became the university college's pride and joy, and a statement to society that the nursing education provided at the university was a force for the future.

7 | DISCUSSION

RTA was the method of analysis adopted in this qualitative inductive case study. Multiple data sources were used to enhance the study's credibility. Extracts from documents and quotations from interviews are presented in the results to exemplify and ensure transferability. Since the interviews had a richer range and depth of substance compared with the documents, the interview data became more prominent during the analysis. Subsequently, the complete trustworthiness of a qualitative study is up to the reader to evaluate (Bryman, 2016). The data were limited in terms of the number of documents and the homogenous characteristics of the participants, such as age and gender. Personal information about the study participants has been deliberately restricted because it can jeopardize confidentiality. Some participants held distinguished positions within the studied department, which might have affected their statements or restrained them from disclosing specific aspects.

This is the first study to elaborate on the process of incorporating norm criticism into a CBCLE. A distinctive feature of the first theme "To educate beyond nursing education" was that norm criticism was presented as a pedagogical tool to generate learning experiences for nursing students to develop social skills. Social skills, such as an understanding of social justice and health equality (Hitchcock

et al., 2018; McGaughey et al., 2019) which have been in demand in nursing education for some time (Song & McCreary, 2020). The studied department integrated the notion of human vulnerability through norm-critical artwork in the physical learning environment, and by combining it with nursing students reflecting on normality, the department intended to encourage nursing students to evolve social skills grounded in the idea of social justice and health equality. Subsequently, this way of promoting nursing education is in line with how Canales and Drevdahl (2014) conceptualized how social justice and critical thinking should be integrated into nursing education. Similarly, Elliott (2023) argues that nursing education and the nursing profession have to transform their practices and become social justice allies promoting an emancipatory nursing education and nursing practice. The department's way of composing education, by implementing and designing a CBCLE with a norm-critical perspective, showed a desire to advance the issues of social justice and health equality into nursing education, not only at an awareness level but also at a clinical practice level. This raises the question: Why is it necessary for nursing education to raise the issues of social justice and health inequalities from an awareness level to a nursing practice level? Velasco and Reed (2023) point out that even if social justice is a fundamental component of nursing, sometimes it comes short of tackling health inequalities among vulnerable patients. It could be that the studied department had an understanding of the challenges that the healthcare sector has in providing equal healthcare and, therefore, took a new approach regarding educating nursing students on issues of health inequalities. Furthermore, the department's wish to encourage nursing students to learn about nursing social skills for equal healthcare had a more profound aim than just educating for the nursing profession. As one of the participants puts it, "We are assigned to educate nurses, and more than that, we also are assigned to educate citizens"; this statement could be understood as a desire to educate a workforce of nurses engaged in society.

Another prominent element of this case study was that society played a significant role in the development and creation of the CBCLE with its norm-critical profile. The theme "Educating in alliance with society" exemplifies how norm criticism was introduced and evolved into the CBCLE in collaboration with experts and grants supplied by society. The close collaboration between the studied department and society identified in this study can be considered from the standpoint of universities' "third agenda," namely, that society and higher education are highly interconnected (Jackson & Orrell, 2020). Similarly, Jongbloed et al. (2008) suggested that higher education institutions should be integrated at different levels within the sociopublic domain. This integration also means that the curricula and design of higher education programs ought to be both receptive and responsive to the needs and demands of society. The results of this study support Jongbloed et al.'s (2008) way of explaining how higher education institutions and society can come together. The process of implementing norm criticism in the CBCLE entailed an attentiveness to society's needs for future nursing professionals, which was for nurses who can meet societal challenges regarding health inequalities. However, the results of this study also indicate

that by educating in alliance with society and by being an institution within society there are expectations of how nursing education should be conducted. For example, in the theme “Intentions for educate beyond nursing education,” the university college’s pedagogical approach of WIL became a pedagogical structure that the department had to relate to when evolving the CBCLE. Preceding the development of the CBCLE the university college had been assigned by the government to evolve and consolidate the WIL approach in all their pedagogical structures (Pennbrant & Svensson, 2018). Actually, the WIL approach might have been a prerequisite for the norm-critical perspective to be implemented in the CBCLE because the focus of WIL is on learning, not training. Norm criticism that uses critical thinking and reflection as tools for learning about unequal societal structures relates to WIL’s way of conceptualizing learning as a driving force for educating work-ready professionals that take social responsibility (Zegwaard et al., 2017). Therefore, the role that society played in the development of the CBCLE with its norm-critical profile derived from both internal and external societal demands on the studied department and how it should compile its clinical learning environment.

The internal demand for producing a *learning* environment and the external principle of higher education to merge sociopolitical perspectives in education led the department to incorporate norm-critical perspectives into the CBCLE. This way of composing clinical learning environments was novel and can be perceived as being at the cutting edge of breaking educational norms. Research has pointed out that measures to address social justice such as health inequalities and human rights within nursing education programs are substandard (Sherman et al., 2021; Tengelin, 2019), and that when these perspectives are referred to, they are often connected to nursing ethics at an “awareness” level (Saifan et al., 2015). This tension of the CBCLE with its norm-critical profile being on the verge of breaking educational norms became apparent in the theme “The educative ambiguity of the Clinical Learning Center.” The incorporation of the norm-critical perspectives into the CBCLE was a success for the department and university college, yet the implementation process was occasionally paradoxical. Although norm criticism was implemented, much of the data of the case study were articulated as “norm awareness.” The dominance of the term “norm awareness” could be because of conceptual confusion owing to similarities between the two concepts. Nevertheless, norm criticism, as Tengelin (2019) frames it, has a presumptive agency to reflect on how normality and otherness are constructed and affect humans. Similarly, Kumashiro (2000) argued that pedagogical critical awareness not only implies learning about otherness and normality, but it also implies that there must be a process of unlearning or “relearning” what normality entails. In other words, norm criticism has a transformative agency that norm awareness lacks. What, then, does the frequent use of the term “norm-awareness” signify? One possible explanation is that there is a tradition or “norm” within nursing education that issues of social justice and equality should be approached at an awareness level. This case study suggests that such institutionalized norms can influence the development of

learning environments, implying that even if there is an intention of change learning environments to be more engaged in social justice issues, institutionalized nursing education norms are difficult to jolt. Nevertheless, this case study shows that regardless of institutionalized norms concerning how social justice issues should be presented within nursing education, there are possibilities to design and evolve clinical learning environments that include social skills for nursing. Ultimately, the power to change nursing education to be socially attuned lies within health science departments themselves; however, this requires an institutionalized “relearning” of how learning environments could be composed.

Another explanation for the department’s frequent use of the term “norm-awareness” rather than norm criticism might originate from a societal discourse level. In the theme “The educative ambiguity of the Clinical Learning Center,” the aspect of an unspoken underlying fear of being perceived as political was illustrated. By using norm criticism as a concept in the CBCLE, the department feared that it could be interpreted as the department engaging in a party-political partnership, which should be seen in the context of an emerging national “culture war.” Hunter (1991) depicts culture wars as a conflict between two polarized political cultures: progressive and orthodox. Darbyshire et al. (2020) contextualize culture wars in the nursing profession and nursing education by explaining that nursing has never been apolitical and that academic freedom in nursing education is always imperiled by sociopolitical attitudes. In a similar way, Bell (2021) touched on nursing education’s hesitancy regarding being perceived as too political; she argues that nursing education constantly provides a politically soft curriculum that upholds dominant norms such as middle and upperclassism, heteronormativity, whiteness, and other structural oppressions. This case study shows that even if there was hesitation or fear of being perceived as political, the department made an active choice to uphold key values of social justice and health equality when engaging with norm criticism and composing the CBCLE. In the studied department, integrating norm criticism into the CBCLE was perceived as a progressive avenue to change nursing education, nursing, the healthcare system, and ultimately society itself. Thus, this case study indicates that norm criticism can be a powerful pedagogical tool to promote social justice and health equality in nursing education, but it can also have the outcome of educating critical-thinking professional nurses engaged in society.

8 | CONCLUSION

This case study aimed to gain an understanding of and elaborate on an educational development initiative in which norm criticism was incorporated into the composition of a new CBCLE for nursing education. The results of this case study add to the understanding that nursing education has a key position when improving learning environments to become attuned to societal shifts and demands. Moreover, by collaborating with society nursing education has an opportunity to change their educational structures robustly and in

line with societal needs. Utilizing norm criticism as a pedagogical tool for issues of social justice and health inequalities can encourage nursing students to develop social skills for nursing practice and for promoting health equality. Nevertheless, implementing norm criticism in the context of a CBCLE involves not only a collision with institutionalized norms and what is accepted within nursing education but also taking a risk of being perceived as choosing a side in a wider party-political societal discussion. Furthermore, this case study may inform and inspire other nursing educational institutions interested in developing CBCLEs where the perspectives of social skills, social justice, and health equality are a priority. Hopefully, the case study will also inspire further research regarding norm-critical learning activities in nursing education, other healthcare education programs, and how they are experienced by nursing students and nursing educators.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Due to privacy and ethical constraints, the data supporting the study's results are not publicly available. However, the data could be available from the corresponding author, upon sound request.

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