



2016

# Seeking Social Justice in the Literature: Guidelines for Critical Review

Theresa Stewart Moran  
Fordham University, [bthmoran@fordham.edu](mailto:bthmoran@fordham.edu)

Follow this and additional works at: <https://fordham.bepress.com/swjournal>



Part of the [Social Work Commons](#)

### Recommended Citation

Moran, T. S. (2016). Seeking Social Justice in the Literature: Guidelines for Critical Review. *21st Century Social Justice*, 3 (1). Retrieved from <https://fordham.bepress.com/swjournal/vol3/iss1/6>

This Article is brought to you for free and open access by DigitalResearch@Fordham. It has been accepted for inclusion in 21st Century Social Justice by an authorized editor of DigitalResearch@Fordham. For more information, please contact [considine@fordham.edu](mailto:considine@fordham.edu), [bkilee@fordham.edu](mailto:bkilee@fordham.edu).

# Seeking Social Justice in the Literature: Guidelines for Critical Review

Theresa Stewart Moran  
Fordham University

Issues of social justice are not always apparent in publications. This article will examine the roles that recruitment, compensation, and funding play in selection of research topics and their effect on vulnerable populations. Power differentials between researchers, clinicians, and clients will be examined with a focus on participatory action research.

*Keywords: social justice, research evaluation, research methods*

Social work can be defined as the profession of helping (Barker, 2014). The goal of the work is to improve or remediate social functioning and to maximize supportive social conditions for individuals, families, groups, or communities (Barker, 2014). Traditionally, the mission of social workers is to support those whose lived experience includes disadvantage in the forms of oppression, inequality, or lack of opportunity, using a framework of social justice (Finn & Jacobson, 2003). When evaluating literature to inform best practice, the clinician must realize that researchers do not always conduct research in the best traditions of social justice. Researchers should gather data in a way that supports and embraces social work's values. In this article, the framework of social justice will be the lens through which critiquing and evaluating research will be examined. In particular, power imbalances and ethical dilemmas inherent in the research processes will be examined.

The *Code of Ethics* (COE) of the National Association of Social Workers (NASW) includes the value of *social justice*. Social workers seek social justice in all areas of interaction with clients. The *COE* also mandates clinicians to seek evidence of best practices before making clinical decisions (NASW, 2008). The NASW *COE* Ethical Standards specifically addresses issues pertinent to social justice in research. Social Workers' Ethical Responsibilities to the Social Work Profession explains this under the heading of Evaluation and Research: "Social workers should educate themselves, their students, and their colleagues about responsible research practices" (NASW, 2008, 5.02).

Additionally, the NASW approved the following directive in the section on Social Workers' Ethical Responsibilities to the Broader Society, under the heading of Social and Political Action:

"Social workers should act to prevent and eliminate

domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability" (NASW, 2008, 6.04).

## Seeking Evidence

Evidence-supported practice in social work is a process that follows a trend that began in medicine (Gambrill, 2001; Reid, 1994). Practitioners were charged with mindfully selecting high-quality scientific evidence to guide clinical decisions (Sackett, Richardson, Rosenberg, & Haynes, 1997). Social work has a similar expectation, in that it is "grounded on findings that demonstrate that certain actions performed with a particular type of client [...] are likely to produce predictable, beneficial, and effective results" (Roberts, Yeager, & Regehr, 2006, p. 4). In addition to reading and integrating evidence-supported knowledge, the clinician utilizes practice wisdom and the values and preferences of the client. This is valid not only for clinical and administrative work, but in research as well. Given the continuous development of the research body of knowledge, social workers have been admonished to pursue a posture of lifelong learning with an eye toward critically appraising and integrating new information in to traditional practice wisdom and client centered practice (Gibbs, 2003; Thyer, 2006).

## Is Research Oppressive?

There is literature that suggests that merely participating in research affects the participant (McCambridge, Witton, & Elbourne, 2014; Padgett, 2008). By singling out a particular population for study, researchers infer

that there is something that is different than the status quo (Finn & Jacobson, 2003). Traditional research methods tend to focus on unusual, different, abnormal, or problematic cases (Anastas, 2014). Noted philosopher W. E. B. DuBois (1985) commented on research as another institution that reinforced differences, and that being chosen for study labeled one as “a problem” (Williams, 2016). The social construction of normalcy involves issues of culture practices, race, gender, ethnic identification, socioeconomic status, citizenship, and sexual orientation (Finn & Jacobson, 2003). Labeling a group as different serves to stigmatize those who may already be socially marginalized, can lead to feelings of “otherness,” and may foster an environment where exploitation of that group and its resources may be rationalized (Cox, as cited in in Rubio & Williams, 2004). This also objectifies people into data to be analyzed, reinforcing oppressive social conditions (Maguire, 1987).

When evaluating the literature, clinicians should read critically, be aware of the dominant explanation and observations, and remember that evaluation of any type is a social process within a political context (Finn & Jacobson, 2003; Rosen, 2003). This context affects the research questions and the types of study design chosen (Finn & Jacobson, 2003). Clinicians evaluating research must assess the literature for signs of ethnocentric language or attitude. The researchers should indicate awareness of their own frames of reference, strive to avoid cultural bias, and show sensitivity to diversity (Padgett, 2008). For example, working under the framework of positivist assumptions implies that there is a single reality. This may not be respectful of someone’s lived experience. The researcher should indicate in the literature what steps were taken to overcome the socially constructed hierarchies that reinforce the dominant ideology (Para-Medina & Fore, 2004).

### **Traditional Studies**

There is a general acceptance of a study robustness hierarchy that places randomized controlled trials as the gold standard, and “weaker” designs as less credible (Padgett, 2008; Shadish, Cook, & Campbell, 2002). The advantages of these robust study designs are the assumptions of objectivity and reduced reactivity, as the researchers maintain distance from the participants (Shadish, Cook, & Campbell, 2002). However, the more researcher-controlled designs embody higher power differentials, with the investigator’s power higher than the participants. The researcher’s positionality may also lead to the participants giving socially desirable responses (Finn & Jacobson, 2003).

Choices of measurement instruments are another

area where ethnocentric bias may occur. The use of standardized measures presumes similar language, assumptions, and values (Tutty, Rothery, & Grinnell, 1996). Forced-choice quantitative items may also reinforce inherent race and class biases (Finn & Jacobson, 2003). For this reason, qualitative studies, with their focus on value and meaning and their setting within the natural environment, are sometimes preferable; however, the same likelihood for bias may exist in the language of open-ended questions (Finn & Jacobson, 2003; Padgett, 2008).

Sampling strategies are another area where concerns arise over social justice issues. Convenience sampling may produce sampling bias, as this limits participation to those who are able to afford transport to a research location, take time off to participate, or read the primary language of the area. Offering large incentives can be seen as coercive when offered to participants with little income. Other inclusion and exclusion criteria should be scrutinized when evaluating literature to see who exactly is included and who is not, and how this may affect results.

Debate about the inclusion of vulnerable populations in research samples also prompts concerns regarding social justice. As members of society, all persons should be offered the opportunity to participate in research, with the larger community bearing the responsibility to enable all to participate (Finn & Jacobson, 2003). According to the principle of justice, the burdens of research should be borne equitably by all groups who would benefit, with no group being disproportionately burdened (Swerdlow, 2005). Populations that are known to be challenging to recruit are often not sampled and possibly not well-served, as little can then be determined about the availability or effectiveness of interventions (Finn & Jacobson, 2003). Being a member of a group that is considered vulnerable implies a need for special care in recruitment and participation. Social justice demands that members of these groups be offered the opportunity to participate in research (Finn & Jacobson, 2003). While abuses of power, harm to the frail or impaired, and imposition of further burden are risks more likely incurred by vulnerable populations, care must be taken against assuming an overly protective, paternalistic stance that would prevent these potential participants from contributing to society in a meaningful way and offering the opportunity for a restoration of dignity (Swerdlow, 2005).

The key to just participation lies in the concept of informed consent. As part of the requirements set forth in the *Belmont Report* (Department of Health, Education, and Welfare, 1979), informed consent necessitates that the participant receive adequate information about risks of participation in a study, has sufficient health

literacy to comprehend those risks, and agrees to participation without peer or authoritative pressure. It is especially important that vulnerable participants do not have false expectations due to a therapeutic misconception, and understand that no benefit may come from participation in research (Swerdlow, 2005).

### **Research Funding as A Source of Social Injustice**

Commercialization of research can lead to issues of social justice; research topics and methods driven by those with a vested interest in the results may threaten integrity by introducing bias. Aside from the competing interests that may arise when pressure for success impedes reporting accurate results, private sector funding tends to change the intellectual climate of a research institution (Macrina, 2005). When industry, federal and state governments, and private foundations influence allocation of research funding, those with need may not be studied in deference to those whose results may generate needed affirmations of a circumstance or intervention (Powe & Gary, 2004; Yeager & Roberts, 2004). Studies that will yield less lucrative results or that will serve a small percentage of a population will be less likely to be encouraged.

This trend may continue in publication bias, as there may be a limited number of peer reviewers on a topic. These reviewers may hesitate to be critical of literature about a topic in which they have an interest. Even if research results are valid, industry-supported investigators tend to publish fewer articles in peer-reviewed journals, as the free exchange of ideas is restrained due to the perceived value of intellectual property (Yeager & Roberts, 2004).

### **A Better Way**

Socially responsible research is conducted with an awareness of the larger structural context (Padgett, 2008). A more collaborative approach can be seen in the research method known as participatory action research (PAR). In this model, the researcher approaches the community members and seeks advice on the needs of the community, invites buy-in from community leaders, and gathers support from community members, allowing the community to guide the focus of the research to meet local needs. This positions the researcher and the participant on a more equal level, implying a cooperative process that respects the group's autonomy (Padgett, 2008; Shadish et al., 2002).

Assumptions in PAR include: (a) reality is mutually constructed; (b) all people have the ability to learn from the experience and make informed choices to en-

hance their lives; (c) researchers are mindful of their own subjectivity; and (d) the goal of the work is social change and community empowerment (Finn & Jacobson, 2003; Padgett, 2008). This type of research has unique challenges: it is more time consuming, demands commitment to the process, and requires recruiting marginalized participants (Finn & Jacobson, 2003). This results in a power shift; the community members are seen as the experts on their own environment and they are partners in information development (Tutty et al., 1996). It also introduces the voices of previously unheard marginalized people in shaping policy (Finn & Jacobson, 2003). This ownership in the process has important effects on self-determination (Powers & Faden, 2006).

### **Discussion**

Social workers support social justice in all areas of practice, administration, and research. Awareness of potential infringements of social justice in research studies will allow the social worker to carefully evaluate research data for consideration in making practice decisions. Clinicians that read with awareness of the potential influences of the dominant ideology and researcher bias will be better prepared to discern the applicability and validity of research results for their clients. In particular, clinicians who are cognizant of the power differentials and social distance inherent in the sampling strategies, funding sources, development of research questions, and standardized measures of traditional studies will be better informed when selecting evidence on which to base practice decisions. Supporting more equitable research methods including participatory action research, will lead to a more inclusive knowledge base that will enhance practice and, in turn, the lives of clients. Social workers who participate in research and who utilize the research of others can facilitate the empowerment of marginalized segments of the population by supporting and promoting a collaborative research process.

### **References**

- Anastas, J. (2014). When is research good evidence? Issues in reading research. *Clinical Social Work Journal*, 42, 107–115.
- Barker, R. L. (2013). *The social work dictionary* (6th ed.). Washington, DC: NASW Press.
- Department of Health, Education, and Welfare. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of re-*

- search*. Washington, DC: OPRR Reports.
- DuBois, W. E. B. (1985). *Against racism: Unpublished essays, papers, and addresses, 1887–1961*. Amherst, MA: University of Massachusetts Press.
- Finn, J. L., & Jacobson, M. (2003). *Just practice: A social justice approach to social work*. Peosta, IA: Eddie Bowers.
- Gambrill, E. (2001). Social work: An authority-based profession. *Research on Social Work Practice, 11*, 166–175.
- Gibbs, L. E. (2003). *Evidence-based practice for the helping professions*. Pacific Grove, CA: Thompson Learning.
- Macrina, F. L. (2005). *Scientific integrity: Texts and cases in responsible conduct of research* (3rd ed.). Washington, D.C.: American Society for Microbiology Press.
- Maguire, P. (1987). *Doing participatory research: A feminist approach*. Amherst, MA: The Center for International Education, University of Massachusetts.
- McCambridge, J., Witton, J., & Elbourne, D. R. (2014). Systematic review of the Hawthorne effect: New concepts are needed to study research participation effects. *Journal of Clinical Epidemiology, 67*, 267–277.
- National Association of Social Workers (NASW). (2008). *Code of ethics of the National Association of Social Workers*. Washington, D.C.: NASW Press.
- Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Para-Medina, D., & Fore, E. (2004). Behavioral studies. In B. M. Beech & M. Goodman (Eds.), *Race & research*. Washington, D.C.: American Public Health Association.
- Powe, N. R., & Gary, T. L. (2004). Clinical trials. In B. M. Beech & M. Goodman (Eds.), *Race & research*. Washington, D.C.: American Public Health Association.
- Powers, M., & Faden, R. (2006). *Social justice*. New York, NY: Oxford University Press.
- Reid, W. J. (1994). The empirical practice movement. *Social Service Review, 68*, 165–184.
- Roberts, A. R., Yeager, K., & Regehr, C. (2006). Bridging evidence-based health care and social work. In A. R. Roberts & K. Yeager (Eds.), *Foundations of evidence-based social work practice*. New York, NY: Oxford University Press.
- Rosen, A. (2003). Evidence-based social work practice: Challenges and promise. *Social Work Research, 27*, 197–208.
- Rubio, M., & Williams, D. R. (2004). The social dimensions of race. In B. M. Beech & M. Goodman (Eds.), *Race & research*. Washington, D.C.: American Public Health Association.
- Sackett, D., Richardson, W., Rosenberg, W., & Haynes, R. (1997). *Evidence-based medicine: How to practice and teach EBM*. New York, NY: Churchill Livingstone.
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton Mifflin.
- Swerdlow, P. S. (2005). Use of humans in biomedical experimentation. In F. L. Macrina (Ed.), *Scientific integrity*. Washington, D.C.: American Society for Microbiology Press.
- Thyer, B. (2006). What is evidence-based practice? In A. R. Roberts & K. Yeager (Eds.), *Foundations of evidence-based social work practice*. New York, NY: Oxford.
- Tutty, L. M., Rothery, M. A., & Grinnell, J., R.M. (1996). *Qualitative research for social workers*. Needham Heights, MA: Allyn & Bacon.
- Williams, R. W. (2016). *W. E. B. Dubois*. Retrieved from <http://www.webdubois.org/>
- Yeager, K., & Roberts, A. R. (2004). A practical approach to formulating evidence-based questions in social work. In A. R. Roberts & K. Yeager (Eds.), *Foundations of evidence-based practice*. New York, NY: Oxford University Press.

MORAN

### **Acknowledgements**

The author would like to extend thanks to the Fordham University community for its constant support, especially the staff in the Interlibrary Loan department.

### **Author Information**

**Theresa Stewart Moran**, LCSW, ACHP-SW, MBHP, received her Master of Social Work from Fordham University and is currently a doctoral candidate at the Graduate School of Social Service at Fordham University. She serves on the Ethics Council for the New Jersey Hospice and Palliative Care Organization and the Ethics Committee for the National Association of Social Worker's New Jersey Chapter. Ms. Moran's interests include the impact of illness on the family, disparities in health care, and the role of the social worker in ethics and bioethics decision making. Address correspondence about this article to Theresa Stewart Moran: [bthmoran@fordham.edu](mailto:bthmoran@fordham.edu).