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On May 12th, 2021 the nursing profession celebrated its continued role in leading healthcare globally, strengthened in voice and social media presence by the challenges of the past year, acknowledged for its personal sacrifice and loss of nurses globally. Yet in the weeks following, an awakening to the realities of the global impact of Covid-19 on the profession was realised in the World Health Assembly with an estimate of 5.9 million shortage of nurses, predominantly impacting middle and lower income countries (WHO 2021). A call for investment, education and retention echoes previous messages. It is notable that a year ago, colleagues appealed for critical examination of work-related deaths and to shift the narrative for nursing towards a fundamental realisation of its potency to lead, moving away from the inculcated traditional tropes (Bennett, James and Kelly 2020). So, what has changed for the profession and how it is perceived? As the pandemic continues to proliferate and modify, to continue its sweep across countries globally, the disproportionate availability and delivery of vaccinations is a regular feature in the daily news. We must consider, what role the nursing profession has played in this pandemic, now we have shifted from initial shock in its ferociousness, to realising its power and consequences. Calls for the profession to demonstrate leadership, to move towards a renewed vision and build on furthering social justice are justified (Jackson et al 2021). We would add there are absent components which surely need to be included to foster further bearing; a unifying approach to leading for social justice and placing the prominence of this within nurse education, harnessing the potency of emotional responses experienced, applying the wisdom gained from historical narratives and openly asking critical questions to power.

Currently, we find healthcare in a 'perfect storm'; a pandemic, escalating health inequalities, a demand to focus resources towards prevention and treatment of Covid-19, a hiatus of services for other health and social care needs, already exhausted and underfunded workforces, shifting priorities of resources, and the political doctrines and forces which influence response to these. Nurses globally have served communities exceptionally well, facing risks, heavy workload demands, sudden redeployment and personal loss. In some contexts, this pandemic has placed nurses within the conflicting situation of being congratulated and depicted as selfless 'angels', while simultaneously facing relentless pressure to work under extraordinarily pressured environments, to advocate for vaccination, and then be negated with cyberthreats and reputational criticism. Nurses have for generations, been instrumental in the success of immunization programmes globally and for this pandemic, have been central to instilling trust in communities who are vaccine hesitant and winning 'hearts and minds', an essential element to successful vaccination programmes (Burden et al 2021). Yet also visible is the disparity of availability of vaccines, the varying response of countries leaders, and the suffering of populations who are struggling in this pandemic. Nursing must learn from the historical narratives of the profession, take its commitment to social justice seriously and do more than reflect on the events of this last year.

Emotions as sentiments of solidarity

Emotional impacts of the pandemic have been starkly evident, compassion and fear unmistakably displayed. In this time of sharing of human vulnerability, there is a risk nursing may miss the opportunity to expand the power of compassion outward, from being a narrow link to the principles for social justice, to acknowledging it as a human resource, capable of shaping the social and political landscape of its response to healthcare globally. Rather than viewing emotions as compulsive reactions, Martha Nussbaum's (2013) philosophical approach views emotions as cognitive intelligent responses to what is personally of value and importance, influencing life choices, ethics and morality. In this pandemic, fundamental, primal emotions such as grief and fear have been ubiquitous. Acknowledging these emotions and their effects on global populations, places value on the cognitive responses of people, on the social and personal devastation that they have witnessed, respecting the overwhelming nature of this mass suffering and loss. Political leaders who have acknowledged the emotions of humanity have perhaps gained respect, while others arguably have used the negative effects of emotions to further prejudices and misconceptions about origins and threat of the virus and acceptability of vaccinations. While there is an awareness in nursing debate of social health situations, it must now engage in the wider debates within philosophy, theory and politics to lead and influence for social justice. Emotions are powerful sentiments of solidarity, and while it is acknowledged these can be both positive and negative, for nursing, this current global surge of need for compassion and care affords a momentum to advance its influence for equity in healthcare.

A critical social consciousness

Earlier in the year business leaders, civil societies and politicians met for the World Economic Forum Davos Agenda, focused on 'rebuilding trust' and moving forward with a social justice approach to the pandemic. There is a realisation that the existing socioeconomic systemic inequalities globally are threatened even further by the pandemic. Yet Oxfam (2020) estimated that 70 of the poorest countries would only be able to vaccinate 1 in 10 people within 2021 without action by government and pharmaceutical industries to safeguard equal distribution and delivery. Unequivocally in contrast, wealthier countries had purchased 53 percent of approved vaccines which represented only 14 percent of the global population (Oxfam 2020). Further development of social justice in the global approach is palpably obvious. Nussbaum's (2013) 'Capabilities approach' applies a liberal social justice theoretical framework, claiming freedom to achieve wellbeing is of primary human moral importance and the freedom to achieve wellbeing is understood in terms of 'Central Capabilities' or opportunities to 'be' and 'do' what individuals' value.

We propose further consideration of social justice methodologies are needed and should be included in nursing educational programmes, intertwined with leadership development and ethical responsibility to place focus on the interrelated relationships nursing knowledge has to global healthcare needs. In the State

of the World's Nursing Report (WHO 2020) the World Health Organisation, International Council of Nursing and Nursing Now called for a focus on 'action and investment in nurse education and leadership', and while the pandemic was not anticipated, the profession and its supporting agencies need to ensure this focus remains, and equally now includes an ethical social justice philosophy. Seizing the power of emotional and compassionate reasoning, asking those in command the critical questions, and being clear in leading social justice, could elevate nursing further as an effective and influencing response to this pandemic.

Nursing care is not provided in a void, it is impacted by socio- economic states, and by political inclinations. We acknowledge that social justice is political, and although the debate continues as to the role of nursing in politics, if we recognise the contribution Nightingale made to viewing social justice as a core responsibility of nursing, then we must also define our approach to it now. Accepting a critical social consciousness which asks questions of inequality, unjust conditions, and disparate distribution of resources, surely aligns to conditions which nurses find themselves; a diverse and unpredictable world where status, gender, and race impact on the provision and distribution of resources and care.

Conclusion

The allocation of resources, equity and access to healthcare is not a new phenomenon to nursing. Nightingale witnessed social injustice, and while vast improvements in providing care for society has developed in some countries, there remains stark disparity, brought to the fore again by this pandemic. Furthermore, we must not assume that social justice is universally understood. We suggest the interconnected qualities of leadership and potency of emotions should be unequivocally associated to define its place in nursing. Much work is needed to mobilise the assets of the profession to lead and influence for social justice, beginning with a unified approach to its presence within nurse education, clear links to compassionate leadership and the profession coalescing to be valued as a powerful movement for social equity.

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