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Beyond Representation: Tokenism and Epistemic Justice in Nursing Research

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ABSTRACT

Tokenism has become an increasingly visible feature of contemporary research and scholarship, particularly in contexts where expectations of diversity and inclusion are institutionally embedded. While often presented as evidence of progress, tokenism raises critical questions about power, participation and the conditions under which knowledge is produced. Tokenism is more than simply a failure of inclusion, it is a functional feature of contemporary research systems, enabling the appearance of equity while preserving existing distributions of power. This paper examines tokenism as a form of inclusion that is more symbolic than substantive, projecting an image of progress while leaving existing hierarchies intact. We argue that tokenism in nursing research is not simply a problem of representation, but a form of epistemic injustice that shapes who participates, whose contributions are recognised and what knowledge is legitimised. In doing so, tokenism can obscure expertise, distort perceptions of competence and position individuals as representatives of identity rather than as authoritative contributors. These dynamics have ethical and epistemic consequences, including the reproduction of marginalisation, the generation of partial knowledge and the erosion of trust. Addressing tokenism requires a reorientation towards collaborative and justice-oriented practices in which participation and epistemic authority is shared.

1 | Introduction

Equity, diversity, inclusion and meaningful participation have become increasingly important aspirations within contemporary nursing research. Collectively, these commitments have increased the visibility of scholars, communities and forms of knowledge that have historically been marginalised, while reinforcing participatory, co-design, Indigenous and culturally safe approaches to research. At the same time, there is growing recognition across the wider literature that institutional commitments to equity and inclusion do not necessarily produce meaningful structural change, particularly when progress is assessed through visible indicators of representation rather than the redistribution of power and authority (Alvaro 2026).

Our concern in this paper is more specific than this broader debate. We argue that representational inclusion should not automatically be interpreted as evidence of epistemic justice. Individuals and communities may be included in research while remaining excluded from decisions about what knowledge is produced, how it is produced, how findings are interpreted and whose expertise is recognised as legitimate. We therefore distinguish between inclusion as a procedural requirement, and meaningful participation as characterised by shared epistemic authority, influence and decision-making. This distinction underpins the central thesis of the paper.

We do not argue that justice-oriented nursing research is absent, nor do we seek to diminish the important contributions

of participatory, community-based and other emancipatory approaches that have sought to challenge epistemic inequities through partnerships characterised by shared epistemic authority and reciprocal decision-making. Rather, we argue that the adoption of these approaches should not, in itself, be taken as evidence that tokenism has been meaningfully addressed where epistemic authority remains unequally distributed. Contemporary research environments may demonstrate increasing commitments to inclusion while leaving the structures that determine whose knowledge counts, whose voices carry authority and who ultimately shapes research agendas unchanged. Under these circumstances, participation may become symbolic rather than transformative, allowing institutional commitments to inclusion to coexist with the continued concentration of epistemic authority.

This paper builds on the important contributions of nursing scholars who have long advanced participatory, community-engaged and culturally safe research. In doing so, we seek to contribute to these ongoing conversations by arguing that greater attention should be paid to how epistemic authority is shared, exercised and represented within nursing research and scholarship. The aim of this paper is to examine tokenism as a form of epistemic injustice. We argue that tokenism is not simply a failure of representation but a structural phenomenon that maintains existing distributions of epistemic authority while creating the appearance of inclusion. By distinguishing representational inclusion from participation characterised by shared epistemic authority, we examine how tokenism shapes nursing knowledge production and constrains the capacity of nursing research to fulfil its commitments to social justice, cultural safety and the co-production of knowledge. Because nursing research informs clinical practice, education, leadership and policy, tokenism in nursing research has consequences that extend beyond research participation itself. It shapes whose experiences become seen as 'evidence', whose perspectives influence knowledge production, and ultimately the evidence base upon which nursing care is founded. We argue that moving beyond tokenism requires more than visible inclusion; it requires research practices characterised by shared epistemic authority, accountability and reciprocal decision-making.

2 | Understanding Tokenism: Beyond Representation

Tokenism in research and scholarship is commonly understood as the superficial inclusion of individuals from underrepresented or marginalised groups in participatory processes, research teams or academic environments, without affording influence, decision-making power or substantive opportunities to contribute (Sabnis et al. 2023). Often characterised as a form of 'tick-box diversity', tokenism is more symbolic than substantive, creating the appearance of fairness, inclusivity or compliance with diversity requirements while leaving underlying authority unchanged (Younas 2024; Huang 2025). Recent literature has documented how tokenism operates in academic contexts, revealing its role in perpetuating racial and gender disadvantage, constraining career progression and undermining perceptions of fairness among marginalised scholars (Ajibade Adisa et al. 2025; Kwapisz and Hechavarria 2025).

Tokenism is often sustained by professional power and by systems, structures and cultures that exclude people from contributing in meaningful ways (Tembo et al. 2019). It should therefore not be understood only as an interpersonal failure or the poor implementation of participatory approaches. Tokenism may also be produced and sustained through institutional arrangements, including funding priorities, governance structures, academic hierarchies, authorship conventions, publication practices and accepted standards of expertise. These systems can accommodate outward appearances of greater diversity, without altering who controls research agendas, resources, methodological decisions, interpretation or dissemination. In this way, tokenism can preserve existing distributions of authority while creating the appearance of inclusion. A wider range of perspectives may become visible, but dominant authority remains unmarked and intact.

Questions of inclusion and exclusion in research are therefore inseparable from broader concerns about epistemic justice, including who is permitted to shape knowledge, whose perspectives are legitimised and how structural inequities are reproduced through scholarly practices (Jackson et al. 2026). This includes the privileging of dominant epistemologies, whereby alternative knowledge systems may be acknowledged yet remain peripheral to the framing of research questions, the selection of methods and the interpretation of findings. From this perspective, tokenism is not merely a problem of representation but a form of epistemic injustice, rendering some people and ways of knowing visible without affording them genuine authority in the production and legitimisation of knowledge.

Our intention is not to suggest that meaningful, relational and justice-oriented nursing research does not exist, nor that nursing scholars are uniformly unaware of the risks of tokenism. Nor do we seek to diminish the important contributions of participatory, co-design, Indigenous, Black culturally safe and other justice-oriented approaches, many of which have substantially advanced nursing scholarship and challenged historically exclusionary research practices. Rather, we argue that the adoption of these approaches should not, in itself, be taken as evidence that tokenism has been meaningfully addressed where epistemic authority remains unequally distributed.

Instead, we seek to extend and strengthen this important body of work by shifting attention from inclusion as a procedural achievement to participation as a question of shared authority, influence and decision-making throughout the research process. This distinction is important because methodological labels alone cannot demonstrate whether epistemic authority has been genuinely redistributed. Published reports rarely provide sufficient detail for readers to determine who shaped the research questions, who controlled key methodological and interpretive decisions or how authority was negotiated across the life of the project. Consequently, while participatory and justice-oriented approaches may create the conditions for more equitable research, they should not be assumed to have resolved the deeper question of who ultimately holds authority in the production and legitimisation of nursing knowledge.

These concerns have direct implications for nursing research. The International Council of Nurses (ICN) definition of nursing

and of the nurse positions nurses as advocates, knowledge producers, leaders, educators and policy actors working through culturally safe, evidence-informed and socially just practices (White et al. 2025). In this context, tokenism is not peripheral to nursing's contemporary professional identity. It constrains the relevance, legitimacy and social responsiveness of the knowledge on which nursing practice, education, leadership and policy depend.

3 | Tokenism in Research and Scholarship: Presence Without Power

While the language of diversity, inclusion and equity is now firmly embedded within research cultures, the persistence of tokenistic practices suggests that deeper structural change remains limited. Gendered, intersectional and disciplinary inequities continue to shape who secures research funding, who advances and whose knowledge is valued, with women, particularly Indigenous women and women who have historically been excluded from positions of research authority remaining systematically disadvantaged in research funding across many disciplines. Despite some isolated findings of parity, evidence points to enduring structural inequalities. Women are less likely than men to secure research funding across many fields and career stages, with demonstrated negative gender gaps in grant success and funding amounts (Borger and Purton 2022; Head et al. 2013; Witteman et al. 2019; van der Lee and Ellemers 2015).

Within this context, diversity, inclusion and equity frameworks, while important, may inadvertently create conditions that enable tokenism, particularly when inclusion is assessed through visible indicators of representation. In competitive funding environments, the perceived value of including underrepresented individuals on research teams may reduce participation to a strategic exercise rather than a commitment to shared authority. As a result, representation may be prioritised over influence, allowing the appearance of inclusion to strengthen funding applications while leaving underlying power relations intact.

4 | Tokenism in Practice: Co-Design, Funding and Institutional Incentives

Whether epistemic authority is genuinely shared depends not only on who participates in research but also on the timing, scope and influence of that participation. As Jackson and Moorley (2021) have previously observed, engagement that occurs only after key research decisions have already been made may have limited capacity to influence the direction of inquiry, increasing the risk that participation becomes a tokenistic add-on rather than a substantive contribution. Sabnis et al. (2023) similarly note that such inclusion may be conditional, dependent on conformity, the avoidance of challenge and the maintenance of an appearance of fairness that does not disrupt underlying hierarchies.

Participatory and co-design approaches provide an important illustration of how tokenistic practices can be rearticulated through the language of inclusion. Increasingly, expectations from funding bodies and policy frameworks have encouraged the adoption of co-design methodologies with the intention of embedding participation, representation and partnership within research processes. At its best, co-design positions those with lived experience as equal partners who shape all stages of research (Bennett et al. 2024). King et al.'s (2022) systematic review of co-design with Indigenous children and young people and others from priority groups found that the rhetoric of co-design did not necessarily translate into authentic participation, empowerment or transformational outcomes.

Methodological labels alone cannot establish whether epistemic authority has been shared throughout a research project. Where engagement is limited, delayed or constrained, co-design risks becoming what might be termed *faux-design*: a form of participation that creates an illusion of inclusion while leaving existing structures of authority unchanged (Butler et al. 2025). In such cases, involvement may be reduced to consultation rather than authentic collaboration, and the label of co-design may lend legitimacy to research processes that do not meaningfully redistribute authority.

Similar dynamics are evident in geographically defined research priorities, such as rural, remote and regional (RRR) health research. Funding frameworks increasingly require demonstrable involvement of researchers and communities located within these regions, including leadership roles, team composition requirements and evidence of capacity building (Australian Government Department of Health and Aged Care 2025). While such criteria are intended to promote equity and strengthen locally grounded research, they may also create conditions for tokenistic inclusion. For example, researchers based in metropolitan centres may seek to involve RRR-based researchers late in the development of proposals, primarily to meet eligibility requirements rather than to establish partnerships characterised by shared epistemic authority. In such cases, inclusion becomes a strategic response to funding criteria rather than a commitment to shared authority, with limited opportunity for meaningful contribution to the design, conduct or direction of the research. These practices may be particularly consequential for early- and mid-career researchers in RRR settings, who may be positioned as collaborators in name while lacking substantive influence or equitable recognition in resulting outputs.

Published reports rarely provide sufficient detail to determine who shaped the research questions, controlled key decisions, interpreted findings or determined how knowledge would ultimately be represented. Consequently, although the nursing literature demonstrates increasing adoption of participatory, co-design, Indigenous and Black culturally safe methodologies, it often remains difficult to determine from published accounts whether epistemic authority was meaningfully redistributed or whether participation remained primarily procedural or symbolic.

5 | When Tokenism Obscures Competence

Beyond limiting participation, tokenism also shapes whose expertise is recognised, whose knowledge is regarded as credible and whose contributions carry authority within research. It can obscure expertise, achievements and intellectual contribution,

reshaping how competence is perceived and evaluated. When individuals are included primarily to satisfy institutional expectations around diversity or representation, their presence may be interpreted symbolically rather than substantively, a dynamic reflected in empirical accounts of Black academics who report that their contributions are frequently devalued or dismissed, and that they are required to outperform peers to be regarded as credible scholars (Ajibade Adisa et al. 2025).

These dynamics are reflected in accounts of Black nurses whose substantial contributions to healthcare systems have been historically overlooked or undervalued, and who have been required to work harder than their peers to gain recognition and advancement within professional hierarchies (Moorley et al. 2026). Furthermore, where representation remains at token levels, women's capacity to influence organisational outcomes may be constrained, with their presence interpreted as symbolic rather than as evidence of intellectual authority or decision-making power (Tampakoudis et al. 2022).

Tokenism may also result in role reduction, whereby individuals are assigned identity-stereotyped roles rather than being recognised for their broader skills and expertise (Peach et al. 2024). This can diminish recognition of their scholarship and cast doubt on the legitimacy of their authority. Individuals may come to be seen first through ethnicity, gender, culture or identity, and only secondarily as scholars, clinicians, disciplinary or cultural experts. In this way, genuine scholarly contribution may be overshadowed by assumptions that individuals are present because they fulfil diversity expectations rather than because of their expertise, merit and sustained scholarly contribution. These assumptions are not neutral; they reflect and reproduce deficit framings that position marginalised scholars as contingent contributors rather than as authoritative producers of knowledge.

These dynamics are particularly insidious because they are often normalised or enacted under the guise of inclusion, opportunity or institutional need and therefore may not be recognised as harmful by those who sustain them. In academia, this may take the form of subtle but persistent pressure to remain in identity-designated spaces. For example, an Aboriginal or Black academic with expertise in critical care nursing (e.g.,) may be expected to teach First Nations health, Black health or Cultural Safety while their critical care expertise is sidelined.

Such practices are not benign; they do not merely shape workloads, they constrain scholarly identity, delegitimise authority and reproduce assumptions about where particular academics are perceived to belong. They may also generate a discourse of derision, in which intellectual contribution can be diminished and dismissed, as reported in a recent study that showed that Black academics reported epistemic injustice and invalidation of their knowledge contributions, issues driven (at least in part) by tokenistic inclusion practices (Ajibade Adisa et al. 2025). Analyses of tokenism highlight how heightened visibility can coexist with constrained agency, where individuals are seen but not fully heard or taken seriously (Huang 2025). This dynamic can also extend beyond individuals to the marginalisation of entire knowledge traditions, which may be acknowledged as perspective, but not accorded equivalent epistemic authority. Tokenism does not merely misrecognise individuals; it distorts the research process as it restricts who is authorised to speak, teach, interpret and lead, thereby reinforcing epistemic injustice neutralising academic and research cultures.

6 | The Human Cost of Tokenism

Tokenism carries not only structural and epistemic consequences but also significant human and relational costs. For individuals positioned as tokens, participation may be accompanied by a diminished sense of professional worth, ambiguity regarding their role and uncertainty about the value of their contribution. Being included on the basis of identity or representation, rather than recognised expertise, can undermine confidence, erode professional identity and generate tensions between visibility and legitimacy. These tensions are produced within systems that simultaneously demand representation and devalue the authority of those represented, creating conditions in which inclusion becomes both expected and undermined.

Tokenism places a disproportionate burden on those who are included. Indigenous and scholars who experience structural marginalisation may be expected to provide insight, legitimacy and diversity, often without commensurate recognition, authority or reward. This can involve significant emotional and intellectual labour, particularly when individuals are asked to represent entire communities or challenge entrenched perspectives within constrained roles (Ross et al. 2023). These burdens may be compounded when individuals are expected to represent the interests of communities yet find that their concerns are routinely disregarded. Participation itself may also be experienced as constraining, where expectations regarding roles, language and conduct shape how individuals contribute and are heard within research spaces (Forbat et al. 2024). These burdens may extend beyond formal research roles to include disproportionate expectations for mentoring, committee participation and other forms of organisational service that are rarely recognised in promotion processes (Price-Williams and Maätita 2022).

Moments of recognition, where individuals come to understand their inclusion as symbolic rather than substantive, can be particularly consequential. Such realisations may be associated with emotional distress, disillusionment and professional vulnerability. These experiences may be especially acute for researchers working in under-resourced contexts, including RRR settings, where opportunities for participation are limited, and inclusion may carry heightened significance. Tokenistic engagement may therefore generate not only frustration but also sustained academic and emotional labour as individuals navigate expectations to contribute meaningfully within constrained roles. This pattern has been described among Indigenous Māori nurses, who report continual demands for cultural input accompanied by microaggressions, racism and the diminishment of their professional authority (Wilson et al. 2022).

7 | Consequences: Tokenism and the Realisation of the ICN Definition of the Nurse

The consequences of tokenism extend beyond issues of fairness or representation. They are both epistemic and ethical in

nature, with far-reaching implications. Viewing tokenism as a form of epistemic injustice shifts attention from who is present within research to who exercises authority over knowledge production. This has implications for every stage of the research process, including priority setting, governance, partnership development, methodological decision-making, authorship, peer review, funding and knowledge translation.

Mugambi et al. (2025) show that tokenism may sit alongside exclusion, microaggressions and racism, reinforcing that symbolic inclusion does not protect people from structural inequity. At an epistemic level, tokenism distorts knowledge production by preserving narratives and frameworks that remain dominant because they are institutionally authorised rather than necessarily more accurate. This has direct implications for the ICN emphasis on evidence-informed decision-making and the scientific knowledge base of nursing. When knowledge production is shaped by unequal authority, the evidence that informs practice, education and policy risks being partial, distorted or misaligned with the needs of diverse populations. Superficial inclusion may therefore prevent different perspectives from meaningfully reshaping research questions, methods and interpretations, instead reinforcing the assumptions of dominant groups. Research may therefore appear inclusive while remaining grounded in assumptions that exclude or misinterpret the experiences of groups that have historically been excluded from positions of research authority, producing knowledge that is partial or misleading. This may include the marginalisation or misinterpretation of knowledge systems that fall outside dominant paradigms, particularly when such perspectives are included symbolically but not afforded authority in analysis or interpretation. Such patterns resonate with justice-oriented scholarship frameworks which position knowledge production itself as an ethical and political practice, shaped by systems of power that determine whose voices are heard and whose remain excluded or devalued (Jackson et al. 2026).

Rather than redistributing power, tokenism can reproduce existing hierarchies. Institutions may demonstrate commitment to diversity without relinquishing control, rendering tokenism not merely ineffective but protective of the status quo. Without meaningful inclusion across all stages of research, research findings risk reinforcing structural exclusion and reproducing harmful or incomplete representations of communities (Jackson and Moorley 2021).

These dynamics also erode trust. Communities and individuals who recognise these practices may become sceptical of research initiatives, particularly those that claim to prioritise inclusion or co-production. Trust, once lost, is difficult to rebuild and has significant implications for the legitimacy and impact of research. These harms are particularly acute in research involving Indigenous and racially minoritised communities, where data sovereignty, governance and control over knowledge production are central (Engstrom et al. 2024; Komene et al. 2023; Wilson et al. 2022). Forms of inclusion that do not extend to control over what constitutes data and data collection, access, analysis, interpretation and dissemination risks perpetuating extractive research practices and undermining community authority over knowledge production. Such practices echo longer histories of extractive research, where knowledge is taken from communities without corresponding control, benefit or recognition.

These harms extend to the profession's commitments to cultural safety and social justice, both of which are central to the ICN's definition of nursing. Cultural safety and social justice require not only the presence of diverse voices, but their capacity to influence decisions, shape knowledge and exercise authority within research processes. Inclusion that is not accompanied by epistemic authority is unlikely to realise these principles in practice. In this way, tokenism not only undermines individuals but also constrains nursing's capacity to fulfil its ethical and professional obligations to equity, participation and human rights.

8 | Why Tokenism Persists

Given its limitations, why does tokenism remain so prevalent? Part of the answer lies in the structure of contemporary research systems. Increasingly, researchers are required to demonstrate attention to diversity, inclusion and engagement, with such expectations embedded within funding criteria, ethical review processes and institutional policies. While these developments are important, they can create conditions in which inclusion becomes a requirement to be fulfilled rather than a principle to be enacted. As has been noted, involvement that occurs late in the research process risks becoming a tokenistic add-on rather than a meaningful contribution to shaping research (Jackson and Moorley 2021).

In this context, tokenism offers a pragmatic solution. It allows institutions to meet external expectations while minimising disruption to established hierarchies of expertise, authority and resource allocation. It is efficient, recognisable and measurable: the presence of diverse individuals can be documented, measured and reported, even when their influence cannot. In this way, inclusion risks becoming something to be counted and 'checked off' rather than embraced as a relational practice through which authority, influence and responsibility are genuinely shared. Such dynamics are reflected in studies of higher education, where tokenistic inclusion operates alongside broader structures of organisational injustice, shaping perceptions of fairness and limiting meaningful participation (Ajibade Adisa et al. 2025).

Research funding bodies may also reproduce tokenism in the way they support nurses who experience racialised exclusion seeking to develop research careers. Rather than embedding equity within core strategic priorities, funding bodies may implement limited, piecemeal and short-term initiatives that lack meaningful developmental legacy (Gichane et al. 2025). Structural barriers affecting researchers who experience racialised and ethnic exclusion include inadequate mentoring, insufficient start-up support and broader patterns of underinvestment, all of which constrain access to sustainable research career pathways (National Academies of Science, Engineering and Medicine 2024). Although diversity-focused initiatives may signal institutional commitment, they can position researchers as representatives of diversity without offering mentorship, capacity building mechanisms or the longer term

pathways needed to support independent research leadership (Williams et al. 2022). The absence of sustained investment, strategic planning and accountability not only constrains the career trajectories of researchers who experience racialised exclusion but also limits the broader transformation of research ecosystems that could benefit from their perspectives and expertise (Gichane et al. 2025; National Academies of Science, Engineering and Medicine 2024).

There is also a deeper issue of power and control. Inclusive research approaches that require the redistribution of epistemic authority can be challenging to enact. This may require rethinking research questions, redistributing resources and relinquishing decision-making power (Hollowood and Moorley 2026). Tokenism, by contrast, allows for inclusion without such disruption, preserving existing hierarchies while offering real progress.

Finally, tokenism persists because it is often difficult to name. It operates in the space between intention and impact, where individuals and institutions may believe they are acting inclusively even as exclusionary dynamics are reproduced. This ambiguity makes tokenism both pervasive and resistant to critique. In this sense, tokenism is not an anomaly, but a predictable outcome of how contemporary research systems are structured and sustained.

9 | Strategies to Avoid Tokenism

If tokenism in nursing research functions as a form of epistemic injustice, addressing it requires more than improving inclusion; it requires creating the conditions under which the ICN definition of nursing and of the nurse can be realised in practice, research and policy. It demands a fundamental shift in how participation, authority and knowledge production are conceptualised. Strategies to mitigate tokenism therefore centre on moving beyond symbolic inclusion towards practices that redistribute power and enable meaningful influence (Tembo et al. 2019). In other words, they should be justice oriented.

Key approaches include prioritising authentic and sustained engagement across all stages of the research process, rather than limiting involvement to discrete or late-stage activities (Moorley et al. 2024). Building trusting relationships is essential, particularly in work involving historically excluded communities, where histories of exclusion and extractive research practices may shape expectations and willingness to engage (Hollowood and Moorley 2026). This requires time, continuity and a commitment to reciprocity, rather than transactional or instrumental forms of participation.

This also raises important questions about how inclusion is evaluated within research and funding frameworks. Where grants require the representation of historically excluded groups, there is a need to move beyond documenting participation towards assessing the nature and quality of that participation, including the extent to which individuals experience meaningful inclusion, influence and shared decision-making. Embedding such forms of accountability within reporting processes may help shift practice from performative inclusion towards demonstrable and equitable engagement. Without such mechanisms, inclusion risks remaining an unexamined claim rather than a demonstrable practice.

Consciousness of epistemic positioning, and the methods and methodologies we use is also crucial. Often power held over Indigenous and historically excluded peoples in research is the objectification of cultural knowledges and othering of forms of knowing in research using dominant research approaches. Grant bodies, institutions and ethics committees may inadvertently reinforce this form of epistemic injustice by privileging empirico-analytical paradigms in which objectivity is valued over relationality (Purohit et al. 2025).

Equally important is the recognition and valuing of diverse forms of knowledge, including lived experience and community expertise, as legitimate and authoritative contributions to research. This involves creating structures that support meaningful participation in decision-making, including influence over research priorities, design, interpretation and dissemination. This may involve shared or redistributed authority within research processes, rather than maintaining decision-making within existing structures. Without such shifts, inclusion risks remaining consultative rather than transformative.

Practical considerations are also critical. Ensuring adequate resources, remuneration and institutional support for participation is necessary to avoid placing disproportionate burdens on historically excluded contributors and ensuring that such participation is not extractive but supported by appropriate resources, recognition and accountability (Rabinowitz et al. 2024). Academics who are tokenised may experience pressure to exceed normative expectations while simultaneously having their contributions questioned or invalidated, reflecting broader patterns of epistemic injustice and structural disadvantage (Ajibade Adisa et al. 2025). There is a need to recognise the emotional and intellectual labour involved in contributing to research and ensuring that such contributions are appropriately acknowledged and rewarded (Rabinowitz et al. 2024).

Ultimately, reducing tokenism requires a broader cultural shift within academic and research environments. This involves moving away from compliance-driven approaches to diversity and inclusion, and towards practices grounded in transparency, accountability and shared authority. As Tembo et al. (2019) argue, this shift entails moving from consultative or paternalistic models towards partnerships characterised by shared epistemic authority, in which participation is embedded, sustained and consequential. Recognising that participation is not a static state but an ongoing relational process is critical. Even well-intentioned participatory approaches require continual negotiation of roles, identities and influence, highlighting the need for reflexive and adaptive practices to ensure that inclusion remains meaningful rather than procedural (Forbat et al. 2024). Without such shifts, inclusion risks remaining consultative rather than transformative, with limited capacity to alter how knowledge is produced or whose knowledge is prioritised.

At a broader level, addressing tokenism requires alignment between institutional practices and the professional commitments articulated in the ICN definition. This includes recognising epistemic justice as foundational to evidence-informed practice,

cultural safety and social justice. Without such alignment, the profession risks endorsing values that cannot be realised within existing research and academic structures. Tokenism is not simply a failure of intent, but a systemic practice that constrains participation, distorts knowledge production and perpetuates inequity. Its consequences extend beyond research processes to the profession itself, limiting nursing's capacity to fully realise the ICN definition of nursing and of the nurse.

Where inclusion is symbolic and authority remains concentrated, the conditions required for culturally safe, evidence-informed, socially just and policy-engaged nursing cannot be achieved. Moving beyond tokenism therefore requires a reorientation of scholarship and research systems towards justice-oriented practices in which epistemic authority is shared, participation is consequential and equity is embedded as a structuring principle of inquiry. Without such transformation, true inclusion is an illusion, and the profession's aspirations remain only partially realised. In this sense, tokenism does not simply fail to achieve equity; it reconfigures inequity in ways that are more difficult to detect and challenge.

10 | Conclusion

Tokenism is not simply a failure of intent, but a systemic practice that constrains participation, distorts knowledge production and perpetuates inequity. Moving beyond tokenism requires more than expanding inclusion; it demands a fundamental reorientation of scholarship towards justice-oriented approaches in which equity is treated as a structuring principle of inquiry rather than an outcome to be appended.

Without such transformation, inclusion risks remaining performative, enabling the appearance of progress while leaving the underlying structures that shape participation, recognition and authority largely intact. In this sense, tokenism does not merely fall short of its intended aims; it actively sustains existing hierarchies by decoupling representation from influence. Effectively addressing tokenism therefore requires sustained attention to how power operates within research systems, including how agendas are set, how decisions are made and whose contributions are recognised as legitimate.

Unless nursing research moves beyond representational inclusion towards the meaningful redistribution of epistemic authority, important forms of knowledge will continue to remain peripheral to the evidence base that shapes nursing education, practice, leadership, health policy and patient outcomes. Addressing tokenism is therefore not simply a matter of fairness; it is fundamental to the quality, legitimacy and social responsiveness of nursing knowledge itself. More equitable forms of knowledge production depend not only on who is present, but on the shared epistemic authority, the valuing of diverse forms of expertise and the creation of conditions in which participation is both meaningful and influential.

Author Contributions

All authors contributed substantially to the conception, drafting, critical revision and final approval of the manuscript. All authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship and agree to be accountable for all aspects of the work.

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Conflicts of Interest

The authors declare no conflicts of interest.

AI Statement

The authors used Microsoft Copilot to assist with language editing, grammatical correction, readability and feedback on the flow and clarity of the manuscript. We also used it to ensure the uniformity of the references. The intellectual content, concepts, analysis, interpretation, arguments and original scholarly writing were conceived and developed by the authors. All suggestions generated by Microsoft Copilot were critically reviewed, evaluated and, where appropriate, incorporated by the authors. The authors take full responsibility for the content of the manuscript and its conclusions.

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