Going Beyond the Self: Exploring Social Responsibility in the Context of Training Professionals Within Dentistry, Education, and Social Work

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Abstract

English

There has been an emerging understanding of the role that some social components—such as social responsibility—play in the provision of health care, including dental care. Nevertheless, there remains a limitation in understanding if and how social responsibility is being embodied by educators in the field of dentistry.

The purpose was to understand if and how educators incorporated social responsibility into their teaching approaches. I compared dentistry to two non-medical relational professions—social work and education—since they could provide me with meaningful insight into the conceptualization of social responsibility. I wanted to understand: 1- how educators conceptualize social responsibility; 2- how their experiences as learners affected their teaching of social responsibility; 3- the barriers and limitations to teaching social responsibility within these relational fields at the university level; and 4- provide recommendations to address these barriers.

I used an applied philosophical hermeneutics research approach for data collection and analysis to learn about and from the lived experiences of educators. widening of the horizon of understanding about social responsibility within these three relational fields, I interviewed a total of 5 participants from the Faculty of Dentistry, the Faculty of Education, and the School of Social Work from McGill University, for a total of fifteen participants. Conducting individual open-ended semi-structured interviews led to encountered and discovered insights with participants.

Participants had difficulty defining the concepts of social responsibility and social justice and explained that both concepts had a complex relationship of synergy and contention. Social

responsibility was least prominently talked about in dentistry and although social justice was a foundation of social work, they did not really discuss social responsibility. In education, social responsibility was more reserved for people who research the topic than as a generalized concept of interest and education.

Participants shared the value that empathy holds within the context of social responsibility. They agreed that their personal experiences influenced how they understood and incorporated it into their teaching. Moreover, they discussed the importance of role modelling social responsibility when they teach all topics, not solely social topics. They highlighted the value of reflexivity and introspection to be a better educator but also as habits to support social responsibility. Participants identified these barriers to incorporating social responsibility into their teachings: value associated with the topic in the field, lack of time within the curriculum and to absorb and apply the content, resistance to change, and systemic and systematic limitations. Participants recommended curated continuing education, a paradigm shift toward solidarity in healthcare professions, building buy-in through leadership, and curricular overhaul.

In conclusion, taking the time to learn from non-medical fields and understanding how social responsibility is conceptualized supports and enhances dental education in pushing beyond the status quo. There seems to be an inherent difficulty in teaching social responsibility and the dental field is not alone in its struggles to do so. Thus, there is a clear need for a change in culture and perspective moving forward. Educators can then embrace the recommendations made with the goal of nurturing socially responsible dental professionals.

Français

On commence à comprendre le rôle que jouent certaines composantes sociales – telle que la responsabilité sociale – dans la prestation des soins de santé, y compris les soins dentaires. Néanmoins, il demeure difficile de comprendre si et comment la responsabilité sociale est représentée par les éducateurs dans le domaine de la médecine dentaire.

L'objectif était de comprendre si les éducateurs incorporaient la responsabilité sociale dans leurs approches pédagogiques et le cas échéant, de quelle manière. J'ai comparé la médecine dentaire à deux professions relationnelles non médicales—le travail social et l'éducation—car elles fournissent une compréhension approfondie de la conceptualisation de la responsabilité sociale. Je voulais comprendre 1- comment les éducateurs conceptualisent la responsabilité sociale; 2- comment leurs expériences en tant qu'étudiants ont affecté leur enseignement de la responsabilité sociale; 3- les obstacles et les limites à l'enseignement de la responsabilité sociale dans ces domaines relationnels au niveau universitaire; 4- fournir des recommandations pour aborder ces obstacles.

J'ai utilisé une approche de recherche herméneutique philosophique appliquée pour la collecte et l'analyse des données afin de comprendre les expériences vécues par les éducateurs. Pour élargir l'horizon de compréhension de la responsabilité sociale dans ces trois domaines relationnels, nous avons tenu des entrevues avec cinq participants de la Faculté de médecine dentaire, de la Faculté d'éducation et de l'École de travail social de l'Université McGill, pour un total de quinze participants. Les entretiens individuels ouverts et semi-structurés ont permis de découvrir des idées avec les participants.

Les participants ont eu de la difficulté à définir les concepts de responsabilité sociale et de justice sociale et ont expliqué que ces deux concepts avaient une relation complexe de synergie et de contestation. C'est en médecine dentaire qu'on a le moins parlé de la responsabilité sociale et, bien que la justice sociale soit un principe fondateur du travail social, on n'y a pas vraiment discuté de la responsabilité sociale. Dans l'éducation, la responsabilité sociale était davantage réservée aux personnes qui effectuent de la recherche sur le sujet qu'à un concept d'intérêt général en éducation.

Les participants ont partagé la valeur que revêt l'empathie dans le contexte de la responsabilité sociale. Ils ont convenu que leurs expériences personnelles influencent la manière dont ils la comprenaient et l'intègrent dans leur enseignement. Ils ont discuté de l'importance de la modélisation de la responsabilité sociale lorsqu'ils enseignent tous les sujets, non seulement les sujets sociaux. Ils ont souligné la valeur de la réflexivité et de l'introspection pour devenir de meilleurs éducateurs, mais aussi en tant qu'habitudes pour soutenir la responsabilité sociale.

Les participants ont identifié ces obstacles à l'intégration de la responsabilité sociale dans leur enseignement : la valeur associée au sujet, le manque de temps dans le programme d'études, la résistance au changement et les limites systémiques et systématiques. Les participants ont recommandé une formation continue organisée, un changement de paradigme en faveur de la solidarité dans les professions de santé, l'adhésion par le biais du leadership et la réforme des programmes d'études.

En conclusion, prendre le temps d'apprendre des domaines non médicaux et comprendre comment la responsabilité sociale est conceptualisée peut soutenir et améliorer l'enseignement dentaire en poussant au-delà du statu quo. Il y a une difficulté à l'enseignement de la responsabilité sociale et le domaine dentaire n'est pas le seul à se battre pour y parvenir. Il existe

un besoin évident de changement de culture et de perspective pour aller de l'avant. Les éducateurs peuvent adopter les recommandations formulées dans le but de former des professionnels dentaires socialement responsable.

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Contribution of Authors

I was responsible for the conceptualization of my doctoral research project from initiation to completion. This process required me to perform an extensive review of scientific literature, as well as outline the data collection and analysis approaches. Once these steps were clarified, I completed the entire ethics approval process, including a few amendments to adapt to data collection during a pandemic. I then began the recruitment of participants and as I began data collection through semi-structured individual interviews, first in person and then over Zoom, I transcribed my interview conversations verbatim therefore beginning the iterative data analysis process. As I completed all interviews, transcriptions, and analyses, I wrote my entire dissertation, including creating all the textual visualizations using figures and tables. Throughout the writing process, I have revised and edited the entirety of the document multiple times.

Finally, it should be noted that my two co-supervisors have guided me throughout the entire process from the conceptualization, the data collection and analysis processes, as well as revisions of the written dissertation. They have also supported me and my work by way of iterative discussions during weekly or biweekly meetings.

Chapter 1 – Introduction

Many people will need to visit a dentist at some point in their lives. Whether these experiences are exciting, uneventful, or frightening, we often have this shared experience as a society. What we experience and remember is impacted by our interactions with our clinician, as well as what they prioritize other than our providing oral health care, such as empathy and communication. One of the factors impacting access to the overall dental experience is how ***socially responsible*** dentists are in their practice (1). Social responsibility has been described as involving a person's sense of duty to their society (2). There exists a link between social responsibility and access to dental care (1). In their latest report, *Improving Access to Oral Health Care For Vulnerable People Living in Canada*, the Canadian Academy of Health Sciences highlighted that "17.3% of the Canadian population (i.e., approximately 6 million people) reported avoiding visiting a dentist in the last year due to the cost, and those living in the lowest income families reported this as being a problem far more often than the highest income families (34% vs. 9%, respectively) (3)p.16)." These prohibitive costs are due to Canada's nearly entirely privatized dental care system where only approximately five percent is provided through public funding (4,5). Despite this, many dentists see a contention between being socially responsible and their business and family responsibilities (1). They acknowledge the privileges they are given by their society and that a certain level of social responsibility is associated with these benefits, but that economics, professionalism, and politics often overshadow this part of their dental school duty (1). Consequently, not practicing social responsibility can have a significant impact on the oral health access and status of low socioeconomic citizens (3). There is an urgent need for dental schools to nurture a sense of accountability among future healthcare professionals to directly impact the oral health of their community.

This study seeks to gain insight and a deeper understanding of whether and how educators conceptualize and incorporate social responsibility into their teaching. To gain a deeper understanding of the possibilities for how social responsibility can be conceptualized and implemented into professional training, I compare the perspectives of educators in the relational fields of dentistry, education, and social work. As such, this study is situated in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, and the School of Social Work at McGill University in Montréal, Québec, Canada.

Rationale

Consider the modified Hippocratic Oath taken by all dentists at some point throughout their educational career that influences their future professional practice. This oath not only represents the role of the dentists as clinicians who will "do no harm", but it also underlines an important, yet often neglected, social contract between dentists and society (6,7). The oath taken at McGill University's Faculty of Dental Medicine and Oral Health Sciences states:

> I recognize that in donning this white coat,
> I become a member of the dental profession.
> I understand that my primary responsibility is to my patients
> and I shall dedicate myself to render,
> to the best of my ability,
> the highest standard of oral health care.
> I pledge my commitment to work for my community
> and the benefit of all society
> through creating lasting alliances in health,
> pursuing professional integrity
> and providing compassionate care for all. (8)

If the oath is indeed such a central component of their practice, then how is it that using the words "social responsibility" and "dentistry" in the same sentence reads as disconnected and out of place? Why does there seem to be contention between a dentists' clinical identity and their social responsibility as a clinician? How does a predominantly privatized dental care system, as is the case in Canada, impact this disjointed and disconnected practice among dentists?

Deconstructing the complexity of social responsibility requires discussion of the overarching topic of social justice, which has been an emerging theme in dentistry (1,9–12). The World Health Organization shared that "social justice begins by recognizing that health is a fundamental human right, and that gross inequalities in health care are politically, socially, and economically unacceptable" (13). Since health organizations and academic institutions are comprised of health care professionals and students, they are at the forefront of championing topics of social responsibility and social justice. As such, it becomes vital to comprehend what learning approaches and content are valued by educators in these institutions and how these relate to social responsibility and social justice more broadly.

Furthermore, engaging and practicing social responsibility is a step toward social accountability on the part of both the individual and at the community level (14). The WHO has defined the social accountability of health professional schools as, ''The obligation to direct [health professional] education, research, and service activities towards addressing the priority health concerns of the community, the region, and the nations [that health professionals] have a mandate to serve" (15,16). The two concepts differ such that social responsibility is the recognition of one's responsibilities toward the betterment of society, while social accountability involves an active and consistent practice of taking responsibility for these duties (14). The limited focus on social responsibility in dentistry diminishes the ways in which students and

clinicians can be socially accountable to their surroundings (17). Although the following is included in the scope of working with patients to address the social determinants of health that have a direct effect on patients: “Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism”, efforts fall short as is demonstrated by the following examples (17). For instance, the exclusion of social responsibility can be seen in the Association of Canadian Faculties of Dentistry (ACFD)’s educational framework for the development of competency in dental programs. This document includes the word ‘responsibility’ within the context of a student’s duty to attend classes and follow up with patient care (17). Additionally, the term ‘accountability’ is solely discussed in relation to being accountable to their regulatory bodies, not their patients or their community (17).

Due in part to a rapidly emerging understanding of the role those social components play in the provision of healthcare, including dental care (18,19), there is an emerging worldwide awareness of topics of social responsibility within healthcare education. This shift further highlights the importance of directly addressing social topics such as social responsibility within a healthcare field like dentistry. Considering the pivotal role that education plays in forming students into socially responsible and respectful citizens (20), it seems appropriate to address such shifts through discussions about teaching approaches within curricula. Students can benefit by gaining greater insight into the experiences of people they encounter in their professional careers, thereby supporting them in the provision of social and empathetic dental care (21–23).

This shift towards a holistic approach to professional education signals a slow but evolving way of thinking and a potential for greater influence from new learning approaches. Nevertheless, there remains a gap within research that is specifically focused on understanding

the barriers and possibilities for improvements for learning social responsibility within dental professional training. I selected the dentistry, education, and social work disciplines because they are relational fields of practice that deal with evolving students and clients who have ever-changing social contexts and thus require professionals who have a broad and open perspective on their practice (24,25). I compared the experiences and practices of educators within the fields of dentistry, education, and social work. I sought to understand how educational approaches are shaped by educators' conceptions of and experiences with teaching social responsibility within each context. I selected education and social work in addition to dentistry because by choosing professions that are inherently non-medical, I am providing different perspectives and looking to other disciplines to gain insight into how they frame and conceptualize social responsibility. Moreover, comparing these non-medical fields may also provide us with new insights into approaches that are not yet used in health professions. Lastly, using the trichotomy of dentistry, education, and social work will provide us with a better understanding of how these relational fields of practice are similar or different, supporting us in our endeavour of learning about the barriers associated with social responsibility education with the purpose of increasing the social responsibility of future dentists.

A note to the reader: as you journey through this dissertation, you may notice a tension between different ways I choose to speak about social responsibility and other constructs. Some of my language will undoubtedly be more philosophical and hermeneutic, as comes naturally to a hermeneutic researcher. However, some of my language may also follow a more behaviourist psychology tone. This reality is not due to any behaviourist psychology training as I have a background in medical and dental sciences. Rather, this change is based in the understanding that though philosophical in nature, this project treads the waters of a social construct, social

responsibility, which exists in an intersectional social sphere. Although the existence of both may be contentious to some, it would behoove me to completely ignore the very presence of both in this work and in my understanding of the topics at hand.

Objectives

The purpose of this research is to gain insight and understanding into if and how educators conceptualize and incorporate social responsibility into their teaching approaches in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, and the School of Social Work at McGill University in Montréal, Québec. Learning, experiencing, and understanding social responsibility become relevant in all three domains as it can support students in both their personal and professional lives. Additionally, it may frame their own approach to teaching and mentoring others in the future. Likewise, learning in a social responsibility-oriented context can influence the types of dentists we graduate, the types of teachers the students in education will eventually become, as well as the type of social workers who are being trained. I improved my understanding of social responsibility education from what I learned from all three faculties.

Using an applied philosophical hermeneutics approach, we conducted interviews with five educators from each field. The objectives of this doctoral research were:

1) To gain insight and understanding into how social responsibility is conceptualized and understood among educators in dentistry, education, and social work at McGill University in Montreal, Quebec, Canada.
2) To understand how educators' experiences as learners and comprehension of social responsibility affect their teaching of this concept.

3) To understand the barriers and limitations to teaching social responsibility and other social topics within these relational fields at the university level.
4) To provide recommendations to address these potential barriers of incorporation of social responsibility education within these relational fields in the university context and beyond.

Research Questions

The research questions were developed through an understanding that, within the foundations of applied philosophical hermeneutics research, we did not seek narrowness or a definition of a phenomenon but searched for an understanding and interpretation of how educators conceptualized social responsibility and social responsibility education (26). I interviewed 15 educators teaching in the relational fields of dentistry, education, and social work. Thus, the research questions guiding this doctoral research were:

1) How is social responsibility conceptualized and understood by educators within the pedagogy of the relational fields of dentistry, education, and social work?
2) How are educators in these relational fields impacted by their own training and how does this impact their teaching?
3) How do educators in these relational fields experience barriers to conceptualizing and incorporating social topics like social responsibility?
4) How do educators recommend addressing these barriers and improving education about social responsibility within training for these relational fields of practice?

Context

N.B.: (If you're experiencing emotional distress and want to talk, contact the toll-free Hope for Wellness **Help Line** at 1-855-242-3310 or the online chat at hopeforwellness.ca open 24 hours a day, 7 days a week.)

The human experience is multi-faceted and highly dependent on context. As such, it is of utmost necessity for me to describe and expand upon the context in which this doctoral research took place. I began data collection on February 13th, 2020, with my last interview having taken place on November 25th, 2020. Not long after my second interview, the WHO announced that the COVID-19 epidemic was in fact a pandemic. This new and unprecedented modern context of a pandemic threw our world upside down, schools closed, people panicked, and research halted. It also brought the issues of social responsibility and adequate funding in healthcare to the forefront of global media. We suddenly had very detailed access to the inner workings of healthcare professionals and the healthcare field. Professions were suddenly prioritized as "essential" or not by leaders. Some businesses were allowed to stay open while dentists were forced to close and excluded from the health discussion, adding an extra layer that fed into their disconnect from general health. I continue to think about how shocking it is to be living through this time. Pandemics were events in history books, almost like fiction belonging to a time long past. Yet, this pandemic confronted our feelings of near invincibility and found us unprepared to address this situation. As I submit this thesis, there have been over six million lives lost to the COVID-19 pandemic, excluding those lives that were lost as an indirect cause of COVID-19.

In the grips of a deadly pandemic, further turmoil resurfaced when George Floyd, a 46-year-old Black man, was murdered on May 25th, 2020, in Minneapolis, Minnesota by a White police officer. On May 26th, protests began in Minneapolis where the police used tear gas and

rubber bullets to break up the crowds. These protests and conversations continued throughout various cities in the United States and worldwide, including in Canada. The National Guard was then mobilized in Minneapolis and protestors were met with brute force. It took four days for George Floyd's murderer to be arrested after having been fired. The flames were further amplified when the then President of the United States expressed that, "when the looting starts, the shooting starts," insinuating that any protests and potential subsequent riots would be met with deadly force. These protests continued for several weeks, leading to hundreds of arrests, lives lost, and destroyed property (27).

Part of the root cause of these protests, which are ongoing in various forms, was not Mr. Floyd's death, but rather hundreds of years of oppression of Black people in the United States and elsewhere around the world leading to a reckoning with racism (28). As Dr. Ibram X. Kendi shared, the racial history of the United States exists as a story of racism throughout its foundation (29,30). As Black people are murdered time and time again at the hands of law enforcement, society ebbs and flows in its interest in the hard work required to tackle and completely disassemble our oppressive system and status quo. One of the outcomes of the protests was a higher intake of books, podcasts, and documentaries about race, which is evident by the numerous lists of resources published in various media outlets. According to Forbes and NPD BookScan, sales of books about race increased by up to 6,800% in the aftermath of George Floyd's murder (31). This suggests a heightened awareness of social justice issues and experiences that may have influenced my participants' responses. Mr. Floyd's murderer was later found guilty of murder and was sentenced to 22.5 years in prison (32).

Other such developments that may have shaped my participants' perspectives over the last few years but may not have directly overlapped with my interviews are the Quebec City

Mosque Shooting in 2017, and the adoption of Bill 21 in Quebec. The former took place on January 29th, 2017, when a 27-year-old white man committed a terrorist attack on the Islamic Cultural Centre of Quebec City killing six and seriously injuring five others. The shooting prompted discussions about racism and islamophobia in Canada (33). The latter, Bill 21, is a secularity law banning Canadians working in the public sector such as teachers, lawyers, police officers, etc., from wearing religious symbols, including the cross, hijab, turban, and yarmulkes. What may appear as a nondiscriminatory approach to secularism unfairly targets people who are already marginalized based on their religious expression and ethnic identity (34).

Another important point to consider as part of the context of writing this dissertation came in May 2021, when we received the horrific news of thousands of murdered Indigenous residential school children found in mass and unmarked graves throughout Canada (35). Canada's dark history, some dating back to only a few decades ago, is well hidden throughout the school curriculum. Though the existence of residential schools was not news to most, the associated darkness was not explicit common knowledge within our society.

Aside from providing a general context for this research, it is important to provide details about the COVID-19 pandemic and the Black Lives Matter movement because thirteen of the fifteen interviews took place during the first nine months of the pandemic, while eleven of the fifteen interviews took place after George Floyd's murder. The content of this dissertation, addressing social responsibility, social justice, and other social topics are heavy subjects to discuss as they may bring about difficult introspection to which many people may not be accustomed. As such, there is a strong possibility that the historical events having occurred during the time of my interviews may have impacted the way in which the participants experienced, understood, and conceptualized the topics of conversation during our interviews.

Although I may not be able to exactly measure this impact, that is not the purpose of this dissertation. I would like the reader to be cognizant that this context may have affected my participants in some capacity. Furthermore, although the residential school uncovering was not during my interviews, it certainly impacted me and my interpretations. While these developments were not in the news at the time, there has been heightened awareness over at least the last decade regarding injustices towards Indigenous peoples in Canada. This is evidenced by the Truth and Reconciliation Calls to Action and the National Inquiry into Missing and Murdered Indigenous Women and Girls (36,37). The Tri-council has also put forth funding and other mechanisms to support Indigenous scholars and research (38). In my methodology chapter, I will further elaborate upon how context and my positionality through my reflexivity impacted my interpretations of the findings.

Positionality and Reflexivity

In addition to providing the reader with the context in which this doctoral project took place, it is also important for me to present myself and my positionality with respect to this work. I am a thirty-year-old cisgender heterosexual woman who was born in Tehran, Iran and immigrated to Montreal at the age of three. My family then moved to Toronto before my teenage years. I completed my Bachelor of Medical Sciences at Western University in London, Ontario, followed by two years at the University of Toronto before starting my MSc in Dental Sciences at McGill University. I hold many privileges in this society, though there are contexts in which these privileges are impacted by my gender identity, ethnicity, and the many assumptions made about my religious beliefs. I grew up in a very multi-cultural community where it was completely “normal” to be an immigrant, but as I began my post-secondary education in a space

that was predominantly white, it very quickly became clear that my white-passing skin was no longer a key to opening doors in this society. My Iranian identity was interrogated time and again with questions ranging on the spectrum of, "Where are you from? No, but where are you really from? Where are your parents from?" My pale skin was revered but my dark curly hair and eyes, my name, and traditions were made fun of and judged by the narrative built by the media. Many inferences were made about my religion, my identity, and my values. Why was this how people interacted with me when I was just another Canadian trying to survive and thrive in this country? It would take years to grow past these sentiments. Today, though it is inevitably a work in progress, I am proud of the beautiful history of my birth country and of the ancestors who have come before me. My ethnicity adds layers of nuance to my personhood, an all-access pass to linguistic, gastronomic, musical, historical, and cultural magnificence.

On some level, my upbringing and the ever-present flow of history, art, and politics in our household made me privy to thoughts and perceptions some of my peers may not have had to consider. This ignorance, for them, was truly bliss. But this exposure made me think. It rustled up an inquisitive approach to the world; why are things the way they are? For some time, this interest was limited to science, biology, and physiology, but as I grew older, as I gained more and more experience in research through graduate school, I could not sit and keep wondering, I wanted to know more, I still want to know more. Why does our society exist as it does and why is it such a simultaneously wonderful and horrible place to be? These questions, along with that constant interest in health, threw me on a course to better understand the dental field and the perspectives of people accessing free dental care in our privatized system. This slowly moved to the injustices present in our system and how this may be related to the way that our professionals are taught.

The timing of the interviews was just preceding the adoption of multiple equity, diversity, and inclusion (EDI) programs, including a committee, in the Faculty of Dental Medicine and Oral Health Sciences at McGill University (39). The adoption of such programs may have affected our participants and their perspectives and interpretations of these and other social topics after the interviews. Furthermore, our conversations may have sewn seeds of curiosity and interest among participants such that they partake in these new programs and committees. Nevertheless, it should be noted that the faculty's brand-new EDI committee does not invalidate the barriers and limitations that were unpacked in my findings since these human interactions are complex and change takes time.

Moreover, the way that educators conceptualize these topics and do or do not teach them within their positions in these faculties also interested me because I helped teach first to fourth-year dental students about social responsibility and social justice between the years of 2017 and 2021. The resistance or disinterest I sometimes noticed made me wonder how other educators in the field may be embodying these topics within their teachings. All these experiences and more are what informed my interpretations of the data collected during the fifteen enlightening conversations I had with educators from the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, as well as the School of Social Work.

Overview of the Thesis

In this chapter, I introduced the topic, objectives, and research questions of this doctoral dissertation as well as the context and my positionality and reflexivity as a researcher. In the next chapter (Chapter 2), I will delve into the literature review. This review will be a brief overview of social responsibility within the three relational fields of interest: dentistry, education, and social work. Moreover, I will unpack the relationship between social responsibility and social justice as well as other social topics, including empathy, inclusion, emotional intelligence, etc. I will then discuss a few teaching approaches that are valuable considerations moving forward with this research. In Chapter 3, Methodology, I will elaborate upon applied philosophical dialogical hermeneutics, as well as my methods of data collection and analysis. In Chapters 4-6, I will present my findings, expanding upon the research questions and objectives stated above. Following this, in Chapter 7, I will present a discussion that further unpacks the findings in general and in relation to the literature. Finally, I will conclude by considering the contributions to knowledge, limitations, future directions, and recommendations. Thank you for joining me in this endeavour.

Chapter 2 - Literature Review

This chapter provides a brief review of the following topics: social justice and dental education; social responsibility, including social responsibility in dentistry with professionalism and professional ethics, teaching ethics, ethics and empathy; social responsibility in education; and social responsibility in social work. Then I review social topics related to social responsibility including empathy, social empathy, equity, diversity, inclusion, and emotional intelligence. Finally, I cover educational teaching approaches in relational adult education including practice-based approaches, critical pedagogy, transformative learning, and inquiry-based learning. I focused this chapter on the central theme of social responsibility in relation to dentistry education and practice. For this reason, the chapter is not meant to be all-encompassing of all possible literature that is available and related to social work and education.

Social Justice and Dental Education

Why should dentistry care about social justice and social responsibility? These topics are often considered to be surprising duos to research. Nevertheless, a field of practice that is both relational and powerful must take the time to consider its positionality and social contract with society to benefit from the privileges in which it can revel. Although social justice was not part of the initial inception of the social contract between society and dentistry, later reiterations of professionalism have included social justice as a fundamental tenet of healthcare professions (40). Social justice comes into focus when we consider the intersectional experiences of individuals within a community, particularly pertaining to the inequity and disparities of access that exist in dental care (41). The term intersectionality was originally coined by Kimberlé

Crenshaw who described how people live at the intersection of different oppressive systems and that their experiences of discrimination are uniquely based on how those layers of identity overlap (42). These barriers to access exist in Canada due to its nearly completely privatized dental care system that was purposefully kept out of the public Medicare system (6,7,43). These realities highlight the need to bring together social topics like social responsibility to then push forth toward a more just society with more accessible dental care.

The question of whether social justice education is present within dental education was investigated by me and some colleagues in using a scoping review to address whether social-justice-oriented education has been incorporated into dental curricula worldwide (43). We identified 1856 records, of which 73 were assessed through the Arksey and O'Malley methodology (44). Forty-six of these were quantitative studies, 24 were qualitative, and three were multimethods. We also identified multiple studies addressing dental ethics within the dental curricula, including a focus on ethical commitment and reasoning, professionalism, as well as ethics pedagogy (43). Allotting time for such topics was a prominent barrier to the inclusion of ethics within dental curricula, a recurring trend in dental education pertaining to more social topics. Among these, the dental education context, which we can interpret as including educators and role modelling, was identified as a barrier. Furthermore, we highlighted the implication of ethical decision-making and critical thinking as indicators of social responsibility (21,43). Among the findings was that the varied ways in which people conceptualize social responsibility impacts how complex of a topic it can be, which as an applied philosophical hermeneutics researcher, I see as a welcome benefit since we seek out all insights about a phenomenon to expand the horizon of understanding (43,45,46). We also found that reflective writing was an important approach to incorporating social-justice-oriented topics into the curriculum, which

through repetition and habit formation becomes second nature and may facilitate the application of these topics (43). A recent paper reviewed some of the gaps identified above about social justice and dental education. The researchers concluded that although some components of social justice are indeed included in the context of dental education at a specific francophone university in Montreal, Quebec, there is still a lack of awareness and barriers to teaching the topic (47).

One of the outstanding gaps identified by Noushi et al. was the lack of consensus on what encompasses social-justice-oriented education within undergraduate dental education, as well as the lack of an actual definition or conceptualization of social responsibility within that context (43). As such, and particularly for this doctoral dissertation, it was imperative to address social responsibility as a general concept and then within the three relational fields of interest.

Social Responsibility

The Cambridge English Dictionary defines social responsibility as, "The practice of producing goods and services in a way that is not harmful to society or to the environment" (48). Moreover, social responsibility has been framed as both a value and a framework, where in an ethical dimension, it is a reflection on how society and an organization are linked (49,50). One of the most common contexts in which social responsibility is currently discussed is corporate social responsibility, whereby corporations implement certain actions to outline their roles in society and then use social and ethical standards for their businesses (51,52). This is in part due to the idea of social responsibility having stemmed from the business community in the 1930s when the belief of something beyond profit maximization was presented as possible within the business world (53). Certain levels of corporate social responsibility have evolved from discussion of social effects to organizational performance (52). The current role of universities

within our society has shifted to more of a business rather than solely an institution supporting the co-creation and advancement of knowledge. Therefore, it is unsurprising that within this style of corporate social responsibility, higher education has also implemented performance-oriented managerial considerations (54). Moreover, there are researchers who have adapted the considerations of corporate social responsibility and described university social responsibility, which impacts our research but is not directly in the same scope (55,56). Among multiple other definitions, Chen et al. describe university social responsibility as: "A philosophy or principle for social movement, which can be perceived as a philosophy of a university to use an ethical approach to develop and engage with the local and global community in order to sustain the social, ecological, environmental, technical, and economic development" ((56) p.165).

Why consider social responsibility within education? Because research supports that students who learn about social responsibility are better prepared to deal with environmental, ethical, and social challenges throughout their personal and professional lives (55). Furthermore, these studies have also shared that including social responsibility and similar themes, like equity, diversity, inclusion, etc., within the university curricula support more civic awareness and engagement among graduates (55,57), important assets in practitioners of relational fields. Some professions also purport that social responsibility is embodied within a faculty if it is included as a core value to the faculty through recruitment of both educators and students, greater curricular focus on the topic, as well as opportunities for service learning and leadership development (50).

Social Responsibility in Dentistry

In the same scoping review discussed previously, Noushi and colleagues highlighted that there were multiple studies discussing different aspects of social responsibility in the educational development of students in dental school (43). However, there were no concrete definitions or conceptualizations of social responsibility (1).

Considering the importance of social responsibility, there has been increased awareness over the past several years of inappropriate social conduct among health care students, including dental students (58). Concurrently, Canadian dental faculties have seen a slight shift toward increased inclusion of and appreciation for topics within the realms of the social sciences and humanities (17,43,58). With this change has arisen a greater appreciation for the social determinants of health and oral health within dentistry (19,59,60). The World Health Organization's Commission on the Social Determinants of Health (SDH) has defined SDHs as "the conditions in which people are born, grow, live, work, and age" ((61) p. 1). These include socioeconomic status, education, healthcare access, social context, among others, most of which are also political and medical in nature (19,59). An example of a more localized move toward action is seen at McGill University, where the Faculty of Dental Medicine and Oral Health Sciences, with the Faculty of Education, integrated social justice courses into the second and third years of the undergraduate dental curriculum, including the following courses (62,63). Nevertheless, there is still a need for social determinants of health to be more prominently and explicitly addressed as a foundational element within dental curricula (64).

Despite lacking a universal definition in dentistry, social responsibility has been defined as involving a person's sense of duty and commitment to their society, and it "is believed to

enhance relationships within communities and to support proactive management of the social and environmental dimensions of a profession" ((2), p. 609).

In dentistry, social responsibility has also been connected to financial and economic imperatives due to the privatized state of the profession, thereby inevitably impacting access to dental care (1). Additionally, it was often questioned if social responsibility in dentistry falls on the individual, the profession or society. Many questions have arisen regarding whether being socially responsible is practical or feasible in the current dental climate and if it should even be the clinician's responsibility to advocate for greater equity and access to dental care for vulnerable or underserved populations (1). The researchers described four themes concerning how dentists account for social responsibility: social responsibility constructed as a range of individual choices, social responsibility constructed in relation to political and structural factors, social responsibility constructed in relation to the economics of dentistry, and social responsibility constructed in relation to professionalism. According to this study, the economic factors were the dominating theme, but they also highlighted the fluidity of belief that may occur for any given clinician throughout their career (1).

Diverse professionals and students may conceptualize social responsibility differently due to their varying perceptions of their professional and societal roles (2,65). Similarly, first year dental students' "attitudes still reflected a high degree of social responsibility […], but, as a group, they felt less certain about several issues: that every person has a right to access dental care regardless of ability to pay; that health professionals have the responsibility to fulfill those needs; and that, as dental students, they were capable of providing care for the underserved that would make a difference in the lives of these individuals" ((66)p. 307-308). Survey research on educators' perceptions of various learning domains including clinical skills, critical thinking, and

social responsibility identified that dental faculty may lack an understanding of learning outcomes with regards to social responsibility (67). The same study also described how dental educators gave social responsibility a lower importance relative to other teaching content, which is highly likely to be associated with their level of perceived importance of the topic (67).

Considering social responsibility in dentistry also requires us to consider how educational experiences may play a role in its uptake and practice. For instance, community-based service-learning has been associated with the understanding of social responsibility, along with treating the underserved (1,68). Multiple studies have highlighted the importance and value of role modelling in how it influences the students and the time afforded to teaching about social topics like social responsibility within the university (21,65,69). Further research has shown that students often model their instructors in the way they approach situations like those presented or seen in class and teaching clinics (65,69). This can influence the vision that students have of what it means to be a clinician from an early stage in their careers. The opposite has also been reported, whereby students do not undertake certain positive approaches if their instructors do not do so themselves (65,69). In the context of dental education, how clinical instructors treat patients, how they interact with the dental team, and how they perform their practical skills are some of the habits they impart on their students (65,69). Similarly, the dental school environment affects the type of clinicians that dental students eventually become in both skill and social commitments (70). The important influence that educators have on students, including those in dental school, makes it imperative for faculty to possess the knowledge, training, and willingness to discuss social topics like social responsibility (65,69,71). A positive professional role model in a nurturing space can help move social responsibility from theory into practice, through student observation, experience, and know-how.

As previously mentioned, without appropriate role modelling and other resources, the concept of social responsibility in dentistry is often narrowly conceptualized as the provision of free dental care. This can be considered a great aversion for many practitioners since it can appear to negatively affect dentists' business and family responsibilities (1). To address this apparent contention between social responsibility and fiscal and familial responsibility, dental education will need to demonstrate that there is no inherent conflict between doing well and doing good when practicing dentistry (1,72). Furthermore, there will need to be support for the development of common humanistic values to nurture general respect for community health by providing students with opportunities enabling them to become more familiar with the challenges of vulnerable populations. Such approaches are also inherent in teaching social justice and ethics within an undergraduate dental curriculum (1,73,74).

Professionalism and Professional Ethics

Professionalism is an undeniable component of the social contract that dentists have with society, but it can also be difficult to define. Individuals who participated in the research by Dharamsi and colleagues occasionally mentioned their apprehension about the way professionalism is demonstrated in the dental field since it seems that the profession "fights hard to protect its professional privileges but fails to uphold its obligation to society" ((1) p.1587). Nevertheless, professionalism is often discussed through its link with social responsibility and is divided into professional competence and professional ethics (75). The former ensures that a dentist's judgments are made with respect to the field's collective expertise, while always practicing within one's abilities. The latter is defined as "giving proper priority to the well-being of the patient over other considerations, maximizing as much as possible the distinctive values

that dental expertise can provide people, and maintaining a relationship with the patient that is as ideal as possible" ((75) p.76). It has been argued that professional ethics is an outcome of a collaborative social endeavour between society and the professionals (75). Nevertheless, the ability to be ethical and competent eventually becomes second nature for the careful dentist while they also acknowledge the occasional need to pause and assess a situation prior to acting on it (75). This is generally a laborious process and can be a daunting experience for new graduates, thereby highlighting the need for good ethics and professionalism education in the dental curriculum (76). Although experience is the prominent approach to learning what is most ethical in many situations, providing examples of various cases and occurrences within dental school can help develop this ethical second nature that feeds into being socially responsible (75).

Teaching professional ethics can be arduous but there are certain objectives that have been identified to address how to best approach this complex topic (73,77). These include: "To sensitize student dentists to the moral dimensions of professional life and practice; To develop in student dentists the skills of ethical analysis; To foster in student dentists respect for disagreement and toleration of ambiguity; To assist student dentists in explicating the moral responsibilities incurred in becoming a member of the profession of dentistry; and, To motivate student dentists' continued learning in the field of professional ethics" ((73) p.72-73). Instructors and curriculum developers should consider the above goals of teaching ethics when trying to incorporate such social topics within a dentistry program (77).

Ethics

If social responsibility is a topic of discussion within dentistry classrooms and clinical settings, it is commonly in conjunction with the implications of personal ethics in addition to the professional ethics described above (78). The Cambridge English Dictionary defines ethics as "A system of accepted beliefs that control behavior, esp. such a system based on morals" and "the study of what is morally right and what is not" (79). Ethics is a core value associated with social responsibility, particularly when considering ethics as having three dimensions, including the personal, the social, and the global (49). Ethics education in dental school should involve more than teaching about predetermined codes of ethics and ethical theory (72). Four major educational outcomes of professional ethics education in dental education were established to increase instructors' understanding of and ability to teach and assess dental ethics (80). These included: "1) recognition and analysis of ethical problems; 2) reasoning, argument, and judgment about course of action; 3) commitment to ethical principles of the profession; and 4) implementation of plans of action" ((80) p. 1295-1296). Attempting to affect some level of change among dental students and what they consider as ethical requires helping them identify how new experiences can lead to fluidity of one's core beliefs (72). Strengthening ethics instruction will likely require improving the curriculum to support an everchanging institutional culture and ambiance, which is also an imperative component in forming socially aware and responsible dentists (80).

To better suit the needs of the students and promote a learner-centred environment, teachers of dental ethics can consider a variety of instructional strategies to tackle this difficult subject. Although lectures, small groups, and case-based study are the most predominant approaches to learning about ethics, problem-based learning, and reflective writing exercises are

also popular (73,81). Furthermore, faculty mentoring and interacting with standardized patients are important approaches to teaching and learning about ethics that can be used within classrooms, clinics, and the community (72,73). Also, as with social responsibility, members of the faculty and clinical instructors must be able to model the ethical behaviour of the profession, both in treating patients and treating students, to create a safe learning environment (73). It has been recommended that ethics be integrated into each of the years of undergraduate dental curricula, yet this remains one of the major unmet needs of dental schools (80). One approach to address this issue has been to do so more organically outside the classroom, such as when dental students spend time in the clinic as part of their training (82).

A major concern in ethics education is that there is often no distinction made between knowing answers to a question and knowing what those answers mean to a person's professional identity and practice (72). Current ethics classes in dental schools in the United States tend to tell students what they ought to know based on what the instructors think and have experienced to be correct (72). These classes do not often instill a reflective and introspective nature within students and thereby may lack the ability to challenge students' personal values (83). It is important to challenge one's values because it helps maintain an open mind and supports the ability to adapt to the context in which one works (83,84). It is safe to transfer this finding to the Canadian dental context based on our relatively similar socioeconomic atmosphere.

A gap in the approach to teaching ethics lies in the minimal emphasis placed on the importance of introspection in the professional's education (72). A potential contributor to students' relative disinterest in introspection may lie in the highly competitive environment in which they have had to work to gain admission to a professional program like dentistry. The irony in this scenario is that introspection is often viewed as a sign of weakness, yet it is essential

to better understand oneself and interact with others (72). It is thus encouraging that a greater emphasis on introspection and reflexivity can be seen in some courses at McGill University's Faculty of Dental Medicine and Oral Health Sciences (62,63,85–88). Dental students should be encouraged to consider their attachments, beliefs, and fears in a conscious and formal manner to firmly grasp the inherent parts of their personality that impact the decisions they will be making as professionals (72).

Empathy

Empathy describes the ability to understand the situation of another without judgement but with an openness to the other person (74). It is the basis for morality, and ethics is a branch of philosophy that studies morality, as such they both play a role in social responsibility. Empathy has been identified as having distinct dimensions, including emotional and cognitive. The first develops during childhood and youth and does not significantly fluctuate throughout a person's adulthood (74). This dimension is in line with the common conceptions of empathy as putting oneself in someone else's place (74). The cognitive dimension encompasses "the ability of one to apprehend, acknowledge, and intellectually identify with the circumstances of another" ((74) p.575). The importance of emotional empathy is often debated with regards to healthcare professionals, including dentists, as they are generally recommended to remain emotionally detached from their patients (89,90). However, it is unclear where the line between emotional empathy and cognitive empathy begins and ends (74). Moreover, these concepts play a pivotal role in the provision of person-centred dental care, as they are often determining factors of whether a patient has a positive clinical experience (91,92).

Despite the positive impact of empathy on patient experience, research has shown that empathy levels decline during dental school and particularly with increased patient exposure, which is consistent with much of the literature in medical schools as well (93,94). The impact of this decline on the students' abilities to act ethically is thus an important concept to consider and address when discussing dental ethics and dental education (74). Some teaching approaches have been shown to help reduce the decline of empathy during these professionally formative years. These include: "exposure to appropriate role models, training students in interpersonal skills to improve the student-patients interaction, use of standardized patients, and improvement of the cultural environment of health professions education" ((74)p.575). Along with other universities in Canada and the USA, McGill University has taken such an initiative by incorporating courses that span all four years of the DMD program and provide students with the opportunity to provide care to underserved communities in Montréal (85–88,95).

Social Responsibility in Education

Within the educational context, social responsibility has been connected to community engagement. This embodies an understanding that there should be a collaboration between an institution, such as a school or a university, and the larger community where they partner to strive for beneficial action for the community (50). As previously mentioned, there is an intimate relationship between social responsibility in the business world, and this is not lost in education where overlapping themes include social engagement and values-based action (50). As such, educating for social responsibility is finding the means to support and empower students and people to be personally invested in the well-being of people within their community and within society-at-large (20). Central to this is the ability to help students develop social skills and a

connection with the world around them, such that they feel confident in their ability to effect change. With this comes the numerous instruments and curricular endeavours that try to measure how social responsibility may be implemented as well as its impact. Much of this literature focuses on schooling within the context of elementary, middle, and secondary education highlighting a need to further review this at college and university levels of education (50,96,97). These studies framed social responsibility as "behavior that is based on service to the community and concern for others" ((50) p. 3).

Social responsibility has been accepted in adult education and is best nurtured through learner empowerment and community development (98,99). For educators to be able to share these values and knowledge with their students, they need to be exposed to and well versed in social responsibility discourse within their field of practice; a necessity in professions like dentistry as well, though drastically less present (99). Moreover, educators need to nurture an environment that builds trust between them and the learner, which also creates the ideal space for self-reflection, critical pedagogy, and transformative learning (99). Critical pedagogy is an approach that educators can use to teach their students about how they can affect social change within their professional careers, which can in turn influence how they interact with society in their personal lives (100). Critical pedagogy was established and advocated for by Paulo Freire who believed that teaching should be a co-creation of knowledge between educator and student and that teaching should challenge the learners to examine and critique power structures, as well as patterns of inequality that exist within the status quo of our society (101).

Although it could be initially difficult for some educators to be empathetic with their students based on the diversity of their backgrounds and experiences, there is potential if common ground is found through communication as well as various teaching models that may be

available to them (102,103). According to education scholars, teaching for social responsibility takes "intention, attention, and time" and needs to embrace the relationship between the self and the community (20). The relationship we develop with society needs to be understood and better defined if we hope to become more socially responsible and this is one venue where education can play a significant role (20). For instance, there are interconnections between social responsibility, social justice and transformative learning that play a role in creating social change (104). As unpacked by Kelley and colleagues, social responsibility in education is intimately related to many humanistic constructs, including social justice through, an ethical framework for human rights (50). Also, transformative learning's penchant for eliminating social oppression through critical thinking can create a bidirectional relationship whereby it supports and is supported by social responsibility (104).

We are all interdependent upon each other, and our communities and the culture of our society has an impactful effect on the way students learn. As such, some education scholars suggest that teachers should try to empower their students by modelling the values of social responsibility, justice, and empathy (20). Supporting critical thinking and creativity, while creating a safe and inclusive environment that strives to improve the conditions of society may further empower students, teachers, even dentists, to be more socially responsible (20). Thus, it is evident that teaching social responsibility and how to be a good citizen within both personal and professional spheres is a major task that education can and should uphold (104). As universities try to emphasize the importance of social dimensions and civic duty, things like community engagement (50), a focus on active learning approaches (105,106), creating space for pre-service teachers' meta-cognition about their development (107), and the incorporation of social responsibility within curricula may reduce students' dependence on educators and create

an emancipatory impact on their education (55). With this, students may learn more about social responsibility and have a greater awareness of their civic duties as both professionals and citizens (55). Similarly, a study of education undergraduate students from several Spanish universities expanded on the need for commitment to others and the environment as means to nurture social responsibility and adapt curricula to reflect these values, particularly in times of crisis (108).

Martínez-Valdivia and colleagues reiterated how fostering such values can contribute to promoting a culture of social justice that can be translated to students and society (49). Moreover, the authors further highlighted the need for social responsibility training to be a dynamic process of co-creation and should not be limited to a single course or subject. They further highlighted the important role of action as an active principle of social responsibility (49).

Social Responsibility in Social Work

To better understand how social responsibility may fit into social work as a profession, it is important to comprehend how their difficult history may have affected the profession. Social work has gone through many trialling times in the last century including having its legitimacy as a profession questioned (109,110). Similarly, dentistry's existence as a profession could be at risk through their disregard for their social contract with society (111). Although the goal of dentists should be to reduce pain and treat their patients, they often fail to work toward the greater good of society as a profession. This not only emphasizes how out of touch a profession can become with their history and community but that they sometimes don't see the need to change the status quo despite 95% privatized in Canada (3). In contrast, social work scholars discuss how combining empathy with historical and contextual understanding can indeed promote social responsibility and push forth the profession's mandate for social action and justice (83). Moreover, social work mediates and supports various agency interventions to help

its clients and it is argued that because of this, it is not the social worker who is exerting the action but rather that the power they invoke facilitates another agency to take on the responsibility of the action (109). This collective view of social responsibility differs from dentistry, where social responsibility is more often seen as a direct relationship between the dentist and the patient in which the clinician provides the care directly to them. For social work, this is another argument against it being classified as its own profession (109,110). Despite these supposed shortcomings, social work fulfills a component often ignored by other professions where the rewards of the work are through the satisfaction of the efforts made for others, much like the field of education (109). As is further emphasized by social work scholars, there is a clear link between social responsibility and social action in society (83)(Segal 2011). This scholar also explains how social responsibility and social involvement are nurtured through attempts at an accurate empathic perspective about the conditions in which other individuals may exist (Segal 2011).

Considering the many differences between Canada and the United States, a response to Flexner's 1915/2001 perspective (109) has tried to address the many discrepancies that exist (110). Holosko and Leslie described the various benefits and downsides of Canada's social welfare state, discussing government intervention, the role of a collective conscience, as well as the research-practice divide (110). The power dependency present in Canada links the welfare state to the mission of the government. This is often quite problematic since it implies that when the political group in power changes and when there is a flux in the economy, there is similarly a potentially significant change in social spending (110). This can be very easily seen with the large drop in social services and health care spending in Ontario due to the conservative Ford government that is still in power since 2019 and which has had devastating consequences during

the COVID-19 pandemic (112,113). This political approach leads to a perceived improvement of the economy through decreased spending on social services, which in turn leads to a decrease in the ability to afford a collective conscience for these services (110). Similar considerations may be seen in how research is utilized at the policy and government level and the type of work that can be done in higher education since Canadian universities are publicly funded, as are major research projects. Due to dentistry's mostly privatized nature, it is not usually significantly impacted by such changes in political power, but this is not always a positive outcome as it means that its business identity has limited opportunity for change (3). This is further unpacked by Segal who shares how "the ability to experience empathy through an accurate contextual lens deepens our understanding of society, leads to a belief in social responsibility, and can result in social justice" ((83) p. 271).

Despite such factors, social work has learned to maintain a relatively independent identity through being held responsible for its decisions and activities (110). Furthermore, its dependency on government has not impacted its dedication to the betterment of society throughout its history as a profession and beyond. The researchers further elaborate that "the social work profession in Canada has continued its commitment to social justice and altruistic motivation despite its very different political, economic, and working environment, thus demonstrating altruism as a deeply held professional value." Altruism is a large component of empathy and thus social responsibility, therefore also implying social work's dedication to social responsibility (110).

A central purpose of social work is a cooperative move toward social action and change that often supports civic engagement including community service (24,83). This then promotes social empathy and supports the formation of community values that can lead to social responsibility and social justice (83). Research has shown that social responsibility is also partly

dependent on parents and whether they model caring and empathetic behaviours (83,114). A similar link has been shown with clinical and instructor role modelling in universities, such as in dental school for example (115). Social workers are part of the leaders who promote the lived experiences of people from different groups and help close the sociocultural divides that exist in various communities (83).

A large place where dentistry and social work diverge in their conception of social responsibility at the curricular level is that in social work, there has been a general embodiment of the concept in the curriculum (116). In other words, it is a foundational concept that they embrace in not only what they do in their profession, but how they do it as well. Their work in the mid-sixties is a good example of the questions that were being asked in social work pertaining to social responsibility, and the types of questions that may be asked of any profession to help it widen its horizons of meaning and understanding of the concept (83).

As has been highlighted above, social responsibility, to the extent of its presence within each field, plays a substantial role in the interactions of professionals within society. Moreover, educators have a considerable impact on how students adopt social responsibility in practice (99). However, should all teachers, educators, professors, etc. be expected to be socially responsible, or is this something we expect some to bring to the table, while others bring other expertise (116)?

Social Topics Related to Social Responsibility

Having discussed social justice and social responsibility, I will take a brief look at other psychosocial topics that are often in play with these concepts. The need for considering these topics is partly evidenced by the general distinction between 'hard' and 'soft' skills in relational fields of practice (117,118). The manner in which skills are categorized this way is also related to the value that professions assign to them, and therefore the time they allot in their curricula to address these topics (67). Within clinical health sciences, like dentistry, there is an imbalance toward most of the alloted time assigned to 'hard' clinical skills, thus begetting the need to discuss these other social topics within those contexts (67). First, I will further expand on empathy and social empathy since the latter is a central tenet of promoting social justice through social responsibility among social workers and others (83). I will then follow with brief definitions of equity, diversity, inclusion, and emotional intelligence, which will be further discussed in the findings and discussion.

Empathy and Social Empathy

Having discussed the importance of empathy, we can further discuss the definition, impact, and role of social empathy. Dr. Elizabeth Segal, professor of social work at Arizona State University has described social empathy as: "applying empathy to social systems to better understand the experiences of different people, communities, and cultures. […] and as a result, gain insight into structural inequalities and disparities" ((83) p.267-268). More specifically, social empathy combines empathy, historical and socioeconomic contextual understanding, and social responsibility. The resulting combination of these components promotes social action

toward social justice as a community and not just an individual, as this would be insufficient to move societies toward social equity (83).

Segal described social responsibility as "reflecting a prosocial individual perspective that contributes to improving the larger social arena" ((83) p.268). Along these same lines, Pancer and Pratt defined social responsibility as "a sense of connection to those outside your 'circle of family and friends [and] … an obligation to help those in the community, nation, or society-at-large who are in need' ((107) p. 38)". Empathy fosters prosocial behaviours like altruism, so lacking the ability to be empathetic may impact social responsibility and therefore impair the strive toward social justice (83). To further solidify the interconnectedness of social responsibility, empathy and social justice, a few researchers have discussed that when there is a shared definition of topics addressing inequality, people are more likely to push for social change and social justice. If such an understanding of complex social conditions is not established among individuals, and most importantly people working in fields such as dentistry, education, and social work, they will be more susceptible to believing stereotypes and not acting for positive change (83).

Power dynamics and power differentials can also negatively influence the ability for empathy, particularly for those who are part of what is considered the oppressor group—those holding the dominant power in society (83,101). This is not a criticism of any one individual but rather a cultural and social ineptitude that is often sustained by individuals who fall prey to stereotypes through their limited understanding of complex social interactions (83). To engage in social empathy, individuals need to understand that power differentials exist on an intersectional plane of identities, including race and gender (119). People's perspectives are generally filtered through a lens of their own experiences, which can impact how they exist within certain

contexts. If a person with power in a certain context gains empathy for a person in an oppressed group, this empathy and understanding can translate to the entirety of the oppressed group (83). Similarly, being prejudiced against an oppressed individual may impact one's overall vision of the oppressed group.

To further support the importance of empathy and social empathy for the betterment of humanity, neuroscientists have identified regions of the brain that correspond to empathic thoughts and therefore support the statement that humans are biologically inclined to be empathic (83,120). Yet, as previously mentioned, individual empathy is necessary but not sufficient for propagating social responsibility, positive social policies, and supporting social action. Moreover, even if we, as humans, are biologically inclined toward prosocial behaviours, it is insufficient to ensure moral action. Particularly, our societies are built in such a way that requires positive reinforcement of our actions through social guidance (121). Segal further described what Morrell (122) called "democratic legitimacy", which is the need to "provide a deep historical and contextual understanding of the life experiences of people who are not identified with the dominant culture in any context" (83). For democratic legitimacy to be put into action, those who are most privileged in a specific society should use empathy to understand the impact that their decisions can have on others and therefore check their privilege (83,123).

One of the greatest barriers to empathy in most societies is that societal heterogeneity does not support the presence of empathy (83). That is, it can be difficult for people to identify with or understand people who are different from them. To attempt to bridge this gap, people who are part of the dominant culture of a society must try to gain a deeper understanding of the context and lived experiences of those who are different from them. The ability to overcome stereotypes lies in building and supporting empathy and social empathy through the development

of strong values of social responsibility and social justice (83). This is applicable to dentistry, education, and social work because relational fields as professions are described as a group of professionals who have been given authority by society based on a set of valuable benefits (75).

All these concepts—empathy, social empathy, social responsibility, and social justice—are interconnected and mutually reinforcing such that using a contextual lens to understand empathy can deepen our comprehension of society and how social responsibility exists within it (83). Making a conscious decision to take social action has been explored by Freire. He specifies that to bring about social change, there needs to be greater understanding and reflection that can be developed through conscious action and empathy. Moreover, and as previously unpacked, Freire's praxis involves acknowledgement and understanding of the power dynamics and oppression that are present in various societies (101).

The social power of the privileged can negatively impact the development of empathy and thus halt the push for social change, especially when it is not to the benefit of the most powerful in society. As such, less privileged groups are required to push for the social change they desire through raising awareness for their cause (83,101). However, it should not be solely left to the oppressed to teach the privileged about social justice and to take on all the burdens of social change. The powerful should support the oppressed groups by using their privilege to empower them toward action (101). This dynamic is directly applicable to dentistry since it is an example of how an advocate for social and policy change—universal dental care for example—may not appear to favour the clinicians while it is a true necessity for the marginalized communities in society. The privatized dental care system present in Canada and various other countries around the world leads to significant social benefits to those who are part of the dental profession as it affords them with financial and social privileges (3). In return, society expects

these professionals to sustain their social contract and provide accessible and appropriate dental care to society (6,7). However, since the business side of dentistry encourages a focus on profit, dentists may lose track of and risk this social contract, not necessarily at any direct fault of their own, but rather a combination of social, policy, and governmental factors (1,111). Quiñonez and Holden discussed different caveats within a possible social contract between society and dentistry, highlighting one of the larger issues as dentistry's role in upholding the privatized system present in major developed countries like Canada (40). They went on to further underline how the uneven distribution of oral health disease in the most underrepresented masks the depth at which limited access to oral health care can impact people's overall health and life. Researchers have touched on various components of the social contract, including issues of patient trust and empathy (124), whether there should be two social contracts with the public, one addressing social good, and the other the exchange of a commodity (125), as well as where the therapeutic relationship suffers from the shift from patient to client (6). The professional monopoly of dentistry is not a right of the profession, but a privilege bestowed upon them by society and to keep their status within society, people will demand what is due to them, access to dental care (40).

As such, in the current social climate, dentists must readily remind themselves that their role in addressing disease is indeed an obligation under their social contract and their duties toward social responsibility and social justice. Moreover, studies are now looking at novel digital approaches such as immersive virtual reality and virtual learning modules to train dental students in topics like empathy, thereby adding an innovative layer that may increase uptake and application (126,127).

Equity, Diversity, Inclusion, and Emotional Intelligence

Furthering my discussion of various social topics that are generally involved in any discussions of social justice and social responsibility, I will briefly review definitions of equity, diversity, inclusion, and emotional intelligence.

Equity is defined as "the situation in which everyone is treated fairly according to their needs and no group of people is given special treatment" all while keeping in mind their individual circumstances and intersectionality (128). Equity is often used interchangeably with equality though this narrative has been changing over the last few years to clarify how they differ, highlighting each concept's value and importance in society (129). Equality focuses on fairness without explicit consideration of intersectionality and the impact of privilege; it is defined as "the right of different groups of people to have similar social position and receive the same treatment" (130).

Diversity, on the other hand, is a very commonly used term that describes "the fact of many different types of things or people […] a range of different things or people" (131). One of the greatest critiques of the term, other than its use at an often-superficial level, is the usual lack of identifier: diversity of what (132)? When discussing equity and diversity, the concept of inclusion is also a common player involved in trainings and considerations. Inclusion is more comprehensive, such that it is defined as "the idea that everyone should be able to use the same facilities, take part in the same activities, and enjoy the same experiences; the act of including someone as part of a group" (133).

Equity, diversity, and inclusion committees are commonly used avenues to further discuss and address these issues (134). Many businesses, including universities and their

faculties, establish these committees. A prime example is the Faculty of Dental Medicine and Oral Health Sciences at McGill University that implemented one in the year 2020 (39). The faculty has established a strategic roadmap including research seminars, resources, and scholarships, as well as a dental inclusion program intended at motivating students from underrepresented populations to pursue the dental profession (39). Although establishing such committees, "which can act as 'flagship' social engagement" ((135) ,p.13), is a step toward action and improvement of community, they are also ripe with critique based on their often-performative nature that does not address systemic disparities long-term (136). Either way, their impact is difficult to assess without adequate program evaluation for each case.

Finally, over the last few decades, emotional intelligence has become of great interest within many fields outside of its originating field of psychology (137). In 1990 and 1997, emotional intelligence scholas Salovey and Mayer proposed a model of emotional intelligence that provided a means for the field of psychology to address abilities related to emotion (138,139). Although preliminary, emotional intelligence is thought to impact various facets of personal and professional life. The same researchers proposed a definition of emotional intelligence: "The ability to monitor one's own and others' feelings, to discriminate among them, and to use this information to guide one's thinking and action" ((138) p. 189). This definition was later expanded to include four related abilities that formed and impacted emotional intelligence: perceiving, using, understanding, and managing emotions (139).

Emotional intelligence has been found to be positively correlated with social responsibility, and as such is a valuable concept to explore when discussing how social responsibility may be included in the professions we are considering in this dissertation (140). Studies have described how dental students with higher levels of emotional intelligence had

patients who were significantly more satisfied than those with lower levels of emotional intelligence (141). Moreover, higher levels of emotional intelligence amongst dental students have been associated with lower perceived stress levels throughout dental school (142). Further insights regarding these topics within the relational fields of interest in this dissertation will be presented through my interpretations of the participants' experiences.

Educational Teaching Approaches in Relational Adult Education

The teacher-student relationship is vital to the development of students into the professionals of their choice. We usually teach the way we were taught (143). Therefore, understanding some of the learning approaches that may influence teachers is imperative to better comprehend how adult students are learning about topics such as social responsibility. On a similar line, how can critical pedagogy support us in this endeavour when the context in which the education is conveyed—the university, which is an institution—has in its best interests to uphold the status quo?

Lecturing is still one of the most common and widely used methods of teaching due to its convenience and efficiency (105,144). Even with vast advancements in university teaching and the adoption of new, more engaging methods of instruction, the lecture reigns supreme in most disciplines including health fields (105,106). As students' progress through their education, there is a need to transition from a passive lecturing approach to one of communicative learning and discussion, allowing for more in-depth understanding (105,145). Although some educators will opt for very specific teaching approaches, the effective educator learns to adapt to their classroom and may combine different approaches throughout their teaching experiences (105).

In this section, I briefly review practice-based approaches, critical pedagogy, transformative learning, and inquiry-based learning.

Practice-based Approaches

Practice-based approaches to teaching seek to bridge theory and practice (25), an issue that is highly relevant to relational professional fields of practice like dentistry, education, and social work. This big movement in teacher education has seen many recent critiques that have engendered their own responses (146,147). Scholars posit that education should take on a similar approach to theatre or coaching in sports where they partake in so-called rehearsals of teaching, which act as simulations of teaching to prepare future teachers through feedback that is interwoven throughout the rehearsal (25). The authors argue that adopting such an approach would help build a routine and further distinguish between various competencies, such that the student-teacher can accurately identify what they excel at and what requires further improvement. Moreover, teachers will then be fit to teach all students in a uniform way (25).

Critiques of a practice-based approach highlight its potential downfalls, namely placing equity, justice, and context at the periphery of teacher education (146). Encouraging very specific core competencies and the illusion of the ideal teacher—one which is often saturated with power, as well as race and class privilege—defined by a narrow set of quantifiable skills may create great adversity for the profession. Furthermore, the approach may perpetuate a list mentality whereby the use of specific jargon is considered as sufficient expansion on the topic where depth is grossly ignored (146). The air of neutrality reflected in practice-based approaches also risks reproducing deeply seeded systems of oppression and prejudice by oversimplifying what makes a ‘good’ teacher. As such, there would be a significant gap between the way teachers

are trained and part of their expected roles to stand up for social justice and nurture an equitable learning environment (146).

As is the iterative process of much research, there have been critiques of the critiques of supporters of practice-based teaching approaches (147). Through a cross-professional study of various preparation programs, Grossman et al. (148) suggested a pedagogical framework that encompassed three approaches classified as the "pedagogies of enactment: representing practice […], decomposing practice […], and approximating practice […]" to describe how professionals were prepared for practice ((147) p.76). Kavanagh and Danielson investigated the relationship between practice-based pedagogies in teacher education and if novice teachers later tried to address social justice in their teachings with elementary school children. Through their analysis, they found that teacher educators often represented, decomposed, and approximated practice with new teachers but rarely when supporting them in teaching about social justice (147). In sum, scholars of practice-based teacher education do not inherently limit scholars of social justice teacher education; they may indeed need one another to train future teachers who know why, when, and how to interrupt deeply ingrained inequities through their practice (147).

Critical Pedagogy

From Paulo Freire (101) to Henry Giroux (149), critical pedagogy was born of critical theory and other related traditions within the field of education (100). The dialogic relationship between teaching and learning, including the value of critical thinking, plays a role in the use of critical pedagogy as a lens to effect positive social change (100). Critical pedagogy encourages educators to engage in dialogical interactions with students where through the co-creation of

knowledge and acknowledgement of historical, professional, and ethical constructs, they can discuss and try to improve various facets of society (150).

Within a health-related field like dentistry, empowering students to be inquisitive and challenging the status quo can be met with resistance as has been the case in nursing and which will be expanded upon in this dissertation (100). Critical pedagogy encourages individuals and professions to embrace personal and professional responsibility with the intent of going beyond identifying social inequities but effecting change (100). Whether critical pedagogy is possible for the profession of social work is a contentious thought that has been addressed by some scholars (151). They propose that the basic philosophical and methodological principles of critical pedagogy are necessary within social work despite the usual narrative that certain social and institutional issues prevent its inclusion (151).

On a broader spectrum, within relational fields like dentistry, education, and social work, it can be assumed that a certain level of social impact is embedded in the foundation of each profession. However, how dental education engages with social responsibility is unclear and complex as is the case in professions like nursing (43).

Transformative Learning

Transformative learning intends to "transform problematic frames of reference—sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets)—to make them more inclusive, discriminating, open, and emotionally able to change" ((152) p. 58). For example, the culturally influenced concept of ethnocentrism is considered a habit of mind where there is a lack of empathy for ethnicities other than one's own, which leads to racist and judgmental points of view. Points of view are more easily altered through increased awareness

and trying to be more empathetic (84). Transforming our frames of reference, however, prove to be more difficult but can be done through critical reflection upon our assumptions. Objective and subjective reframing of our biases through self-reflection support significant personal transformations (84). Critical theory, as described above, is the application of critical reflection to explore and address social structures and the power with which they are at play (100). As such, embracing critical pedagogy can foster transformational learning and has the power to create positive change (100,153).

Transformative learning is a process whereby an individual goes beyond their presumptions and gains knowledge that can transform them in a meaningful way (104). This can involve an emotional response to a dilemma that is disorienting and makes us question our beliefs and assumptions. This approach includes four processes of learning: 1) elaborating upon an existing point of view; 2) establishing a new point of view; 3) transforming our point of view, and 4) transforming our habit of mind (84). Education that incorporates any of these processes understands the statement that: "we do not make transformative changes in the way we learn as long as what we learn fits comfortably in our existing frames of reference" ((84) p.7). Therefore, learning, essentially, needs to be on a spectrum that includes discomfort to effect transformative change.

Although adult learners' objectives may vary depending on their chosen path, one of the underlying goals of relational fields is to help people and thus become socially responsible and autonomous thinkers (84). The key idea in transformative learning is to engage what is presented in the context of one's life and critically assess the rationalization of the new knowledge that is presented. Supporting self-direction, critical reflection, and discourse, the educator takes on the role of facilitator, no longer holding all the power in the relationship (84). Moreover, adults

possess the ability to become critically self-reflective, and can reflectively judge a situation. These abilities support them in more completely understanding their experiences and provide the platform for critical discourse and effective communication (152). There exist multiple ways of introducing the processes of transformative learning into education in general and for increased social responsibility (104). These programs generally incorporate critical thinking and self-reflection as means to question society's often oppressive systems (104).

Inquiry-Based Learning

Inquiry-based learning has been described as an educational strategy where students follow similar methods to scientists to co-construct knowledge (154,155). Students use various problem-solving skills to investigate processes and thus solve problems (154). Inquiry-based learning is considered as a central component to developing a scientifically literate society according to many international policy bodies (156,157).

One of the approaches to inquiry-based learning involves the scientific process, which is divided into smaller, more feasible, components that are connected, and guide students in their learning experience (154). Inquiry-based learning's iterative nature leads to inquiry phases that may be connected in various ways to create diverse inquiry cycles. Although there is no set linearity in inquiry-based learning, self-awareness, self-reflection, and self-evaluation are important and ubiquitous components to this approach (154). A literature review by Pedaste et al. summarized inquiry-based learning as having five general phases: orientation, conceptualization, investigation, conclusion, and discussion (154). Each of these phases also has its own sub-phases that support the learning process through various inquiry cycles. Communication and reflection can occur at any level of the different phases or throughout the entire process. Reflection is a

predominantly internal process that can be supported through activities including role-playing and writing, thereby strengthening the quality of their reflection (154).

Collectively, there are many learning theories that motivate different teaching approaches. However, there seems to be a need for more relational and collaborative approaches to education to support action toward transformation and thus social change. Freire highlighted this when he states:

> Yet only through communication can human life hold meaning. The teacher's thinking is authenticated only by the authenticity of the students' thinking. The teacher cannot think for her students, nor can she impose her thought on them. Authentic thinking, thinking that is concerned about reality, does not take place in ivory tower isolation, but only in communication ((101) p.77).

Chapter Summary

As has been demonstrated through this literature review, there is a need to further understand how social responsibility is conceptualized and how it is or could be effectively incorporated into education in the three relational fields discussed above: dentistry, education, and social work. This limited knowledge creates a gap that I intend to address through this doctoral research to understand and gain insight into whether and how educators conceptualize social responsibility within their teachings in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, and the School of Social Work at McGill University in Montréal, Québec, Canada.

Chapter 3 – Methodology

> *Hermeneutics is derived from the Greek verb hermeneuein, which means to say or interpret; the noun hermeneia, which is the utterance or explication of thought; and the name hermeneus, which refers to the playful, mischievous, "trickster" Hermes. In bringing the messages of the gods to humans, Hermes entices interpretation. Hermes has the character of complication, multiplicity, lies, jokes, irreverence, indirection, and disdain for rules; however, he is the master of creativity and invention. He has the capacity to see things anew and his power is change, prediction, and the solving of puzzles. ((158), p.2)*

In this chapter, I will be providing a brief history and description of applied philosophical hermeneutics, the methodology used throughout this doctoral research. I will also delve into the philosophy behind using hermeneutics as a research approach, how to share it through writing as well as data collection and analysis. The chapter will conclude with considerations of rigor and reflexivity. As mentioned in chapter 1, it is important to note that in applied philosophical hermeneutics, the theoretical framework is replaced by the foundations and tenets of philosophical hermeneutics whereby the dialogical interaction between researcher and participant, as well as the entirety of their contextuality and subjectivity, is both at play and revered (46,159,160). Here, I reiterate my research questions:

1) How is social responsibility conceptualized and understood by educators within the pedagogy of the relational fields of dentistry, education, and social work?
2) How are educators in these relational fields impacted by their own training and how does this impact their teaching?
3) How do educators in these relational fields experience barriers to conceptualizing and incorporating social topics like social responsibility?
4) How do educators recommend addressing these barriers and improving education about social responsibility within training for these relational fields of practice?

Hermeneutics and History: Learning About the Past to Understand the Present

The etymological roots of hermeneutics stem from Greek mythology and the Greek god Hermes, the messenger of the gods. Hermes is responsible for crossing the ontological threshold and conveying the message of Zeus to the mortals of earth and those in the underworld (161). His intermediary role as messenger represents his identity as the god of the boundaries and margins, in other words, the ambiguous liminal space (162,163). Pragmatically, this means researchers are required to interpret the messages provided by research participants into an understanding of their experiences (163).

Dialogical philosophical hermeneutics originated through the scholarship of Hans-Georg Gadamer (1900-2002). Over the years, Gadamer published *Truth and Method, The Enigma of Health, among others,* and was influenced by many other philosophers, including Martin Heidegger (1889-1976) and Paul Ricoeur (1913-2005) (160,164). The philosophical discipline of hermeneutics strives to understand understanding through an interpretation of what happens when understanding occurs. Philosophers who embrace hermeneutics describe understanding as integrating interpretations of other interpretations through words, images, and lived experiences to identify a meaningful whole (46). The very experience of understanding is a transformative process we live through these words and images. The evolution of Gadamer's scholarship over his lifetime is indicative of the fluidity of philosophy and the validity of its use in health and relational disciplines (46).

> Philosophy is not, as one often hears, the professional art of splitting hairs, the search for artificial precise definition's—one who attempts to philosophizes must first of all have an attentive ear for the language in which the thinking experiences of many generations has been sedimented, long before we begin to attempt our own thinking. ((160) p. 181)

It is an understanding among hermeneutic philosophers and researchers, including Friedrich Daniel Ernst Schleiermacher (1868-1934), that our interpretations of the world through dialogue identify the interconnectedness of human experiences and depend on a circular movement between part and whole within a temporal context (165,166). In other words, the *hermeneutic circle* highlights that context influences how we understand a particular part as part of the whole and as its own entity; these parts and the whole impact one another throughout our iterative dialogical experiences (26). For example, in practice, it means that each narrative from the research participant interviews is then brought back into the idea of the whole circle that represents the totality of all the narratives (165). This then becomes a community of understanding enabling an interpretation that facilitates answering your research questions. The circle is not fixed, it goes on indefinitely, the more people you interview over time, the more it expands and increases our horizon of understanding (165).

Schleiermacher further elaborated on the hermeneutic circle by stating that every insight, whether scientific or artistic, provides a "glimpse into the shared cosmic whole" ((166), p. 27). This philosopher's belief that thinking and language are interconnected built the foundation of defining interpretation as a means of reconstructing our understandings of phenomena and concepts. The whole in question, however, is not a fixed concept or quantity, but more of a complex swirl of meaning that is alive and open to change (166). Gadamer expands:

> Fundamentally, understanding is always a movement in this kind of circle, which is why the repeated return from the whole to the parts, and vice versa, is essential. Moreover, this circle is constantly expanding, since the concept of the whole is relative, and being integrated in ever larger contexts always affects the understanding of the individual parts. ((160), p.189)

Ricoeur has also gone on to describe the hermeneutical circle as:

> […] the hermeneutical circle between the understanding initiated by the reader and the proposals of meaning offered by the text. The most fundamental condition of the

> hermeneutical circle lies in the structure of pre-understanding which relates all explication to the understanding which precedes and supports it. ((167) , p. 108)

Wilhelm Dilthey (1833-1911), another philosopher who influenced the thinking of hermeneutics, wanted to give knowledge in the humanities and social sciences the same respectability as the natural sciences (166). This inclination toward the rational positivistic realm of knowledge is still present to this day through the value associated with the basic sciences in our society. Truth and objectivity are at the crux of scientific knowledge acquisition in the academy (166). However, as Dilthey strived to make known, there is an inherent difference between the human and natural sciences that is not indicative of either field's value but differentiates them enough to highlight each of their strengths. Dilthey went on to put forth that "the natural sciences *explain* nature, but only the human sciences can *understand* culture" ((166), p. 30).

On a similar thread, Stephen Jay Gould (1941-2002), an American historian of science described:

> Science, since people must do it, is a socially embedded activity. It progresses by hunch, vision, and intuition. Much of its change through time does not record a closer approach to absolute truth, but the alteration of cultural contexts that influence it so strongly. Facts are not pure and unsullied bits of information; culture also influences what we see and how we see it. Theories, moreover, are not inexorable inductions from facts. The most creative theories are often imaginative visions imposed upon facts; the source of imagination is also strongly cultural. ((168) , p. 259)

From this perspective, our perception of the human world and its experiences of culture are not with respect to objective mechanisms, but relational experiences. No matter the objective nature of what science seeks to discover, the questions being asked should have already been implicated within a historical meaning (168). A more recent, and Canadian, philosopher, Jean Grondin (1955-) expanded:

> In stressing the universality of the hermeneutic aspect, Gadamer's fundamental idea is to mark the limits of objectivizing thought, which seeks to gain a hold on the being, for the purpose of domination. So that there is no mistake, this objectification is indispensable in science. But science has acquired an authority and a monopoly so uncontested in our civilization that we have come to think that all knowledge, all relationship to being, resorts to objectification. ((169), p. 149)

Similarly, Nicholas Davey (1950-), a British philosopher known for his work on hermeneutics, said that "All understanding is dependent upon a prior acquisition of linguistic practices and horizons of meaning, which guide our initial conceptions of self and world" ((46), p.9). Thus, the ability to understand a phenomenon is dependent on our ability to value and be interested in the topic within our personal context in a particular moment. We are not approaching the conversation or the text as blank slates waiting to be drawn upon, but as a fabric already woven with meanings and experiences open to new stitches and designs (46).

The assumptive terms 'pure' sciences strive for objectivity but make use of theories that often act as lenses through which scientists interpret data and form hypotheses and predictions (165). Applied philosophical hermeneutics accepts the role of personal interpretation and subjectivity in its quest for a greater understanding of a phenomenon of interest (170). Removing subjectivity is not the intent, nor is it feasible, but our role as researchers is incumbent on our ability to acknowledge how it accompanies us in the interpretation process (170).

Gadamer believed that history shapes our understanding of the world through language (160). We are born and shaped by the culture in which we exist that provides us with certain biases, prejudices, lore, etc. Through these experiences, we learn to listen better and understand the Other[a]

[a] "Social justice education has been and continues to be marked by a moral concern with this who have been 'Othered' and marginalized through discriminatory relations that are seen as violent, both in symbolic and material terms. Often defined through social categories of identity, difference, and community, this figure of the 'Other' occupies a special, and central, place in both theoretical and practical approaches to such pedagogical initiatives. This preoccupation with the 'Other' within education may also be seen as part of a broader cultural turn to ethics in recent years". ((123), p. 1)

with dialogue; always stepping into an existing and ongoing conversation that may already be saturated (160). Gadamer et al. went on to say that "... understanding is not something that takes place at the end of humanistic research about an object, it stands at the beginning and governs the whole process of questioning, step by step" ((171) , p. 50). Knowing these building blocks of hermeneutical history—along with others that will be discussed in the next sections in this chapter—solidifies its place in the social and human sciences, including the health sciences.

Hermeneutics as a Research Approach: A Philosophical Foundation

Within hermeneutical research lies the idea of widening horizons of understanding, which in turn accepts that all knowledge in the world answers a previous question and that within each answer exist further questions such that no response is ever truly final (165). As finite human beings, our interpretations necessitate learning from others and their interpretations to create a never-to-be-completed, but ever-expanding image (165). Richard Kearney (1954-), an Irish philosopher, described hermeneutics as an art of deciphering multiple meanings:

> More precisely, it refers to the practice of discerning indirect, tacit or allusive meanings, of sensing another sense behind, beyond or beneath apparent sense. This special human activity may in turn call for a method of second-order, reflective interpretation involving a process of disclosing concealed messages, either by a) unmasking covered-up meaning (hermeneutics of suspicion) or b) by disclosing surplus meaning (hermeneutics of affirmation). In short, I understand hermeneutics as the task of interpreting (hermeneuein) double or plural meaning in response to the polysemy of language and life. ((172) , p. 1)

Furthermore, as the applied hermeneutic researcher engages with the topic and their participants, they take part in a transformational process through the 'fusion of horizons', with application in healthcare:

> In Gadamerian hermeneutics, a fusion of horizons refers to a communicative process to understand our world, other people's perspectives or topics; it becomes our point of view, perspective, or worldview. Our individual perspective of the world evolves throughout our

> lifetime, during an enculturation as people, history, and education with many other factors that have contributed to our personhood. ((26), p. 1279)

The sensitivity of the researcher, their ability to sense sense coming from the Other, informs the felt experience of how what is shared relates to the questions asked (46). Past, present, and future meet within the cultural context of the now and through the reading of a text—or interview transcript in my case—toward a better understanding of the content and its context (46,160,173). For example, my research is the present and through my conversations with participants, I am inquiring about their past experiences to better inform the future by expanding our understanding of the topic within our research context. This hermeneutic transcendence identifies the difference between what we once understood and what we come to understand now (46) . As Nancy J. Moules et al. expressed so eloquently, "The past, the other horizon, is always shaping our consciousness of the world and it too changes since we are always interpreting the past from the horizon of the present" ((165), p.47).

Moreover, Gadamer also expands on the intrinsic being-in-the-world that hermeneutics expects as it learns from the Other, which is nicely put forth by Davey:

> …the practice of hermeneutics pursues dialog and dialectic encounter with the other. It seeks a disciplined openness to the strange and foreign. It encourages a creative tension between the assumptions of our own horizons and those that are different. (Davey, 2006, p.4)

Within the humility—being open to all that the participants' experiences—required to achieve this level of open and mutually experiential conversation is the ability for reflexivity—an awareness of our own emotions, reactions, and assumptions—and mindfulness of our prejudices seeing as they are always part of a hermeneutic understanding (174,175). We need to reflect actively and consistently on the various lenses and perspectives with which we view the topic at

hand. With this, we should remain open to the likelihood of encountering our own prejudices while on route to a better understanding and lean into our reflexivity (165,167).

A level of hermeneutic awareness and flexibility encourages questioning of what could be taken for granted with the intention of better comprehension (165). For application to be conducted effectively, there needs to be the presence of both practical knowledge, and moral knowledge on behalf of the educator or researcher. As Moules et al. shared: "Practice disciplines like education, social work, or nursing that have at their core personal interrelationships within schemas of technical knowledge and ethical values are clearly sires of hermeneutic application" ((165), p.50). Within this doctoral dissertation, I discuss the very relationality of the first two professions mentioned in this quote and then include dentistry with the desire to learn further about what this hermeneutic application reveals within the highly privatized healthcare field.

Applied philosophical hermeneutics has often been used by researchers to understand the complexities of education (176), within institutions, and this includes my work in dentistry, education, and social work. In this, there is an underlying moral orientation toward the good of communities while still making use of the specific technical skills required in scientific fields. This comparison between the need for generalizability and application of knowledge is a constant tension within practice disciplines (165). To move beyond this divide requires an openness to learn from the other and a listening ear that tries to understand the intent of certain professions rather than assume a blanket desire for sterile conformity (165). Therefore, I, as the researcher, listened with the intent to explore, question, and understand the experiences being shared rather than empathizing with the participants, though this may have still occurred due to the inability to un-contextualize life. Through this passage, I could be compared to a traveller who treads the waters of the world with purpose and openness but is not deterred by silence or

the need for reflection. Hence, the interpretation of an interpretation begins its process in-between the familiar and the unfamiliar; what we know and what we can learn that is new (165). A rigorous hermeneutical researcher, like myself, values these moments and allows them to proceed unperturbed by the social need to maintain a consistently cacophonous surrounding (46,165).

Hermeneutics Through Analysis: Interpreting the Interpretation

When conducting hermeneutic research, the researcher may be confronted with a risky and complex task should they want to describe exactly how hermeneutics is brought to life (46). Is there a method to this philosophical way of being or does it exist as an unmethod trying to come to a wider and more astute understanding of a phenomenon (26,177)? The desire for a clear and straightforward list of steps, the need for method, as Gadamer described it, relies on prejudice against other ways of knowing and understanding the world around us. Davey added to Gadamer's thoughts with:

> The will to method exhibits a colonizing tendency. On one level, the focus and drive that attaches to the organizing power of the will to method is philosophically attractive. However, the energetic impetus toward orderliness and closure betrays an imperviousness toward alterity. The will to method has an imperious insensitivity to other voices and reduces the complex variety of human experience to its own terms. This reductive impetus is not an expression of invincibility but of an inability to face the risks of dialogical exposure. ((46), p. 21)

On a similar thread, Davey further highlighted:

> Philosophical hermeneutics openly exposes the nihilism within the shrewish methodological preoccupations of much modern philosophy but, more important, it strives to articulate what method neglects, that is, the wider, more complex, dimensions of human encounter, experience, and learning. ((46), p. 6)

Hermeneutics incorporates interpretation to achieve a moral good, an ethical obligation, a reality not foreign to practice disciplines like dentistry, education, and social work. Philosophical work like hermeneutics sets forth a dialogical engagement of shared experiences that creates a sense of belonging outside of the self (46). In its quest toward a collection of shared understandings, it keeps its sights on both the singularity of individuals and their collective experiences by considering everyone's socio-cultural contexts. Applied philosophical hermeneutics fits the needs of this doctoral research because social responsibility is not a superficial topic, nor should it be considered as one, and as such, there is a need to address processes deeply embedded within the disciplines at hand but also within the individuals (46). I desired a deeper understanding of what it means to conceptualize and make sense of social responsibility within these three fields while considering their varied perspectives, cultures, and experiences. This included trying to unpack and understand someone's embedded understanding of something they practice but may be unaware that they are practicing. Hermeneutics allowed me to bring out their unawareness of it such that at the core of this work, people left our conversations more enlightened about their own experiences. Hermeneutics makes use of some traditional methods of qualitative data collection, such as interviewing, transcription and interpretation. However, it is the specific blend of inquiry and depth, philosophy and understanding, that makes applied philosophical hermeneutics uniquely suited for this work. Moreover, the disinterest in basic description or theorization further positions hermeneutics as the best approach for this research (165). What connects all three groups—dentistry, education, social work—is the topic, and the topic is uniquely understood and practiced due to the enculturation of undergoing the professionalization process required to practice in these fields. Therefore, applied philosophical hermeneutics best fit this research because I wanted to understand the complexity and interconnection of the three

different encultured ways of practicing social responsibility. This hermeneutic approach allowed the interconnectivity to flourish synergistically without being in competition or privileging one field over the other; it is a way to capture and understand relational complexities without reducing them (26,105,178–180).

Hermeneutic analysis involves an interaction among the individuals as participants, the advancing larger whole, and the specific part leading to a nuanced understanding of the inquiry (165). As hermeneutics moves horizontally through time making further sense of the past using the lens of the present and a vision toward the future, it enacts "historically effected consciousness" ((160), p.130-131), producing a view, not from everywhere, but an open view forward with a foundation to understand more (46). Our historically effected consciousness speaks to who we have become and continues to evolve as we as humans experience the world from our own unique perspectives. In research, although we ask the same questions to our participants, their responses represent a wide range of understandings and interpretations about their experiences (165).

As these conversations unfurl, there is an understanding that the experiences being shared by the participants are interpretations in and of themselves, giving the interviewer, me, the opportunity to follow the topic and be guided by the participant toward a deeper interpretation and understanding of that experience (46,165). Although there is no direct method for engaging in interpretation and interpretative writing, Moules et al. took on the task of explaining it in relation to the hermeneutic circle below:

> Interpretive data analysis demonstrates the hermeneutic circle as a metaphorical way of conceptualizing understanding and the process of interpretation in which we participate, and to which we belong, are situated in, and living through. It is not a method for uncovering meaning, but rather a description of how human understanding can be created

> from a stance of focused curiosity and reflexive attention to different standpoints and ways of seeing a topic. ((165), p.122)

Choice is a central pillar of interpretation that creates a space where acceptance of the openness of hermeneutics supports it as being appropriate for a research topic (165). That which is not uncovered can be so at another time with the purposefulness of still widening our horizon of understanding. Thus, hermeneutics wants to keep the conversation going while providing room for silences that insinuate an end that does not exist. A plethora of interpretation becomes available to the researchers depending on their own backgrounds, interests, and connection to the topic (46,165).

Hermeneutics Through Writing: Words Speak

An often-contentious component of hermeneutic health research within our highly positivistic methodologically privileging context in research is the inability of attaining an exacting and finite generalizable conclusion. Interpretation of participant narratives may end when the researcher decides to write a 'finished' version of their hermeneutic research, however this temporary end may bring forth the possibility for new interpretations and considerations for praxis. Writing in hermeneutics is inseparable from the writer, who writes "from within an altered horizon of the self" rather than solely by presenting new ideas about a topic of interest ((165), p.51).

As blank pages are enchantingly populated with our words, something wonderfully exciting occurs:

> Nothing is so purely the trace of the mind as is writing but nothing is so dependent on the understanding mind either. In deciphering and interpreting it, a miracle takes place: the transformation of something alien and dead into total contemporaneity and

> familiarity…that is why the capacity to read, to understand what is written is like a secret art, even a magic that frees and binds us. ((160), p.163)

Language is the carrier of knowledge from one person to another, which supports hermeneutics as a research approach through complex human narratives (165). Although language allows for an open means of communication, there is an unstable reality to the possibility of constantly new interpretations of experiences. Our existence as humans echoes the forgetfulness of language as we constantly re-interpret our own experiences with newfound lenses in varied moments (165).

One of the greatest challenges of hermeneutic research lies in the ability to articulate our newfound understandings of the topic of interest while consistently tackling the sometimes-oppressive imprint of technical 'scientific' writing (165). Creative expression is valued in hermeneutics while there is greater resistance in more basic science fields, further complicating the task of hermeneutic writing (165). For instance, the use of metaphors can be used as a means of purposefully disrupting the familiar and cultivating the possibility for new findings and understandings (165,167).

Therefore, as words are woven together to convey meaning and new understandings, the interpretations that are considered in hermeneutic research are not those thought to be singular truths but the best conceptions of the moment within the context at hand. Davey further clarified that though philosophical hermeneutics' disinterest in a final interpretation of a phenomenon could be perceived as a weakness, it is actually one of its strengths (46). The gift of hermeneutics is its ability to recognize, appreciate, and celebrate the plurality of experiences and understandings through interpretation and reinterpretation. Similarly, we do not seek to write about strict conformity but to share the narrative as it unfolds, differences and all. As the text emerges, the measure of credibility of hermeneutic interpretations then stems from its ability to surround the topic with understanding (26,46,105,165).

Applying Philosophical Hermeneutics to Better Understand Social Responsibility Education and Social Topics in Dentistry, Social Work, and Education

Participants and Settings

This study was conducted according to the ethical principles stated in the declaration of Helsinki (2013). Ethics approval was obtained from the McGill Faculty of Medicine Institutional Review Board before the start of the research project (IRB Study # A12-E83-18A; see Appendix A). I conducted open-ended, semi-structured individual interviews with educators in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, and the School of Social Work who taught a range of courses within their Faculty's/School's program. I have selected these fields since dentistry, education, and social work are relational disciplines that deal with evolving students and clients who have ever-changing social contexts and thus require professionals who have a broad and open perspective on their practice (24,148). My purposeful sampling strategy supported me in seeking out the people who could answer my research questions (181). The inclusion criterion for these interviews was educators who teach future professionals in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, or the School of Social Work at McGill University. As Sandelowski, a professor of nursing and qualitative research scholar, shared that "An adequate sample size in qualitative work is one that […] results in […] a new and richly textured understanding of experience" ((182), p. 182). I knew that I reached 'saturation', for a lack of a more acceptable term, when there were no new concepts or information that emerged in the context of each interview in this dissertation: "Hermeneutics research is not validated by numbers, but by the completeness of examining the topic under study and the fullness and depth to which the interpretation extends understanding" ((158), p. 14). In the context of this doctoral dissertation, I interviewed five

participants from each one of the Faculties of Dentistry and Education, and the School of Social Work for a total of 15 participants. Participants were recruited with the support of the connections I have through my supervisors and committee members, as well as through the recommendations of the earlier participants who were recruited. Data collection in hermeneutics involves the need to seek out appropriate participants to understand the phenomenon of interest; these experiences exist in a specific setting where both social and historical context matter (165).

To acknowledge the individuality of the participants in this project, I am including some sociodemographic information about the interviewees, such as age, degree, and gender (see Table 1). It should be noted that the sociodemographic questionnaire (see Appendix B) used to collect this information was not mandatory and participants were asked to solely complete questions they felt comfortable answering. As such, the following information is not complete if an individual refused to answer a specific question or if the information would have compromised anonymity. Collecting this information provided me with a more detailed insight into how my participants' histories and current contexts may have influenced their life experiences.

Table 1: Sociodemographic information of most participants

Dimensions (characteristics)	Categories	Number of participants
Gender identity	Woman	7
	Man	8
Age (years)	25-35	1
	36-45	1
	46-55	3
	56-65	7
	66-75	0
	76-85	1
	Undeclared	2
Marital status	Married	14
	Unmarried	1
Highest degree obtained	PhD	10
	DMD/DDS	5

Data Collection

Each participant provided written informed consent (see Appendix C) and acknowledged that they were voluntarily participating in this doctoral research and that they could withdraw their participation, and collected data, at any point in time without any repercussions. Participants were further assured that their confidentiality would be maintained through the removal of all names and identifiers within interviews, transcripts, and quotes in publications including my doctoral dissertation. They each completed one interview ranging from 50 to 90 minutes (about 1 and a half hours) long. The first two interviews were conducted in person at the participants' work offices in February and early March 2020. The remaining 13 interviews were conducted remotely, from May to November 2020, either online through zoom or on the telephone due to the restrictions implemented for the COVID-19 pandemic. The individual

interviews were audio-recorded, and I then transcribed them verbatim.

To address Research Question #1 (How is social responsibility conceptualized and understood by educators within the pedagogy of the relational fields of dentistry, social work, and education?), participants were asked to discuss their definitions and understandings of social responsibility and other social topics (empathy, equity, inclusion, diversity, and emotional intelligence). Since definitions are often difficult to put into words, especially for concepts that can be as nebulous and fluid as social responsibility, the participants were asked to share examples of what these social concepts may look like within their personal and/or professional lives. Participants were also asked to discuss how they conceptualize social responsibility within their educational field and how this may differ with the other fields based on their experiences and assumptions. To address Research Question #2 (How are educators in these relational fields impacted by their own training and how does this impact their teaching?), participants were asked about how their training impacted them and their teaching of social responsibility. To address Research Question #3 (How do educators in these relational fields experience barriers to conceptualizing and incorporating social topics like social responsibility?), participants were asked to discuss barriers to address social responsibility and other social topics in the university. To address Research Question #4 (How do educators recommend addressing these barriers and improving education about social responsibility within training for these relational fields of practice?), participants were asked to discuss what recommendations or suggestions they had on how to build upon or include social responsibility education within their courses, and specifically in the Faculty of Dental Medicine and Oral Health Sciences at McGill University. This is by no means an exhaustive list of the questions that arose during these conversations, but it allows for more insight into how the semi-structured interview guide (see Appendix D) informed me during

this journey.

I used an applied philosophical hermeneutics research approach, as described earlier in this chapter, to gain better insight and understanding of how educators in the Faculty of Dental Medicine and Oral Health Sciences, the Faculty of Education, and the School of Social Work may conceptualize and address social responsibility in their teachings. Applied philosophical hermeneutics supports the quest of learning about and from the lived experiences of other people—in this case different educators in three faculties/schools—through encountered and discovered insights gained by conducting individual interviews (26,160,176). This approach is appropriate in addressing dental education because it helped me gain a deeper understanding of a pivotal, yet relatively neglected, topic in this field.

Although I used a semi-structured interview guide to support me in the conversations that took place during the interviews, I was flexible and open to learning new things and adapting the interview guide accordingly. In doing so, I acknowledged that one of the characteristics of such conversations is to encourage research participants to suggest ideas that could lead the iterative and fluid flow of the conversation. Through such an approach, experiences and knowledge are not undervalued because they may not have fit the interviewer's or interviewees' expectations (165). Moreover, this allowed time for reflection, which was demonstrated through the participants' mentioning that they needed a moment to ponder, as well as the use of certain filler words like uhm, hmm, and ouf as means to convey their reflective moments. Being open to participants' need for time, reflection, tangents, etc., also supports the development of trust, making space for a deeper connection and greater engagement with people's experiences. This was further supported by consistent discussions with my co-supervisors. Moules et al. explained that discussions do not arise from nothing but include people who "are speaking out of traditions

that precede them, using words that are already saturated in cultural meanings" ((165), p.41). This understanding of hermeneutics means that the encultured perspectives of the participants will offer insight and new understandings to the researcher—which in this case is me.

As such, the questions asked within the conversation require the interviewer to possess a certain level of humility towards what they do not know while expressing an authentic interest and curiosity about what the other has to offer (165). There were indeed multiple moments during specific conversations where the participants shared knowledge I did not have and asked questions I could not answer. The discomfort these instances created was an expression of the transformational learning that I was undergoing throughout these dialogical experiences. This soundly fits into applied philosophical hermeneutics as Gadamer shared that all new experiences and learning should be transformational if they are true new experiences (160).

Data Analysis

As mentioned in the section on reflexivity in chapter 1, I was mindful of how my experiences and biases may have influenced my interpretations of the participants' interpretations of their own experiences. It is not about coming into these dialogic conversations with participants as a blank slate but taking the time to reflect upon why certain things may stand out or be understood in certain ways. In practice, this reflexivity is often subconscious and part of the data collection and analysis process (158,165). Other indisputably valuable components involved repeatedly reading interview transcripts and discussing findings with my two co-supervisors in an iterative process. This supported the identification of quotes and ideas that helped answer the research questions. As part of the ability to reflect and interpret exists the

internalization of newly acquired information and its subsequent consideration in connection with my experiences, which for me also included the vast literature that I had consumed prior to and during my doctoral journey (183). Therefore, as Gadamer has highlighted in multiple publications, it is very hermeneutic to be deeply engaged with one's findings (160).

Within the health and social sciences, following an applied philosophical hermeneutics approach involves selecting participants sharing in a common experience that best informs a perspective on a particular topic and invites new understandings. This approach relies on a deep engagement with the topic through personal narratives, while endeavouring to uncover new or different understandings found within the individual narrative which comprises a common experience (176,184). In hermeneutics, therefore, analysis is interpretation, a divergent approach to opening relationships that lead to a stronger understanding of the topic. Through conversations with participants, I committed to an interpretation of the material that fit the insights that they shared. As I progressed, the careful and iterative process of reading the transcribed text flourished into initial elements that stood out and spoke to my understanding within the general social and academic context of other researchers. These initial individual interpretations were then discussed with my co-supervisors leading to further reflexive and rigorous interpretations of the data. The iterative and shared nature of the analysis highlights the rigour with which the work was explored (158). Hermeneutics welcomes newfound interpretations that highlight both the similarities and differences between participants, further illuminating the complexity of human experience. Participant narratives offered insights and understandings about their experiences that are now explored and described through interpretive writing (158,165). The wider the range of interpretations acquired, the greater the expansion of our horizon of understanding about these experiences.

The researcher's sense of humility through which a hermeneutic analysis develops brings forth the need and value of reflexivity about the lenses with which we view and interpret our data (158,165). Our life experiences impact the way that we interpret and understand the conversations we hold. Therefore, the introductory chapter of this dissertation unpacked my positionality and some details about who I am, my trajectory, as well as why and how I have come to do this scholarly work. My interpretations were undoubtedly influenced by my personal dental and educational experiences as well as what I learned throughout the literature review process. Moreover, my previous research and conversations with individuals about their dentists and the dental care system—through my MSc and beyond—also informed my 'expectations' of how social responsibility may or may not be valued in dental education. My time working with higher management in higher education, and teaching undergraduate dental students also impacted my impressions of potential barriers to incorporating these topics in the curricula. These are but some examples of the reflexivity I sat with throughout this entire process. I have learned a lot and my lenses are forever changed and changing through a hermeneutical existence and by the lived experiences of my participants. Applying reflexivity in this process acts as a constant reminder of being mindful of imposing what I expect onto the conversations and findings rather than what was actually there. As I was partaking in those conversational moments and throughout the analysis and writing process, I consistently asked myself questions including but not limited to: "How much of what I am reading into this is related to my experience?", "How has what I have learned influenced how I am interpreting these findings?", as well as "Is what I am understanding what they said or meant?". An openness to being uncomfortable with things that may have gone against my expectations was key to my reflexivity throughout this research.

Hermeneutics and Rigor: How Credibility, Trustworthiness, and Reflexivity Chime In

Our existence within the realm of research is often within a space that first and foremost portrays a positivistic and quantitative standard (165). As a qualitative researcher, this is not a valid basis upon which to compare my research, nor is it respectful of the work to discuss my findings using terminology that does not do it justice or has a different connotation. Rigor in qualitative research is often lost in translation within the quantitative context of understanding the word (185,186). We need to rethink how we use language and that just because we are doing research does not mean that every word that we use can be transferred from a quantitative context to a qualitative one. I asked questions to inquire and uncover something with people regarding social responsibility, not just covering it within my research. Within this, I supported my participants in uncovering their story and bringing it into the world through their and my interpretations (165).

To further drive home how words cannot simply be used in all contexts, Moules discussed how the rigidity of the word rigor cannot possibly be used to describe the flexibility and fluidity inherently present within hermeneutic work (165). In the context that people understand rigor within quantitative research, the word has been misappropriated into qualitative research. Nevertheless, rigor's many meanings, including how it portrays the "quality of being detailed, careful, and complete" demonstrates how we can reappropriate words to conform to the meanings of our work (187). This goes in line with Moules' comment on how "rigor in hermeneutics is the careful attention to the treatment of topics such that the work engenders trustworthiness and believability" ((165), p. 171-172). Therefore, rigor within my context does not focus on generalizability or replicability, but to the attention paid to supporting a comprehensive, expansive, and convincing contribution to the widening of the horizon of

understanding of social responsibility in the relational fields of dentistry, education, and social work (160,165).

The interpretive freedoms afforded to a researcher—such as me—who exists in a hermeneutic space are the pleasure of denouncing whole systems and uncovering the often-contentious realities of human life and experience. These conflicts are often personal, institutional, systemic, leaving room for the co-development of realistic proposals to address these realities (165). With these duties arises the responsibility of sharing research that has integrity, validity, veracity, rigor, and is trustworthy in its ethical considerations. Hermeneutics is about convincingly conveying understanding, not explanations or definitions (165). As such, I became better versed in the philosophical foundations of hermeneutics through readings and discussions with others who have decades of experience learning and researching applying hermeneutics.

What one type of research deems meaningful and valid depends on the acceptability throughout the community that what is elucidated upon has value and worth (165). The discourse presented in hermeneutic research should incite further questioning and curiosity into the address by also confidently expressing the applications of the interpretations. As the conversation is kept open and flowing, its veracity is supported not by our personal experience of it but of its ability to help us better understand another's perspective (165). The credibility of the work is therefore further appreciated through the fit of transferability within hermeneutics. Gadamer unpacked this:

> What we need to do is to learn to build a bridge over the existing divide between the theoretician who knows the general rule and the person involved in practice who wishes to deal with the unique situation of this patient who is in need of care. ((164), p. 94)

In other words, although generalizability can have value in quantitative research contexts, transferability and person-centered approaches are foundational to this qualitative work. These constructs support achieving an understanding of the complexities and interrelatedness in the practice of relational fields such as dentistry, education, and social work (26,105).

The rigor in the ethical conduct of hermeneutic research lives in the mindfulness of the dynamics and complexity of human relationships. Within relational fields of practice, there is also the understanding of other ways of conceptualizing ethical practice through relational ethics and practical judgement (165). Once more, the importance of context is brought forth by the inescapable role that institutional structures and systemic standards play within relational ethics. This dynamic supports the questioning of institutional structures and responses to the contextual conditions of practice of a particular profession. Moules et al. described this relationship:

> People, particularities, differences, commitments, and obligations inhabit ethics. It is the relationship between these contingencies that converge to constitute and occupy the rigors of an ethical examination of hermeneutics research. Decision-making, beliefs, feelings, and actions are complexly woven together, fraught with consequences and ramifications, costs and benefits. The rigor in this attention to ethical comportment is a constant attention to the potential to do harm and the potential to make a difference that is a good difference, something that must be done with integrity and harmony. ((165), p. 178-179)

To further highlight the integrity and credibility of hermeneutic work requires scholarship and respect for the work that nurtured previous understandings of social responsibility. Despite an openness to complexity and plurality, the credibility of hermeneutics still desires a cohesiveness to the understandings it is embracing. For "integrity lies in the hermeneutic humility of knowing that truth is a flexible encounter with something that offers room for many views" ((165), p. 179).

As such, to best ensure that this doctoral dissertation fit into the so-called requirements of rigor within hermeneutic research, I incorporated what was described above through the iterative process of conversations with my co-supervisors every two to three interviews, the outcomes of which informed following conversations with participants.

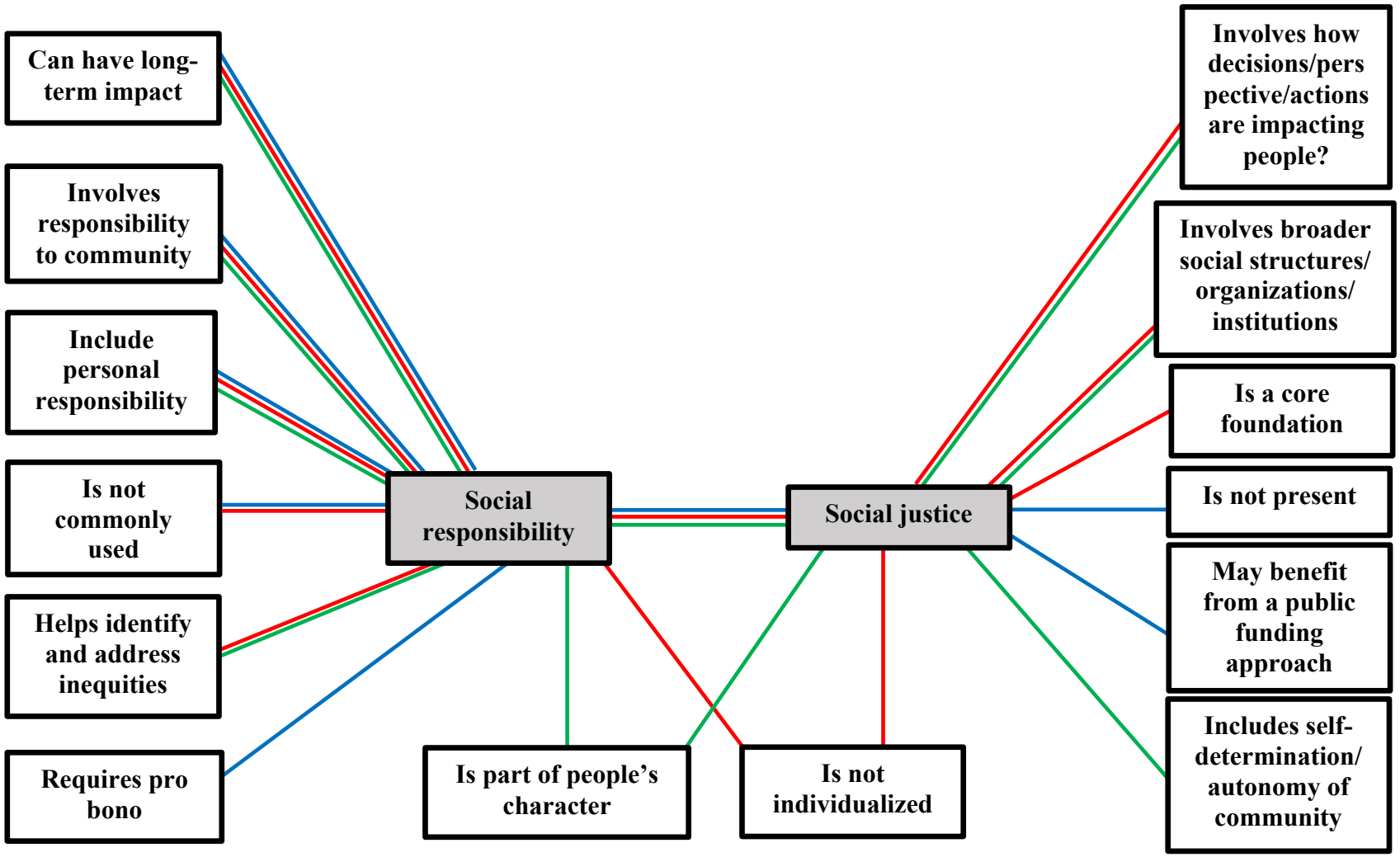
Chapter 4 - Findings

This chapter presents the findings of my applied philosophical hermeneutic doctoral project from the fifteen participant interview transcripts comprising the data collection process. As previously mentioned, the analytical process encompassed an iterative approach of consistent readings and discussions with my co-supervisors. Throughout the next three chapters, I will illustrate the findings using quotes extracted from the interview transcripts to support my interpretations and their place in the widening of the horizon of understanding of social responsibility and similar social topics within the relational fields of dentistry, education, and social work at McGill University, Montreal, Canada. The findings are divided into three chapters, the first of which will unpack participants' views of the relationship between social justice and social responsibility, including their perspectives on related social topics such as empathy, equity, inclusion, diversity, and emotional intelligence. This chapter identifies the difficulty participants had with defining these concepts, instead preferring the use of examples to describe their experiences with these topics within their fields. Social responsibility was discussed less in dentistry. While social justice was described by participants as a foundation of social work, they did not really discuss social responsibility. In education, social responsibility was more reserved for people who research the topic than as a generalized concept of interest.

See Figure 1 for a summarizing visual representation of the cross-comparison across disciplines of the perspectives and conceptualizations of social responsibility and social justice by participants from these three different professions. Note to reader: go through the figure starting from the left side, then the bottom, and finally the right side. Each line represents a faculty/school where the topic has been discussed so if all three lines are present, participants from all three discussed the topic described by the box.

Figure 1. Cross-comparison of conceptualization and perspectives of social responsibility and social justice by educators in dentistry, education, and social work

Legend: A blue line represents dentistry, a green line represents education, and a red line represents social work



It is important to acknowledge that researching human experiences is complex and rarely linear. As such, there is an inevitable overlap of some experiences and findings within this project. I selected quotes from participants that most clearly represented a wide range of perspectives. When there were multiple similar perspectives, I selected the quotes that most eloquently expressed the perspective. For this reason, some interviewees may be overrepresented unless otherwise stated.

N.B.: All interviews were conducted in English. When reading the quotes, the use of "[…]" within a quote indicates that a part of the interview was removed based on its repetitiveness or irrelevance to the topic at hand; it can also be indicative of an inaudible portion of the audio-recording. Interviews are identified by Faculty/School and a number identifying the order of the interview in that field, such that DENT #1 is Faculty of Dental Medicine and Oral Health Sciences Interview #1, SW #1 is School of Social Work Interview #1, and ED #1 is Faculty of Education Interview #1, etc.

Participant Notions of Social Responsibility, Social Justice, and other Social Concepts

Social Responsibility and Social Justice

The interviews were conversations that helped capture how the participants conceptualized certain concepts, including social responsibility and social justice. They were not provided with definitions of these concepts and had to use their experiences in both their personal and professional lives to convey the meaning they gave these concepts. In this first part of Chapter 4, I highlight the diverse ways in which participants conceptualized social responsibility and social justice. These ranged from an explanation of their conceptualizations

based on how the two concepts interact, with participants, specifically in dentistry, who admitted to using the terms interchangeably.

When used, most participants understood social responsibility as their duty to convey how best to be mindful of the impact of their words and actions on society; both on a personal and professional level. Several participants had difficulty putting into words what social responsibility and social justice were without using examples from their own experiences to describe how these concepts interact and coexist. Some conceptualizations of social responsibility among the participants included acknowledging the relationship between social responsibility and action, and the influence that these may have on people. Moreover, participants also unpacked the larger-scale impact that social responsibility can have on society at large beyond the individual person or singular company that is embodying social responsibility. This perspective also takes into consideration how one's actions and privileges impact other people such that the common good remains the social goal:

> I would think to be socially responsible means the actions that we do, the words that we say, we have to realize that they have an impact on everyone. We have a responsibility both to the individual and to the group that we do what's right for the whole, not just for the individual. I think when you are aware that your actions can have consequences not just on the immediate but a ripple effect in the long-term, you are more apt to be responsible, for a lack of a better word. [Participant DENT #5]

> Social responsibility deals with society. it's not just responsibility to yourself and your family, which I think is important, but you have a responsibility to people around you. The important thing is that people have rights, but my right stops where somebody else's right begins. So, that means that I have to see how it's impacting other people and what is the common good. [Participant ED #2]

Furthermore, some understandings of social justice among multiple participants revolved around the idea that when discussing social justice, individuals in positions of power, whether this be at an institution or within a certain community, should reconsider how they think about

the status quo and make decisions that create positive change. Furthermore, and particularly in social work, the concept of social justice as well as that of anti-oppression—"being aware of and addressing issues of oppression"—are prevalent. This same participant, as with some others in the three fields, shared that social justice, like social responsibility, addresses the responsibility that individuals hold and that this is often viewed through a certain lens or perspective that may impact how the social responsibility may be enacted.

> When we talk about social justice and we talk about all these areas that are challenging and inequalities, and what is inequality, etc. why do people think the way they do, I think the ultimate goal is, especially for people in positions where they can make things happen, that they should be able to make some positive change. [Participant ED #4]

> SW talks about social justice work and within social justice, there's a responsibility but the responsibility is for people who are marginalized. So, I suppose embedded in that understanding is a responsibility with a particular lens, right? So, I don't know how prevalent the word social responsibility is within my profession, it's not the language that I have been trained to use. I would suggest, however, that social justice and another term that we use is anti-oppressive practice, the practice of becoming aware of and addressing systemic issue of oppression is very prevalent. [Participant SW #4]

The overarching focus of this project was understanding social responsibility through the lens of educators in the fields of dentistry, education, and social work. One of the major findings was the dance that social responsibility and social justice may sway to when considered in these contexts. This imagery is meant to demonstrate the often-complicated nature of the relationship between social responsibility and social justice. Just as a dance can be difficult and complex in one context but smooth and beautiful in another, this is also how social responsibility and social justice often interact.

> Off the top of my head, the distinction I would draw is that social responsibility, to me, is something that suggests an aspect of someone's character, who they are. If I feel a sense of social responsibility, that's part of who am I am and what I see as affecting my actions. Whereas social justice is a concept that certainly applies to personal character but also applies to broader social structures, and institutions. I see it as a more, a bigger, broader, more encompassing idea than that of social responsibility. [Participant ED #3]

In certain contexts, including social work and education, social responsibility was perceived as too singular, too individualistic, and sometimes completely external to their professional and personal existence. The participants went on to discuss the idea that social responsibility being too singular or individualistic is relative to how society more often places the responsibility of being socially responsible on individuals rather than explicitly on groups or professions. The critique of this approach lies in its disregard for systemic factors that may influence being socially responsible and still place the blame of inaction on the individual. The following participants unpacked this reality as follows:

> I think we get into trouble when we individualize social responsibility. I do not see a dentist who practices in this framework that we've set up have to strap the responsibility on their back because they got the luxury of being called a doctor, and I think that it's what the school of dentistry and what the accreditation bodies are responsible for is to continue putting on the table the positioning of dentistry in the way in which we see health. That's the responsibility. But, if you bring it down to an individual, then we get into that whole individualized way of looking at things and everything is everybody's choice and everything's everybody's fault, and we don't take a collective approach. The only way you're going to deal with these big issues is by being collective about it. [Participant SW #4]

> I will say that it's not a term that I use. I think about the term social justice, I guess, more than social responsibility. But I see it, I guess in terms of a personal and professional responsibility as a social work to be thinking not just about how we do things now but about who we're disadvantaging when we're doing things a certain way and how we should be thinking differently about these things. [Participant SW #4]

Following a similar thread of thought and based on an understanding that the connotation of social responsibility often relates to individual social responsibility, one of the more prominent perspectives on the topic involved power dynamics and privilege. For instance, participants underlined society's expectation that everyone be equally socially responsible within a society that does not provide equal rights or privileges to its citizens. This further expands upon the questionable association of social responsibility as an individualistic ambition instead of a more organizational ideology. One participant highlighted that not all those who interact are on

an equitable playing field in society. This participant went on to say that there is a classist undertone of certain connotations of social responsibility. In other words, people who do not hold positions of power, such as students, may not be in the same position to be socially responsible as those who benefit from the privileges of being middle or upper class.

> I think that each term has a very different connotation to it, and I think it's important to recognize those different connotations. I think that social responsibility, as a term, is not one that I typically use, actually, because there is an assumption within social responsibility that there is a society that you are somehow responsible for. In some cases that is true and in some cases it's not true. So, the term itself is perfectly fine to use as a term, it's not like it's a problematic term in and of itself, but I don't use that term because of this assumption where there is some kind of society that you owe something to, you're responsible for giving back in some ways. That's one of the connotations that social responsibility often has and for many people, that is the case, especially for people from middle class and upper-middle-class backgrounds where society has given them a lot, there is some responsibility there. For students who don't come from positions where they have been granted the powers and the privileges that others have, there might not be, necessarily, social responsibility for them. So, I see that as an assumption that has classist terms to it. [Participant ED #5]

Those who described using social responsibility in their everyday vernacular described its value in understanding and influencing society. There was a specific focus among multiple participants on how social responsibility had a more microscopic—individual—focus with potentially macroscopic—societal—influence. That is, trying to be more socially responsible as an individual could strive toward more equity in society, but it also requires a vision of the larger scale social justice implications of these actions.

> Social justice to me as contrasted with equity and equality is about self-determination, autonomy, and the removal of barriers for actualization in a community or group. Compared to something like equity, which is still embedded within a society that may or may not be providing for the liberties and the rights and the autonomy of communities to define and grow in their own determined way. Equity is about making sure that students get what they need to be successful according to some kind of set standard by a government entity usually or by society itself. Social justice reimagines what that looks like. So, social justice is about thinking about the values that different communities in a diverse society have and making sure that those values and cultural norms, as long as

> they're not actively hurting somebody else or a group, are able to be actualized. [Participant ED #5]

As mentioned, many of the conversations surrounding social responsibility and social justice broached the concept of privilege and the contentious space it holds in society-at-large and within these specific relational fields of practice. According to some participants, the word privilege incites a lot of resistance, which can then cause people to be less receptive to learning new things that may serve them in their lives, both professionally and personally. One participant tried to rationalize the underlying reason for this resistance in certain students: "Generally speaking, if you're offended by something, there's a certain element of truth to it and that you feel uncomfortable about it is that you are uncomfortable about the realization that perhaps you are privileged." [Participant DENT #5]. In addition to what was presented by this participant, another possible reason, according to many participants, for this reaction is the way that the concept of privilege is addressed within an educational setting, and how this may play into students' understandings of privilege in society. On a similar note, one participant described the way that they see the duality of privilege's social existence:

> Privilege is not a bad thing and I think the discourse of that is really difficult because I think it is something that got co-opted, I think, because it was really about recognizing the ways in which we have privileges and how those privileges affect the way in which we think, not that those privileges are bad in and of themselves, but how those create implicit biases towards other people. [Participant ED #5]

As discussed with multiple interviewees, our society, including universities, often implicitly undertakes social justice work through the lens of charity. When combining performative action with shallow and misled policies, how can we expect to move forward in the quest toward a more equitable society if we fail to see our own reflection in the mirror of our privileges? Participants expanded on the often-used charity approach to addressing social justice inequities, which conveniently does not seek to understand how it may be implicated in

upholding the barriers it is addressing. In dentistry, for example, social responsibility is often and generally equated to providing pro bono work to a few patients periodically at one's private clinic or through community-service learning in school (1,2). In the rare instance when a clinician can find a public position in the Canadian dental system that is nearly 94 to 95% privatized, they find themselves in hospitals or the occasional community clinic. Nevertheless, for some, social responsibility, and even social justice, were commonly difficult topics to conceptualize in the field of dentistry beyond the notion of pro bono work.

> I would have a hard time doing social justice in terms of dentistry. I think if we look at dentistry as a whole and say, "If we were to provide the care that we should provide to everyone, we shouldn't be doing it under the umbrella of our current healthcare system, where it's not fee-for-service, it's service that you're providing, and you are paid as an employee of a health providing facility." If we look at dentistry in that fashion, we have a better distribution of proper dental care to everyone whether or not there was an economic obstacle. So, if you want to talk about social justice, that's the direction that I would want to go, but I would have a hard time giving an example of social justice in dentistry. [Participant DENT #5]

Nevertheless, other dentistry participants found different ways of being socially responsible, beyond pro bono work, including giving back to their community through volunteering, providing subsidized care, as well as supporting existing programs that offer care to their society. Although these actions add variety to the way in which participants are involved in their society, there is still a focus on actions outside of the interactions between dentist and patient since the focus is on donating time and money.

> It doesn't have to be pro bono, it can be discounted so it's not totally free, you can do… you know, in my own office, we see some patients that we don't charge much to or anything to so it's sort of pro bono when they need it and I'll give a consultation to somebody for free. So, that's, you know, you sort of know when somebody needs it. [Participant DENT #4]

> We have great programs in place that are there to help those in need and the students realize that dentistry isn't just about doing a tooth and fixing something, it's not about making money and billing, it's also about being responsible to others around you. I think

> that we are getting there. We have a long way to go, but so does society in general. [Participant DENT #5]

As has been revealed in some of the abovementioned quotes, society often shifts power and responsibility onto individuals to act in a socially responsible manner. Some participants expressed what it can mean when the system of society-at-large does not seem to care about these social topics. For instance, participants mentioned that social responsibility can also be displaced onto institutions, companies, or even the government. However, if the system in its essence does not care to provide adequate and equitable living situations for all, then how can a specific profession or its individuals be held accountable for a standard not upheld by others within the same society?

Additionally, there were participants in dentistry who did not explicitly differentiate between social justice and social responsibility, in part because their training never broached the topic, but also because they did not outwardly notice a difference when it came to their practice. Whether this was due to their limited understanding of the intersectionality of the experiences of people seeking care is unclear, though that could be said based on my conversations. One participant explained: "Can I differentiate them [social responsibility and social justice] by definition? Probably not. To me everything is social, so whether you see responsibility, justice, you know it's equality. Talking just, equality, human rights, a quality of life, you know, protection." [Participant DENT #2] Nevertheless, as much as intent is important, impact is equally valuable and should thus be considered when living within society, especially in such a position of power as that of a dentist.

As a society, including within these three professions, participants across all fields agreed that we have the responsibility to be aware of and act against the inequities that exist. One

participant explored this further by elaborating upon the conscious work necessary to be socially responsible as a social form of caring beyond the self.

> So, our social responsibility, I think we all as individuals, as organizations, as corporations, it's our ability or our responsibility in paying attention to inequities or paying attention to environmental factors. Being conscious of the need to move beyond my institution or my corporation or my home, to care for others, to care for the environment. It's a social form of caring that goes beyond the self. [Participant SW#5]

Whether it is through education or practice, there was occasionally a contention between social responsibility and social justice among and between these three relational fields. Though not always explicit about how they used these topics, educators in social work and education were more cognizant of their impact than those in dentistry.

Social Concepts Informing Our Perspective: Empathy, Equity, Inclusion, Diversity, and Emotional Intelligence

Although by no means an exhaustive list of social concepts that inform our worldview, our biases, and our perspectives of the world we live in, the following terms were valuable conversation starters. Within my conversations with dentistry educators, I brought up these concepts to gauge their understanding of what they meant and how they may be used within their personal and professional lives. Conversely, during my conversations with educators in education and social work, participants often brought up most of these concepts during their discussion of social responsibility and social justice, making it a smoother transition to discussing these topics.

A general perspective that was expressed by most participants was that they acknowledged the value of discussing these social topics within the scope of better understanding social responsibility. This is because most of these topics play a role in how

participants viewed being socially responsible in society both as an individual and as a professional. Participants appreciated the need to better understand equity, inclusion, and diversity, as well as what it means to be empathetic and emotionally intelligent to be more socially responsible.

Empathy

As I described in Chapter 2, empathy has a multitude of definitions, whether they be from the dictionary or from the colloquial idea of "living a day in someone else's shoes." However, the inadequacy of the above quote should be noted as we progress through these findings and this dissertation. To reduce the existence of people's experiences as something that can be understood through "living a day in someone else's shoes", a minuscule fraction of their truth, does not do their lived experience justice. Empathy exists as a moral connection to others; it is a question of depth of understanding, making the colloquial saying a fallacy. As such, a truly empathetic person is also socially responsible, ethical, and just. In other words, social responsibility is applied empathy, it is empathy in action (123). Thus, to be empathetic requires humility because it needs a certain level of reflexivity and understanding of oneself. Teachers, and educators, much like healthcare professionals, are often said to require the ability to be empathetic. Therefore, according to some participants, particularly those from the Faculty of Education, education within its position as a political act, a means to effect change, necessitates empathy and thus has humility as one of its pillars. Without humility and empathy, it is difficult to establish a truly positive and trusting relationship with a client, a patient, or a student:

> If you don't have empathy and empathy, I should add, needs a lot of humility. It's a very important thing that people be humble about what they're looking at and seeing from their

> privileged positions. So, how does that play into education? Well, in education, one has to have humility. Education is a political act, for sure, but it can be a very aggressive place and if you are not humble, you will not be able to reach, a teacher will not be able to reach, the student. [Participant ED #2]

Some participants in all three fields agreed that within the everyday realities of the dental field, there are certain nuances to empathy that may not always be considered when providing care. Trying to empathize with another is insufficient without a better understanding of their intersectional life experiences. To facilitate this widening of one's understanding, conversation with the person seeking care is imperative. This reality is well expressed by a participant from the Faculty of Education below.

> There are racial differences, ethnic, cultural differences and different people feel pain differently, for example. Different cultures treat pain differently and approach it differently. So, that's one thing to understand, sensitivity to cultural differences, sensitivity to gender differences, these are very important. [Participant ED #2]

Considering the role of social workers—how involved they are with their clients and their personal and professional lives—would lead us to believe that empathy plays a role in the field of social work. Though this may be inherently true, participants in social work agreed that there are instances when empathy is forgotten to the detriment of all those involved. If we want to work toward better understanding other people and supporting them in their life experiences, we need to place enough value on empathy such that we can first understand ourselves, successes and failures alike. This perspective, reflected by most social work participants, was well described through the following quote:

> Ok, so this is a huge goldmine for me because empathy, to me, is actually not given enough place in our training, in our teaching, in our conversations at all. We are not comfortable with emotion in an academic world. This is all about emotion, you can't address inequity, you can't discuss inequity, you can't be socially responsible without recognizing we're human beings and that elicits emotion. We never talk about that or it's uncomfortable to talk about it at a university level. If I want to be perceived to be successful in my academic world, I better not cry when I'm discussing this in public, that's how it feels. I think that in the world of social work, empathy is a huge concept,

> right? You need to connect with somebody as a human being to truly begin to understand their experience and you also need to understand why someone might get angry when you say something because it hurts them, right? So, if we don't acknowledge those feelings and improve our capacity for empathy and improve our comfort with empathy and improve our strategies for teaching people how to be empathic, we're not going to get very far with equity and diversity. Because, the minute someone gets angry, or the minute someone is crying, or the minute someone storms out, we just figure we better make this a safe and comfortable space and calm everybody down and not really say "Gee, no wonder you stormed out of the room, because you lived your whole life feeling unacknowledged for this issue and now in this classroom, we made this comment and it fed into your acknowledgement and I'm really sorry." Now that's how you get through discussions around equity and diversity. [Participant SW #4]

In many contexts within society, the need for empathy and its use insinuates an overall positive impact. However, one participant described how empathy does not inherently predispose a person to do good or make positive decisions that are, at their core, for the good of society. This participant, from the Faculty of Education, eloquently expanded on this perspective, further highlighting that empathy is different in its level of engagement when compared to sympathy.

> At the ground level, I think empathy as a pre-cognitive emotional disposition is a very useful way of connecting to other people. Being empathic, so being able to connect and feel with another person on that emotional level. Humans have the capacity to do that, we often, in Western society, are trained out of that because of our schooling but it is something that is an innate capacity, just like seeing or reading or listening to language. That skill, just like seeing or listening or reading, provides information for someone to then make a decision about how they want to act in the world. So, empathy is not some kind of cure-all, it is just the ability to connect and gain information to then make decisions, hopefully with other people in community. But the communication between people to make better decisions because of this empathic feeling may or may not be social justice oriented, may or may not be something that's healthy or whatever. It may not be oriented towards some good, it may just be an emotional reaction that leads to more destruction or something negative. So, that's kind of how I see empathy. At its best, it is a way of sensing the world that allows for better information but that doesn't guarantee or necessitate better decision making and action in the world. [Participant ED #5]

Despite the importance ascribed to empathy by participants, a notable decrease in cognitive empathy levels has been identified in students undergoing the professionalization process of being in medical and/or dental school (93,94). Much of the blame for this is placed on the busy schedules, excessive evaluations, and occasionally inhumane approaches to training our

future healthcare providers. This reality was expressed by all the dentistry participants and its irony was not lost on the other educators who participated in this study. Participants ascribed this relative loss of humanity in practice to the neoliberal tendency to reduce professionalization to standardization. One participant from social work shared the following perspective on the topic:

> All of us are, sort of, subject to this neoliberal kind of world, where professionalization has been reduced or described around standardization and objective truths and being the holder of information that if applied would produce a good outcome. That's a very distanced way of seeing practice. Where's judgement? Where's humanity? Where's the relational aspect of the work that we do? […] So, we are all, in our professions the tools through which the healing can emerge, but that is never discussed or less so discussed as we're all trying to get the best evidence and the best knowledge and the right way to do something and, you know, it's so present in our training and the way we're expected to run in our organizations. [Participant SW #4]

The loss of empathy through professionalization was also stated by participants as an outcome of the inherent value system of the European languages and cultures that dominate the West. These participants expanded on how post-enlightenment European rationality led to the negative connotation of any form of emotionality in a society that thrives. Nevertheless, acknowledging the apathy that can come from constant repetition of certain work in medical or dental school, as well as the limitations of time are still upheld in the discussion about empathy and professionalization. Though not all participants discussed the Enlightenment, the emotional void of academia, including relational fields, was acknowledged by multiple participants. The two following quotes unpack these experiences:

> The dominance of those European languages and their concomitant value system and way of being in the world is very much oriented towards trying to kill that emotional ability. […] I think it's an inherent value system because of this focus on efficiency and production. Another reason why I think that empathy starts to go down with people in medical school is because you're forced to make quick decisions and you get empathy fatigue or you get emotional fatigue if you try to connect with every one of your patients. [Participant ED #5]

> I think it's related to the repeated, sort of, exposure to patients. So, the first experience you have, you really feel a great deal for that patient, it's the only time you've been in this

> situation where you can put yourself in this situation does give you a degree of stress, I would think. I think then when you repeat it over and over, I think you sort of get less sensitive to it. for example, if you were to give an injection into a patient, it's uncomfortable, the first time you're really cautious and you're really observing every aspect. once you've done that 100 times, 100 times, you're gonna do it a little bit quicker, you're going to be sort of thinking about the patients… or thinking less about the patient's experience towards that. So, I guess the same thing transfers over to every type of treatment that you do or every time you give it a diagnosis, you get a little less sensitive to that. [Participant DENT #3]

One educator in the Faculty of Education shared definitions of empathy and sympathy that went against the general understandings described above, while others explicitly stated that they do not differentiate between the two. Nevertheless, the decline in empathy among dentists, and other healthcare and relational professions, was seen as an outcome of two possibilities: self-absorption and a need for instant gratification. The participant also admitted that current generations are likely more cognizant of such topics than they were before:

> One is I actually think as a whole, like you said, the dental students are way more aware of social responsibility and in that sense are probably more empathetic than I would say that we were when I was a dental student, so I don't know if they're more empathetic or that they're just more social responsibility aware, which gives them that appearance of caring more for the greater good, for how people feel, trying to help out. But, the other side is the younger generations are way more self-absorbed and instant gratification than what we were. So, I think that is the 'where' you talk about if you ask them specific questions or like an empathy related survey, because of who they are per se or because the way the generation think now being instant gratification, more self-absorbed, you'll see a decline in those numbers per se. but, I think at the same time, as a dental student they're still doing more socially responsible activities. [Participant DENT #2]

No matter how empathy was defined or understood, all participants agreed that it is one of the most valuable assets in a professional being trained in and working in a relational field of practice like dentistry, education, and social work.

Equity

Equity was occasionally used interchangeably with the term equality. Although they support some of the same values, participants agreed that equity and equality differ in relation to the intersectionality of people's experiences. These participants also stated that equality affords everyone the same access to resources while equity takes into consideration their intersectional identities to provide them with access to resources that would support them best rather than a one-size-fits-all approach.

Nevertheless, the two concepts are related to one another, and this was expanded upon by one participant who summarized the perspective that without equity, equality cannot be as impactful as it could be.

> Equity is recognizing that because of difference, people are not able to achieve equality, right? So, equity accounts for historical harm, or equity accounts for [pause], equity accounts for difference based on power. [pause] power dynamics. So, when something is equitable, it's the ability to allow for equality because of the integration of those differences, that are not a product of the individual but a product of society. [Participant SW #5]

When considering equity, a few participants also discussed it in relation to inclusion. From their perspective, when a society strives for equity, it begins to include certain segments of the population that were otherwise overlooked and ignored. Inequities can feed into inaccessibility and exclusion. Therefore, by addressing inequities, accessibility to resources and services can increase. Social work participants elaborated on this by highlighting that this path can then lead to better inclusion in society-at-large:

> If you've achieved inclusivity, you have addressed inequity, in my understanding of the world […] inclusion is the positive outcome of having had an equity lens where you've looked at inequity, you've analyzed who, as groups, how you can address the different issues of access and you've transformed the way you do things to be more inclusive. [Participant SW #4]

As discussions of equity further developed, some participants in all three fields also considered it in relation to diversity. Participants in education and social work highlighted that diversity has become a catchphrase that most establishments use as a form of pseudo-activism. What exactly is the diversity that they are addressing? Some later findings will highlight the need for this question, however, in relation to equity, participants felt that diversity is a passive and often limiting term that may hold things at a standstill if not considered fully. It is a minimum standard against which most of society compares itself in the race toward performative action and maintenance of the status quo.

> […] diversity is a more passive term; equity is a more proactive term. I think that we have to be careful because these terms end up being used and meant in different ways by people. Diversity is, in a sense, diversity becomes a bit of a minimum standard, as a standalone […] it doesn't recognize some of the broader structural issues, mainly to barriers for accessing education. [Participant SW #2]

Thus, relative to equality, participants agreed that equity is a more proactive term that better understands and acknowledges the systemic issues that affect society on both macro and micro levels of functioning.

Inclusion

Various participants described that inclusion is a term used to highlight when a group is afforded the opportunity to be involved in a context in which they may not have previously been able to access. Participants shared that inclusion could have both positive and negative connotations. Moreover, there are instances when inclusion is used in an equitable, impactful, and actionable fashion allowing for full participation of certain groups—ethnicities, religions, genders, ages—that may have been otherwise previously excluded: "Inclusion means acceptance and action towards these cultural differences to allow for full participation." [Participant ED #5]

Although the focus among the participants was mixed, the overwhelming understanding was that when 'inclusion' is used, it is not actually inclusive of all people.

A participant from social work highlighted another issue, that discussions of inclusion do not always first clarify the context in which it is being used:

> I think there's a good intention behind inclusion, but I think it highlights exclusion but again, it's including you in my circle. Like, do you want people to be included in white Canada? It implies that there is an essential group and that you are including the outsider. And so, I just… we talk a lot about integration. That's a concept we use all the time but what does that mean for where people are, right? Because if they're living in Montreal, it's very different to be integrated into the context where they are than if they're integrating in Winnipeg, right? Then it goes to "What is Canadian?" right? Like integrate into Canadian society, what is Canadian society? Oh, it's that, kind of, you can make it broader "inclusion into Canadian society", but it's not clear what that is. I think there are assumptions to what that is, but I think then…so, you know, inclusion, if you're not being clear into what people are being…where the inclusion is coming from, I don't see it as…I think that again, it's a catchword that is used to mask a lot of difference and a lot of thornier issues. I think there's a tendency to try to mask it over with small, sliding categories. [Participant SW #3]
>
> From this perspective, where do the action and the influence of inclusion reside?

Participants agreed that in certain cases, the sole action of inclusion is the act of including an individual within a context without changing the role and power they hold. This could be extended to social responsibility such that a lack of impactful action is a clear identifier of performative vocalization of something that does not actually take place. For instance, when a large company devotes a few pages on their website about their corporate responsibility, but their words are not reflected in their actions. Another example more pertinent to inclusion would be the inclusion of a woman of colour in a company without the potential for actual vertical growth. One participant communicated this tension:

> Right. And, the inclusion, I mean, I don't know, it just makes it feel very one way. "We want to include you." I don't see a lot of, I don't feel a lot of action in that word. I think you're right, people can join EDI [equity, diversity, and inclusion] committees and say "we tried to reach out! We conducted outreach!" Nothing happened. [Participant SW #3]

Trying to look at the extended picture by taking a more 'objective' approach to inclusion could be a way to protect oneself from the realities of the inequities and exclusionary practices present in our society. For example, participants expressed that only thinking about inclusion as access instead of access and power, allows one to assume that inclusion is a successful approach to including more marginalized communities within a certain context. However, this more detached perspective, as unpacked by some participants, excludes whether those now included have a say at the table. This could be an intentional approach, or it could be rooted in the ignorance of the barriers that may be in place for many to access care, resources, and power. A participant from dentistry explains how they do not see a difference between their patients with regards to their access to dental care but that it may be the participant's own ignorance and experience that prevents them from seeing these barriers:

> I don't really see much of a separation in the groups of patients that I see, so I think there's no sort of exclusion based on those factors, but it might be my ignorance that there are some limitations that people, sort of, feel that they'll be discriminated against, so they might not access care. [Participant DENT #3]

To expand upon the sharing of power that can be involved in inclusion, participants discussed that it should provide the newly included group with a decision-making role. By taking this role, people are involved in governance, empowered to hold space, and given agency where they were previously ignored.

> […] actually, giving young people power in the decision process, in the planning process, including them in the governance structure, including them in your decision making is very different than offering a diverse menu of options. Inclusion can help us more specifically on where people are included in the decision making, the planning, the distribution of resources, the process. [Participant SW #2]

No matter how the concept of inclusion is used in society, there is a clear need expressed by our participants to seek out meaningful action rather than empty words.

Diversity

Participants agreed that diversity is a term often used to identify difference—a continuum from good to bad, from useful to fake—yet it has been often used and mobilized in harmful ways in society. Participants described the use of diversity to discuss gender and ethnic differences, for example. Yet, much like what was discussed with inclusion, they noted that applications of the concept of diversity often fail to address the norms used to identify people as 'Other'. If diversity represents ethnicity, religion, gender, or any other social construct, what is the baseline? Who is the dominant group from whom everyone is different? Ultimately, all these concepts and their implications come back to power and who holds this power. Our society functions based on a gradient of power that either gives or removes access to healthcare, capital, education, etc. These power differentials and power dynamics matter. Participants in social work and education discussed the contentious space that the concept of 'diversity' lives in within society. These perspectives are well represented by the two following quotes:

> So, that social construction of race, difference in that, how you see race and religion, what you construct, these differences. These differences are just differences, difference means not the same, but it doesn't mean inferior. But we construct it into an inferior, so who are we comparing with? Diversity means difference but difference from whom? Difference in what way? Those are questions that come up. [Participant ED #2]

> What you want is… we're talking about a diverse group, what does that look like? It looks like people who are coming from different social locations. And so, the way… from an intersectional perspective, the way people can have so many intersecting social locations, I don't think 'diverse' really covers it. I think it's our tendency to want to shorthand for what we're really looking for. So, if you're looking for a group that has a range of socioeconomic status, are you looking for ethnic diversity? Are you looking for an age range? What is it that you're looking for? It can be very swallowed up with diversity and it really isn't telling you anything. [Participant SW #3]

Furthermore, participants identified that different connotations of diversity can directly affect the intent with which it is used and the impact it can have in various contexts.

> That made me realize that people can think of diversity in very many ways. When we talk of social diversity, that means differences in language, ethnicity, culture, the social construction of race because there's no such thing, biologically, as race. So, that social construction is very much alive and kicking. [Participant ED #2]

Many participants explicitly highlighted their disdain for the word and its absence from their personal and professional lexicon. This perspective was particularly present among participants in education and social work, while dentistry mostly focused solely on the alleged positives of diversity without always defining what it means in various contexts. The following quote from a social work participant expands on this: "I don't like the words because they don't take into consideration power and who you're including, who is the other. And when we think about diversity, we think of anyone who is not of the dominant is diverse." [Participant SW #5]

According to some participants, diversity is a term that is more politicized than society would lead us to believe since within diversity lies an undeniable consideration of power, privilege, and access to resources. As its political impact has been further ignored, the use of the word diversity can hide the true meaning of what we are talking about when we talk about diversity, and that is the uniqueness and beauty that lies within every individual person we encounter.

> Diversity means to me that people… it does come with an understanding of power and privilege, and it means to me that people come from different social locations that could be race, that could be economics, that could be gender identity, and those things position them to access things differently. That's how I see diversity. So, it's a politicized term to me and it encompasses rare, but it encompasses different things." [Participant SW #4]

The extensiveness of the term diversity also affects the influence it has as it can be co-opted and used as a means to an end; a way of satisfying society's push for inclusiveness through diversity without touching on the core of systemic issues and power dynamics at play. In some ways, as some participants mentioned, diversity decentralizes the persons said to create diversity

purely for the advancement of the majority. Although not an explicit perception by all participants, most indirectly alluded to the ultimate purpose of diversity to make the powerful appear more inclusive while temporarily appeasing the underrepresented.

> Diversity is this very broad term and it's often poorly thought about because it is such a broad term and it holds this value in our current society, in the current discourse in our society that is just "Oh! We are diverse! We include, we encourage diversity, we are a diverse group!", and that doesn't really get at what is necessary for those individuals within that society that is that diverse society. [Participant ED #5]

Conversely, if addressed appropriately, diversity can paint a beautiful picture of the unique identities that make up our society, a perspective eloquently expressed by the following participant:

> When we talk about diversity, some students interpret, and I always correct them, diversity is not inclusion. That's one thing. Diversity means different ethnicities, different religions, different backgrounds, different learning needs, different abilities. Diverse, it's exactly what the word says; that beautiful spread of differences, but not in a negative sense, but in what makes us more unique, that's diversity. Diversity is the unique quality, it's unique abilities, it's unique personalities, it's all of the above and that's diversity. When we talk about a diverse classroom, we're talking about kids from all different areas, multicultural, multi-ethnic, maybe some different languages in there, who knows. [Participant ED #4]

Participants generally agreed that diversity is important, but some in education and social work were more careful to use it as an inherently positive concept. Ensuring that context and intent are considered will affect how diversity can be used to make space for the 'Other' or to continue to centralize the privileged.

Emotional Intelligence

Participants described that emotional intelligence touches on the ability to sense other people's emotions within a certain context and act accordingly. In other words, the ability to 'read the room'. They expanded that emotional intelligence is also thought of as the ability to be reflexive and in touch with our own emotions such that we can process our experiences and the meanings they hold in our lives. Through this process, we can better acknowledge and regulate our emotions. Although not all participants had explicit definitions of the concept, some described emotional intelligence as being able to "recognize feelings", "recognize emotions", and be "in touch with who you are, how you feel, why you think and react in a certain way".

Emotional intelligence, much like all the concepts addressed in this chapter, is a multilayered concept that holds numerous meanings in society. As some participants noted, one less considered facet of emotional intelligence is who is asked to be emotionally intelligent. Although the ability to be emotionally intelligent can impact our lives in many ways, it is necessary to consider who within society is most often considered as lacking emotional intelligence. Multiple participants agreed that in a society where rationality and lack of emotion are rewarded, schools often forget to nurture the emotional needs of their students. Academia is similarly placed in a space that shows disdain for emotions in a learning environment: "Emotional intelligence is important not only in school but for life. The important thing is that we, in education, are not paying attention to that, we are not paying attention to the social and emotional learning that students need." [Participant ED #2]

Emotional intelligence comes down to emotions and how they are treated within academia. Participants discussed the need for objectivity in their professions, while expressing the repressed nature of emotions and subjectivity (188). If we are to move forward and use

emotional intelligence in our lives, there needs to be greater respect for emotions within our social and educational discourse. The following participant discussed this further:

> It's the incorporation of emotion as a sense organ in a sense, if we're going to use it that way, to explain these experiences and to reflect upon these experiences in a way that is more integrated in holistic than what we would usually do, which is either try to suppress, repress, or ignore those emotions. So, including the emotions and feeling those emotions fully to get the depth and nuance of those emotions as a pre-cognitive experience is the crux of emotional intelligence. And then using that information as a way to enact and live in the world. [Participant ED #5]

Within dental education, there is a large focus on cultural competence and the nurturing of skills facilitating communication with a multitude of cultures, especially in multicultural settings like those found in most Canadian and American metropolitan cities (68). One participant in education highlighted the importance of emotional intelligence in supporting positive intercultural communication:

> Intercultural communication is very important and emotional intelligence plays a very important part in that intercultural communication because we are communicating with people from all over the world, not only all over the world but those people who have come here and are talking in our classrooms, but they are different in some way. [Participant ED #2]

Further solidifying the interconnectivity of our human experiences, participants in social work and education, explained how empathy and emotional intelligence are related to one another. They shared that empathy necessitates the ability to be in tune with one's emotions to then be able to better connect and try to understand another, which thus inherently requires emotional intelligence. However, participants also highlighted that people can be aware of their emotions and be able to read the room but be unable to connect with others in that manner. The following quote emphasizes these relationships between empathy and emotional intelligence:

> I think it's very much of a component related to empathy. You can have high emotional intelligence and very little empathy […] affective empathy requires emotional

> intelligence. An ability to understand the other person's perspective and the ability to be aware of the emotional context of a conversation or a situation and that ability to be able to respond very quickly. [Participant SW #2]

As individuals, we all have achieved a certain array of experiences and biases that inform our decisions and how we live through various situations. These realities about life inform our emotional intelligence and have previously been described by Gadamer as effective historical consciousness (160). Common sense is often used to address what society sees as a norm in terms of thoughts and actions in particular situations. However, as participants discussed, common sense is not all that common when we consider how much our lived experiences impact our worldview and perceptions. As the following participant summarized, building humility through such diverse experiences helps with managing our emotions and as such can have an impact on our emotional intelligence.

> I love the phrase "common sense" because your common sense is not the same as my common sense because we have two different cultural contexts. So, it's kind of helping people reflect on what's at the centre, where are the biases they have? The different belief systems, the values, where is that coming from? To a certain extent, the degree to which people feel comfortable engaging in that, I think, is probably a question of emotional intelligence. [Participant SW #3]

Chapter Summary

In summary, this chapter explored the relationship between social justice and social responsibility by identifying the difficulty participants had with defining these concepts, preferring the use of examples to describe their experiences with these topics within their fields. Participants described a relationship between social justice and social responsibility that could be both contentious and synergistic based on the context in which they were discussed. Social responsibility was least prominently talked about in dentistry and although social justice was a

foundation of social work, they did not really discuss social responsibility. In education, social responsibility was more reserved to people who research the topic than as a generalized concept of interest and education.

Within the social topics of empathy, equity, inclusion, diversity, and emotional intelligence, participants had varied understandings and uses for these though they all acknowledged the value of discussing them in general and in relation with social responsibility. All participants but one correctly differentiated between empathy and sympathy and agreed that although empathy levels can decrease throughout a professional program, it is an important asset when working with people. Equity was sometimes used interchangeably with equality, but some participants underlined the limited notion of equity in contexts where people's intersectional identities are disregarded. The same was the case for diversity and inclusion; participants agreed that though touching on diversity and inclusion are important, defining what is being diversified and whether a newly included individual is given power are imperative points to consider. Lastly, most participants agreed that emotional intelligence, the ability to sense others' emotions and regulate one's own emotions, is essential to working in a relational profession. They identified the lack of value afforded to emotions in professional contexts, like the university, as a barrier, while also describing how emotional intelligence and empathy are related.

N.B.: The limited number of quotes from dental educators is somewhat reflective of their conceptualizations, understanding and use of these social concepts.

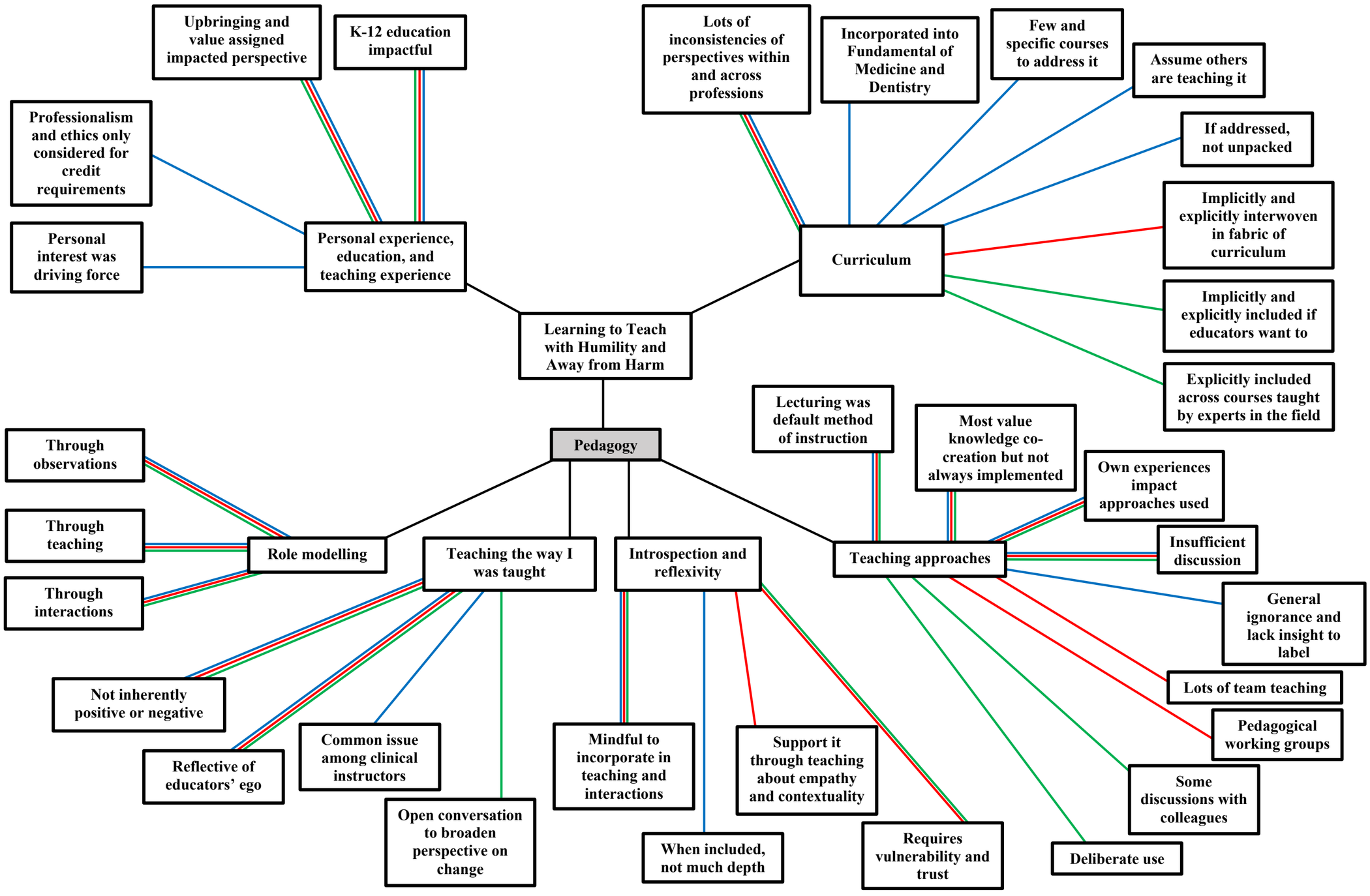
Chapter 5 - Findings

Chapter 5 will explore pedagogical and curricular approaches to teaching social responsibility, including the educators' own education. This chapter reveals that dentistry participants expressed a relative lack of teaching approaches to address social responsibility. Much of what was used by educators in all fields was taught to them in their education, implying the presence of teaching the way one is taught, with both positive and negative outcomes. The value participants associated with these topics played a role in how they sought out further training as well. Also, role modelling, introspection, and reflexivity were all cited as impactful in both how educators taught and how they learned.

See Figure 2 for a summarizing visual representation of the cross-comparison across disciplines. As described in the legend of the table, each profession is represented by a different coloured line. If there are multiple lines connecting concepts to their headers, it means that the disciplines represented by those lines all discussed that idea. Note to reader: go through the figure clockwise starting from the top left at "Personal experiences […]" and ending at "Role modelling". Each line represents a faculty/school where the topic has been discussed so if all three lines are present, participants from all three discussed the topic described by the box.

Overall, participants in education explained the ways in which social responsibility was incorporated across many courses though still limited to certain professors' expertise. Dentistry educators shared that the explicit inclusion of topics like social responsibility was assumed to be in very few specific courses. Social work educators shared the very present involvement of social justice as a core foundation of their work but that based on the space in which they practiced, there was great tensions between what they should do and whether they could actually do it.

Figure 2. Cross-comparison of "Learning to Teach with Humility and Away from Harm" as identified by educators in dentistry, education, and social work
Legend: A blue line represents dentistry, a red line represents social work, and a green line represents education



Learning to Teach with Humility and Away from Harm

Being an educator encompasses a myriad of skills, experiences, and duties. As was highlighted in the previous chapter, our upbringing and own education impact our understanding of society and the approaches we use as teachers. This is not to say that we do not grow and change, but that the adventure of life teaches us along the way. Three emerging components that influenced the participants' teaching approaches towards social responsibility were: 1) personal experiences, education, and teaching experiences; 2) the curriculum; as well as 3) pedagogy, which includes role modelling, teaching the way I was taught, teaching approaches, and introspection and reflexivity. I will address these three components in this chapter. It should be noted that some of the content will be further developed in chapter six about barriers and lessons learned.

Personal Experience, Education, Teaching Experiences

Though this topic did not arise in every conversation, many participants discussed how their childhood, youth, and young adult lives affected the kinds of adults they became. Consequently, these experiences also impacted their praxis and conceptualizations of the topics of interest to this project. Based on what the participants shared, their personal and educational experiences prior to entering post-secondary schooling helped them learn about empathy, ethics, and professionalism, as well as the power of emotions within and outside of the academic milieu. Within the context of Gadamerian hermeneutics, this would be their sense of 'effective historical consciousness' (160).

Focusing on childhood, one participant elaborated on the influence that their upbringing had on their worldview, including social responsibility. There was almost a consensus about this perspective among all those taking part in this project. This specific participant's parents were keen to highlight and celebrate positive traits such as empathy as strengths. Conversely, this was not something that occurred within their education. Participants expressed that framing traits like empathy and social responsibility as skills add value and importance to nurturing and demonstrating them in personal and professional settings. They went on to share that mentors can model and emphasize this as well throughout a person's life, though it is commonly lacking in the educational setting.

> I think that my parents would often reinforce things like "Gee, your friends constantly call you to talk to you, that's pretty amazing! What is it about you that instills that in people?", so all of a sudden, it's framed as a skill, right? I would suggest that that's reinforced by mentors, you know, "you're really good at seeing strengths in people", right? Those kinds of things tell you that this is a valuable thing, but I don't feel that that was the message that I received, necessarily, in my education. [Participant SW #4]

Although the nurturing of social topics and emotions may not be present in some educational spaces, it is well and thriving in others. For instance, one participant elaborated on how a child's education from kindergarten to grade 12, or through CEGEP in Quebec, will impact their personhood. As such, if an educational context celebrates emotions and prioritizes students being able to understand and process their emotions over trivializing a core component of life, it may support a student's development and influence their adulthood. This example can be transferred to adult learning principles as well as it is reflected in what most participants mentioned throughout the interviews.

> Emotions in and of themselves are neither problematic or not problematic is something that was in my K-12, like you're supposed to recognize your emotions and understand them and not that kind of machista "men need to suppress their emotions and women are

> supposed to be emotional and all that kind of stuff", that wasn't present, which makes a big difference. [Participant ED #5]

The power and importance of emotions within human existence are demonstrated in studies comparing the affective and cognitive empathy levels of growing children and their social and moral development (189). Not only does affective empathy exist in relation to our upbringing, but our strength as humans lies in our ability to understand the emotional facets of our lives. As participants mentioned, this human and social component to our experiences and education is what is missing within the so-called "pure" objective sciences, and ironically the medical sciences including dentistry. Humanity is replaced by profit, long-term health and happiness by acute instant gratification. These thoughts were addressed by the participant below:

> Those diverse arguments about the human existence, what it means to be human and why we exist. Some of those perspectives really centred emotions and the role emotions and the role of the spirituality of humans as a fundamentally emotional facet and a strength. [Participant ED #5]

Within the dental context, one participant shared their experiences of going through school and the type of value placed on social topics such as professionalism and ethics. Though some classes addressing these topics were present, they did not navigate the topic with much depth beyond the need to be professional and read the dental code of ethics. They shared that discussion was not common and application within a clinical setting was not often addressed in these classes.

> We had courses on professionalism, and we studied the code of ethics and just like the rules and regulations of ODQ [*Ordre des dentistes*] and how to fill your charts properly and what your duties are. So, we learned the words for "I have to be professional", but we didn't really have any discussions or there wasn't any reflection on what this means and how it translates into practice. So, we are aware of it, but we didn't put it into practice I feel [Participant DENT #1]

The same participant also highlighted that the knowledge they have gained about social topics such as those addressed in this dissertation, as well as other topics in the humanities and social

sciences was strictly nurtured thanks to their personal interests. Some classes discussed these topics at the start of their training but trailed off in preference for predominantly clinical work.

> When I graduated dentistry, I was interested in doing qualitative research because I felt like it complemented the technical dentistry and I wanted to know more about anthropology and social science and I wanted to take classes and kind of be more open minded and understand something larger than just the technical aspect of dentistry, which I felt was missing in my education. [Participant DENT #1]

Although this part may appear short, the rich information that is conveyed demonstrates the inadequacies present in our educators' own educational experiences. All three professions agreed that there was a lack of focus on social topics within their schooling, while their personal upbringing played a significant role in incorporating these topics into their lives. Similarly, educators in the dental field went further to highlight that the only times in which social topics were truly incorporated in their education was when they sought it out themselves.

Curriculum - Where Do Social Topics Belong?

A curriculum encompasses all the required and elective courses within an educational program, which participants agreed could be changed and adapted to meet the requirements of each profession's governing body, and the needs of the students and educators (190,191). When discussing social topics such as those addressed in this dissertation—social responsibility, social justice, empathy, etc.—curriculum was brought up on multiple occasions by participants, some of which I will unpack in the next section. How can we expect students to be socially responsible if we do not provide sufficient space in the curriculum for them to learn more about how this can fit into their professional personas? Multiple participants from all three fields talked about social responsibility, social justice, and the other social topics presented in this dissertation. They highlighted where it may or may not be discussed in the curriculum, but also whether it was

presented in a more implicit—not described outright—or explicit—described and discussed outright—manner, sometimes striking a bit of a balance.

Throughout my conversations, we discussed the nature in which these social topics were or were not addressed in each individual field of practice. We had certain assumptions going into this work and although our assumptions were somewhat upheld, the interesting reality was that there was much inconsistency even among the perceptions of educators in the same field. Social work and education incorporated a mostly hybrid approach where social responsibility and other social topics were incorporated into the curricula in both explicit and implicit forms.

Multiple participants from the School of Social Work highlighted how their profession is very much in tune with the concepts of social responsibility and social justice. Nevertheless, there are still tensions within the field relative to who is most socially just or most anti-oppressive in their work. An encouraging finding, however, is that despite the tensions that may exist in this field of practice, these topics seem to be very much interwoven implicitly and explicitly into the curriculum in the School of Social Work at McGill University: "These tensions have existed in social work historically, but I think in this school, in particular, that's not the case. I think it's very much interwoven into our curriculum and into our practice as teachers." [Participant SW #1] Another participant echoes the same sentiment: "It's [social responsibility] pretty fundamental to the School of Social Work, so I find it kind of difficult to see how in a course or in a program, that wouldn't be part of what you're looking at. I can't really think of an example of why it wouldn't be included." [Participant SW #2]

Conversely, dentistry is a relational field that has either lost or has not yet arrived at the crux of its understanding of social topics like social responsibility. Most participants highlighted their uncertainty of where such topics may be included in the curriculum, while another

discussed how seamlessly social topics are implicit in the first 18 months of the dental program where students are studying the fundamentals of medicine and dentistry and well beyond that into their dental training.

> I'm not sure where else they're discussed. I mean, for myself, they would only really be discussed if it was clinical teaching, so it's not built into any of my courses. But, if on one of the clinical rotations, if there is a patient who comes in and there are specific issues that can be discussed, then I think that's the perfect time to tie it. […] I would say it depends on which situation you're talking about. In some courses it's very explicit and other courses where it's implicit, especially some of the clinical teaching. So, I think it's assumed sometimes that the students are aware of the social implication or gender implication. It may not be discussed as openly. […] It's throughout the program. I mean, it starts in medicine when they're in FMD [Fundamental of Medicine] and there are some common threads that go through the FMD in the first 18 months of the program and then it continues on I think through the whole program. [Participant DENT #3]

Within the Faculty of Education, a perceived trend was to incorporate some narrative forms of writing where the self was not ignored nor hidden but celebrated and acknowledged. Participants shared that such social topics were both implicitly and explicitly discussed, the former in courses whose objectives were not to address the topics and the onus remained on the instructor, while the latter was through courses that specifically focused on matters of social justice, oppression, equity, etc. Situating oneself within the classroom and its subject as described by this participant:

> But the trend is to bring into the classroom the personal lives of people, that narrative type of writing in the first person has become very popular. when you're writing an article, bring yourself in it, situate yourself, and say that these are my biases. So, that has become a very important trend, definitely, in our department. [Participant ED #2]

Those in the Faculty of Dental Medicine and Oral Health Sciences said that the explicit approach saw it only discussed within very few specific courses. Furthermore, when social topics were present in the faculty and class discourse, the depth in which these were incorporated was much more superficial in dentistry.

> I think we're trying to make it more explicitly woven into the curriculum. I think that that's what the transition has been. I think, probably, that our conversations have shifted where we've sort of moved from "Oh, we do have it and it's here, and we talk about these things all the time", but, sort of, being a bit more strategic about how explicitly we're addressing something has been, I would say, the basis of a lot of our conversations. Not just have this reading here and hope that every student understands that the reason that we put the reading there is because we're trying to be more inclusive, but actually saying we purposely chose THIS reading and I want to discuss THIS reading because I think it helps us think about these issues that we need to be thinking about. So, yes, I think there's been a lot of implicit attempts, they haven't worked. [Participant SW #4]

As broached in the previous quote, explicitly discussing, and not just explicitly naming, topics of interest play a large role in associating a value with a certain concept. Many participants expressed how being explicit about explaining why certain assignments are given, and why certain readings are assigned is important in more solidly conveying the importance of the message. This is namely why, according to one participant, there are people researching and writing about explicit and implicit curricula. "There are so many people writing right now about explicit curriculum versus implicit curriculum. In order to raise awareness as to how something plays out, you have to be discussing it explicitly." [Participant SW #4]

The manners in which these topics are incorporated into the curricula of relational fields have an impact on how, and if, they are taught and subsequently absorbed by students. As such, whether a faculty embraced a more implicit, explicit, or hybrid approach was highly dependent on the culture of the profession and history.

Pedagogy

Since the topics of this dissertation surround education, it is only natural that one of the emerging points of conversation addressed pedagogy—the art, science, and profession of teaching—and how this may have influenced participants' teaching practices (192). The

emerging foci within pedagogy were (a) role modelling, (b) teaching the way one is taught, (c) teaching approaches, as well as (d) introspection and reflexivity.

Role Modelling

Participants agreed that role modelling is looking to someone else for indications of how to act and think in a specific context. Students construct their knowledge through various avenues, including their interactions with their educators. As such, an educator can use role modelling as an educational approach to teaching. In dentistry, participants highlighted the impact that a clinical demonstrator—demo for short—can have on students based on their approach to teaching and this through role modelling as well. A paternalistic educator who sees their students as empty vessels they are tasked to fill will interact differently, and thus impart different values upon the student. Conversely, an educator who sees their students as equals from whom they can also learn creates a safe and welcoming space for co-creation of knowledge (101). In a profession like dentistry, this can then translate into the way that the students will then interact with their patients, thereby affecting people's clinical experiences. One participant expands on this topic:

> Some demos [clinical demonstrators] would be very paternalistic like "I am the expert; you are the student. I know more than you. I tell you what to do and you execute it." Other demos are like "So, what do you think? How do you feel about this? and there they were more empathetic towards the student, and I feel like the student herself would kind of learn vicariously through that and if that makes sense. So, for me, a lot of the learning was just like I constructed through my interactions with other dentists, knowing OK her personality is like this and I see how her thinking influences the interaction with the patient and how I feel interacting with my clinician and OK this I like, this I like less, so it helped me in that sense, but I don't think it was explicit. [Participant DENT #1]

Participants across the three fields discussed how observation is a key component of learning because students do not just learn through didactic approaches but take a lot from experiencing things with and through their educators. As such, topics such as empathy and social responsibility are often taught through role modelling and basic interactions with others. Thorough and respectful communication helps solidify the importance and value associated with such topics. A participant in dentistry unpacks this:

> I think that the students always want to kind of be like their clinicians. So, it's conveyed in more than just teaching, you learn a lot by observing, by experiencing things and so I think empathy is maybe mostly taught through basic interactions. Like, it doesn't even have to be in a clinical setting, it's just you meet someone in the hall, and you have a moment and you kind of feel understood and it's just human. [Participant DENT #1]

Still focusing on role modelling, one participant in education discussed the way we learn using a phenomenological perspective to emphasize how we learn most deeply through observation of people we value as role models. There is a relationship between hermeneutics and interpretative phenomenology, which intends to provide phenomenological insights about the lived experiences of people (176). Through these observations, we conclude whether we would like to be like them in our interactions with the world. As unpacked by the following participant, this is an iterative and dynamic experience since people change and may be our role models one day and then act in a certain undesirable way inevitably affecting how we value their actions.

> I would say that the vast majority of our learning, especially from a phenomenological perspective is through viewing how important others in our lives interact in the world. We decide whether we want to be like them or whether we don't want to be like them, but we make that decision through our observation and our valuation of them. [Participant ED #5]

Participants shared that one of the reasons that students, particularly those in relational fields like dentistry, education, and social work, see their instructors as role models also stems from these educators' 'real-world' experiences in their respective fields. What these educators

have to share breaks past theory and goes into application in society. A dentistry participant highlights the difference in educators who are full-time academics compared to those who practice the profession and who take some time from their private clinical duties to teach.

> I always wanted to give back; I always admired the demonstrators who came in. I knew most of them were more private practice guys, they worked out there in real world, but they still took the time out to come back and teach us and they were able to impart a wealth of knowledge. Some would say more so than the full time, back then there was more full time, you know some people who would likely be practicing a half day a week in private practice and the rest in academics and research. So, you can definitely see the difference in someone who is a clinician, and it was important for me to come back and share that knowledge with the next generation. [Participant DENT #2]

Indeed, as expressed by some participants, academic and didactic approaches can sometimes be slated as being out of touch with the realities of practicing the profession outside the school context. However, it is not about how academic an approach is or exactly which pedagogical approaches are being used.

Role modelling involves modelling value as much as it may involve modelling actions. In other words, participants agreed that educators should role model the ontology of how they want the healthcare providers they are training to behave. As such, the value associated with the topics discussed in this project plays a meaningful role in how the participants interacted with each concept. Prior to officially entering the field, students rely on their educators to gain insight into the ins and outs of their chosen profession. Thus, participants said that if the educators undervalue certain topics, the students are likely to, often, unintentionally learn to do much of the same. As is expressed by multiple participants, this is not always the case, but it is not unimpactful and can be transferred to the students.

> You can watch as many scenarios as you want but until you're in it and you make it have value. The problem with having value is that, again, they're in a rush to finish their credits, they're in a rush to pass their classes and get out, it's hard… I remember it like it

> was yesterday as a student, I remember 'do whatever it takes to get out'. [Participant DENT #2]

Additionally, participants generally said that if there are educators who value and emulate what it is to be empathetic, socially responsible, and just, this can sometimes be overshadowed by their colleagues. If only some educators role model these traits, how can students learn to truly value them as well? An interesting question brought forth many times in my interviews that further demonstrates the importance of educators contextualizing the work that they are doing. "That would be a different thing and I imagine you could look at that differently, but how do you put that demand on a student credibly when actually the Prof next door is saying "well, that's a whole bunch of garbage, here's what you need to focus on." [Participant ED#1] Nowadays, another participant argued that the younger generations are already more in tune with such topics and are thus less impacted by the potential disdain of their educators from incorporating them in their teachings.

Participants generally agreed that role modelling is a necessary educational approach that involves the educator walking the talk by doing as they say so that they are not contradicting their words with their own actions. For instance, if an educator is advocating for access to care, they need to be mindful of how they are addressing and perpetuating the realities of an oppressive and almost completely privatized dental care system in Canada. Concurrently, as described by multiple participants it is also important to be honest about the truths of the system in which the students must practice and to ensure that they know that they are not to be faulted if they cannot maintain the same level of social responsibility they may aspire to every day of their practice.

> Definitely, definitely. So, even if… be a role model, describe to the students what could be done in this scenario, what sort of options there could be. Does this mean that you're

> doing that in your own private office every day? Not necessarily, but it's still something that you can describe, that type of scenario, so they can see what can be done in a socially responsible way. [Participant DENT #4]

Some participants shared that when discussing role modelling, it is not in the teaching alone but also the ways in which the educator interacts with the student, the patient, or another person. How they treat their colleagues, friends, and family all involve various levels of professionalism but should see similar levels of empathy and respect. As some participants alluded, "How can someone value and teach about empathy without showing it themselves in practice?" This can occasionally be a difficult truth to swallow because it can indicate the lack of empathy that some people may indeed have in their professional and personal exchanges.

> How can you tell somebody to be caring and empathic with a client without offering empathy and teaching empathy in the way you interact? I mean, maybe that's also coming from the way that I believe that I learned empathy, which was in observing the interactions and in the way that my mom spoke about people, but it is difficult to imagine teaching that without practicing it. [Participant SW #4]

An interesting perspective from a dentistry participant associated good role modelling as not only imperative but also as part of a 'paternalistic-type' approach to education, for a lack of a better way to phrase it. In this situation, the educator has the duty to show them what can be done while involving them in the learning process through shared decision making and knowledge co-creation. The latter points deviate from a truly paternalistic approach, which is why this perspective is contentious with all other participants, but nevertheless valuable. However, like other participants, this individual valued the sharing of knowledge with their students as a central pillar of education while still nurturing their critical thinking skills through experimentation and discussion.

> I think they have to set an example. I don't think a true paternalistic-type role model is a good way of wording it but making sure that we share the proper values to our students and make sure that they are caring individuals and they're doing the job right is critical

> for me. I think so, I think in the world of dentistry, at least as I see it with the instructors that I'm involved with, nobody teaches for the money, they teach because they love to teach. There's only a few that are there for the wrong reasons, but for the most part, I think we do… if you want to say we're a role model, maybe. It's more a question of showing them how to do things the right way and letting them make their own mind, their own decision and have actions so that it's not "you need to do this", it's more like "well, what has to be done? How are you going to do it? And what's the best way to approach it?". So, by engaging a student and getting their input, it allows them to actually be more part of the learning process and to be a better student. [Participant DENT #5]

One of the participants from education goes on to describe how being a role model is fundamentally not paternalistic because you do not choose to be a role model whereas being paternalistic in the way you teach is an active choice you make as an educator.

It appears that role modelling is a central pillar to how knowledge is shared with students in these relational fields of study and practice. How educators act and practice will influence their peers and the students they work with in adopting social responsibility and other social topics in their work.

Teaching the Way I Was Taught

A common approach that some educators embody is to teach the way they were taught. Participants shared that unlike role modelling, teaching the way you were taught is to mirror both your good and bad educational experiences. This approach may involve subconscious influence on how an educator acts within their teaching responsibilities. As such, as mentioned by many participants, teaching the way one was taught is not an inherently positive or negative approach to educating the next generation.

Participants described how teaching the way one was taught relates to a certain level of close-mindedness whereby their teaching approaches are not adaptable to the changing times but are limited to how they themselves were taught. Addressing this may involve understanding that

teaching approaches and how students learn are constantly evolving, which can sometimes create the need to adapt beyond a previous gold standard. Conversely, some of the experiences that educators had may still be effective and useful in today's academic context, in which case teaching the way they were taught becomes a positive approach.

As with all things in life, it is important to learn and be open to adapting to the changing times, whether it is using newly available technology or teaching newly found knowledge. However, participants in the three professions agreed that this adaptability requires the ability to understand and partly accept the circumstances in which we find ourselves. Therefore, if we want to be more open to how education changes with the world, there is a need for lifelong adult learning along with means to confront any resistance that may exist among educators. For instance, based on multiple dentistry participants' perspectives, there is a serious resistance among clinical instructors in dentistry to adapt to the changes in certain facets of education—such as the greater presence of social dimensions—despite the requirement that the profession has for professional development through the completion of annual continuing education credits. Perhaps this resistance is due in part to the topics of focus in these continuing education courses that associate value with very specific aspects of dentistry, usually omitting social topics. This resistance, partly based on habit, is well described by a participant in education:

> Been teaching this for 40 years, you've been very successful, you've been doing exactly what you need to do for these particular facets of education, but the world is changing, there's this new stuff you need to take into consideration, so we should open this up to further conversations to broaden that perspective. [Participant ED #5]

Echoing the potential harm that an educator can perpetuate by emulating their own traumatic educational experiences, one participant highlights the difficulty of navigating the egos of certain teachers who do not value knowledge co-creation. One of the defining points is the

acknowledgement that knowledge is shared and that the university or any educational establishment should not be a space where an expert is thought to provide knowledge to a non-expert in a solely unidirectional way. As expressed by many participants, to support healthy and productive pedagogy, educators must be humble in their power and be open to learning from their students as well. Instilling and nurturing a desire for curiosity will provide a greater value to the topics being taught and will do so within a respectful environment that does not alienate individuals for not yet having certain knowledge.

> It's difficult, especially in a higher-level institution because you get egos that are involved and that are easily bruised. What can I say? What you said about "this is how we learned, and this is the way we did it and I struggled through it, and you should struggle through it too" is not a good way to teach. It's a good way to alienate individuals, it's a good way to put pressure on them, it's a good way to make them feel inferior or make them feel stupid or less knowledgeable. It's not a good way to share knowledge. I don't like that paternalistic type of approach where it's like "you're just the student, I'm the teacher, this is what you have to do because this is what I did". [Participant DENT #5]

Introductory university courses are a glaring example of a person or establishment's reluctance to move forward with the changing educational landscape. Partly based on structural resistance and partly based on practice issues on behalf of some educators, participants shared that these large courses opt for outdated examination formulas that have been shown to value rote learning over understanding. Many interviewees, including the following one from social work, highlighted this reality:

> Yeah, well, there are disciplines in the Faculty of Arts that are very, you know, still 40% midterm, 60% final, right? It's an old formula, it's been around forever. Assessments have changed and these professors haven't. Partially, that's a structural issue as well because they have large classes and doing nice little, small group assignments and case-based learning, you need small, you need lots of TAs to do that and we don't have the budgets for that. So, it's partly a structural issue and it's partly a practice issue. [Participant SW #1]

Many educators revert to teaching the way they were taught because they either do not know any better or are unwilling to change when it may be necessary. These educators should reevaluate their teaching approaches over the years to ensure that they are still meeting their students' and the profession's needs.

Teaching Approaches

The teacher-student relationship is vital to the development of students into the professionals of their choice. Understanding some of the learning theories and approaches that may influence teachers is imperative to better comprehend how students are learning about topics such as social responsibility. During the interviews, educators did not identify a single specific learning theory or teaching approach that they used consistently during their courses. Educators in dentistry were least likely to know details about learning theories and their implications for teaching practice. Educators in social work and the Faculty of Education were more aware of some of the various theories and approaches that exist and that may inform their teachings than were educators in dentistry.

Within social work, participants explained that they have a pedagogical group working as a springboard of reflection for faculty educators to share in the different modalities that they use. On a smaller scale, educators who teach in teams often discuss the different pedagogical approaches to be used within a course. Within education, participants expressed the conscious inclusion of teaching approaches within their courses as a means of nurturing reflexivity amongst students. Moreover, they said that there are moments of discussion with colleagues surrounding this topic but that it is more common outside the university setting. In dentistry, participants were candid about their general ignorance about teaching theories and approaches though they still

highlighted that they may innately be using a combination of approaches without realizing it. Nevertheless, outside of those specific contexts, participants stated that there is insufficient discussion about pedagogy and praxis; an inevitable outcome of working in a large research-intensive university according to one participant.

> It really depends in what context. When you have people, who are team-teaching a course, there will be a lot of discussion around different pedagogical approaches, different medical approaches. Outside of that context, no, it's not something we talk much about. I don't think we talk enough about it, part of it is we just don't… I guess it's the dilemma of being a teacher in a research-intensive university, a lot of time that is actually available for broader pedagogical discussions is frustratingly limited. [Participant SW#2]

Many participants concluded that being flexible in learning beyond what was taught to us or said to be the optimal approach to teaching is imperative to adapt to students' needs. It goes beyond having a label for the approaches or theories being used; what is more impactful is how an educator is influenced by the approaches and theories they have experienced as successful. As an example, one participant described that they lacked a specific theory or approach they used in the classroom, but that they had personally experienced the benefits of experiential learning as compared to didactic learning approaches. "I can't say that I have a high-level pedagogical approach, however I am very influenced by, I guess, a number of ideas. One of them is the experiential importance of teaching, it is more effective from what I've read and what I've experienced than the didactic approach" [Participant SW#4] This experience was echoed among some other participants in the relational fields even if they may not have used the same labels while describing it.

Participants may not label the way they teach as specific teaching approaches, but instead they mostly embraced various approaches including the co-creation of knowledge with their adult students. A common perspective shared among most social work and education

participants, as well as some dentistry participants, was the reality that they were not the sole experts in the room and that valuing the experiences and knowledge that students bring into the classroom can facilitate knowledge co-creation and learning. One participant in social work expanded on this: “Adult learning model, a true belief that people are coming into the classroom with knowledge and expertise that I have a responsibility of tapping into, I’m not the only expert in the room and I need to demand that, basically, of the class.” [Participant SW#4] Following the same line of thought where the students have a lot to offer to the conversation of education, one participant elaborated on students’ creativity and flexibility to think about novel ideas and views since they are new to the field and are not yet encultured with the accepted norms and status quo. This approach can then support critical thought and reduce the often-celebrated regurgitation of information frequently considered as knowledge and comprehension.

> Because, I feel like that's the beauty, when you first start, you’re not contaminated with all the different views and you're not part of a school of thought yet. So, you're still creative and flexible and sometimes students can come up with things that are different. Maybe it will work, maybe won't work but I think it's important to go through that process to see what we can do, like we have a problem let's learn to solve it rather than here's the solution and try to find the problems that apply to this solution. [Participant DENT#1]

Embracing Paolo Freire’s teachings, another participant highlighted the approach of supporting students in their learning journey by showing humility and using their practice as a source of knowledge. Much like most of the other participants, this individual reiterated their lack of explicit theoretical or pedagogical model but shared that they followed a social work model. According to them, this approach involves using the way they practice their profession and sharing it with the students to nourish their hands-on co-creation of knowledge.

> I don’t have a theoretical, pedagogical model, but I do have a social work model. So, how I teach is how I practice. I say that to my students a lot. So, I think about the way I practice which is a lot, in a way, power is shared, this is your learning, I’m here to

> facilitate your learning. So, it's very interactive and I try to, as much as possible, do away with, like I'm not an expert in whatever it is that I'm teaching, I'm sharing knowledge with you. I try to make it very hands-on so lots of case studies, lots of clinical examples. As I am now kind of settled into this position and I'm able to teach the same class repeatedly, I'm able to refine and to gain confidence, I think, in letting go with this notion of the best way to do something or the "this is how you do it and I'm following this", but kind of just be open to every class, every cohort is their own cohort, has their own dynamics and requires my own adaptation to learning. [Participant SW#5]

There was a consensus among the participants from the Faculty of Dental Medicine and Oral Health Sciences that they were aware that there are likely different teaching approaches and theories, but that they were not explicitly aware of what they are or what they are called. In sum, there was the understanding that people have individualized ways of teaching, but they do not have the words to describe the ways in which they are or could be teaching.

> I think everyone has their own style. Some educators, more formal, traditional, some are, sort of, more, let's say, casual with their interactions. So, I think it depends. There are hard school of teaching vs very supportive type teaching. There are many different styles; there's the dictatorship, "My way or the highway", there are many different ways. [Participant DENT#3]

Furthermore, there was an inconsistency between what these educators said and what they actively did as they described their desire to adopt varied teaching approaches. For instance, some may not have identified any teaching approaches they used but as they described the ways in which they taught, they revealed that they used transformational or inquiry-based learning approaches in their teachings. Nevertheless, lecturing appeared to be the default approach that was undertaken to teach outside the clinic. To further highlight the inconsistencies, one participant expressed that teaching in dentistry is ultimately an apprenticeship under the supervision of the institution, which would insinuate that there should be much more than just lecturing at its core.

> No, philosophical, pedagogical theories or what have you. Then again, I might be doing something innately without realizing I'm following some pedagogical theory. So, I teach

> them and then I give them a second lecture on the same topic from a different angle a couple weeks later to see if they've learned it. [Participant DENT#4]

The absence of an explicit learning theory or pedagogical approach was not indicative of a total absence of direction in how people taught. For instance, a participant in education described how every level of decision-making pertaining to their teachings revolves around a few specific fundamental questions rooted in social justice. This attitude further demonstrated participants' perspectives on how social topics such as social responsibility and social justice may be incorporated into education as a core element directly embedded in how people teach and not only the content of what they teach. "Every decision I make in terms of my syllabus decision making, the curriculum that I use, the materials that I bring, the activities that I do, the readings that I have, is oriented towards a few fundamental questions with the overarching question of social justice embedded in it." [Participant ED#5]

Expanding on the various pillars making up certain educators' approaches to teaching, another participant discussed the value of incorporating and engaging with various facets of students' being. For instance, incorporating students' physical and emotional realities into the classroom could empower them while supporting agency within the classroom and creating space for knowledge co-creation. Breaking through what is expected in education to teach beyond societal norms is another way of supporting social justice.

> It's a multi-layered approach, you have different perspectives, I also make sure that students engage with their other facets of their being, so we talk about physical realities, we talk about the emotional realities, we make sure that sharing those facts of one's life in education are part and partial what it means to be in these classrooms and learn. Make sure that we're not pushing something away because of whatever societal norms dictate that we do. So, that's another part of social justice. I want to make sure that there's agency within the classroom, so students and I co-create my classes. [Participant ED#5]

Foregoing a label to how they teach was quite common among participants and not indicative of a lack of direction when teaching relational fields. Participants alluded that acknowledging students' role in this experience toward knowledge co-creation could facilitate positive learning experiences.

Introspection and Reflexivity

Introspection and reflexivity require the humility of pausing and thinking through our experiences, our biases, and our prejudices to better understand how they have developed and the impact they may have on our surroundings and how we perceive the world. Participants agreed that within this also lies the ability to reflect upon our emotional processes because we cannot hold another's emotions without understanding and accepting our own. With these realities in mind, some of the participants from all three fields expressed their mindfulness to incorporate introspection and reflexivity into their teachings and their interactions with students. They stated that this could help students better connect to the content being taught and may open them up to social topics like social responsibility.

One participant in the Faculty of Education described the importance of discussing such matters with their students to facilitate students' understanding of their positionality within society-at-large and their own social spheres. From this participant's perspective, this approach would further support their involvement in their education and how they make shared decisions about what they want to learn.

> Through a reflexive and reflective approach, I will say "Ok, so, this is a relational approach to decision making, here is the constructivist vision of learning", I talk about things like social-cognitive theory, we always discuss learning theories, we talk about

> [inaudible 42:58], we talk about the role of [inaudible 43:02] instruction, and behaviourism. In my classes, those are all present as a reflexive process of facilitation when students are making decisions about how they want to learn. [Participant ED#5]

Participants across disciplines agreed that within the introspection and reflexivity process, students can learn that their perspectives are deeply rooted in their personal and social contexts and that these may not apply to everyone. Being cognizant of the realities of their circumstances and how their decisions are impacted by cultural norms of which they may be unaware is a valuable step in learning more deeply and inclusively. Participants connected this deeper learning to openness to discussing topics like social responsibility, as well as acting more socially responsible based on a better understanding of their positionality in society.

> They need to be able to look at themselves and understand that their approach and their point of view is all coming from a particular cultural context that is not universal. And that their actions and interactions are impacted, whether they want to see it or not, by these different cultural contexts. I think it might require a mandatory training, but the thing about that and about trainings is that they have to dig deep, and it takes time and introspection. [Participant SW #3]

Some participants suggested that individuals in society should ideally learn to be comfortable enough with their circumstances to evaluate their positionality within their context. That is, it is not solely on students to learn about themselves and how they learn or what they think, but educators must also take the time to do the same. Some participants understood this, while one participant specifically described this process and outlined the various facets about which they are conscious when teaching. This participant demonstrated how introspection necessitates trust and vulnerability with oneself to learn about one's skills, personality, and values to then be able to teach about empathy.

> The parallel process is absolutely another that I see myself as a model, so I'm very conscious of balancing my role as a grader, with my role as a teacher of empathy and responsibility and respect and all of those things because those are critical skills no matter what you're studying in social work to have [Participant SW#4]

The work involved in introspection and reflexivity is uncomfortable and taxing but has a multitude of beneficial outcomes. Taking the time to know ourselves, as highlighted by the participants in this project, will support more fruitful and holistic relationships with others in both personal and professional settings. Finding ways to incorporate these within pedagogy will support students in the professionalization process to be more cognizant of their role in society within these relational fields of practice. Thus, students will be more prepared to acknowledge their social responsibility to their community and act accordingly.

Chapter Summary

Throughout this chapter, I learned about how participants' personal experiences influence the value we associate with certain topics, as well as our approaches to education. Moreover, my participants discussed the many layers involved in education and learning, including pedagogy, role modelling, teaching the way you were taught, and reflexivity and introspection. They shared their experiences on how social concepts impacted teaching and learning within the academy, as well as how they share knowledge with colleagues and students. They highlighted the value of reflexivity and introspection as a means of being a better educator but also as habits to instill within their students to support them in being more self-aware and socially responsible to their community.

Chapter 6 - Findings

In Chapter 6, I identify barriers to discussing social responsibility while also highlighting participant recommendations to improve its incorporation within these relational fields. Value assigned to the topic, lack of time, resistance to change, and systemic barriers were limitations to addressing social responsibility in the curricula of these professions. To address these barriers, participants recommended curated continuing education, building buy-in through leadership, a paradigm shift toward solidarity in healthcare, and curricular overhaul to acknowledge the value of and incorporate social responsibility education.

What Keeps Us From Moving Forward?

Beginning this project with certain assumptions of expected outcomes, I have found many of these supported while other very interesting and unexpected outcomes also arose. There was a general understanding among the participants of the value and importance of social responsibility and other social topics within dental education, as well as in education and social work. As such, to better understand why social responsibility is not more efficiently incorporated, I am left with the question of locating the gaps that exist in their implementation. It should be noted that there was a greater number of dentistry educators who identified barriers to incorporating social topics compared to education and social work.

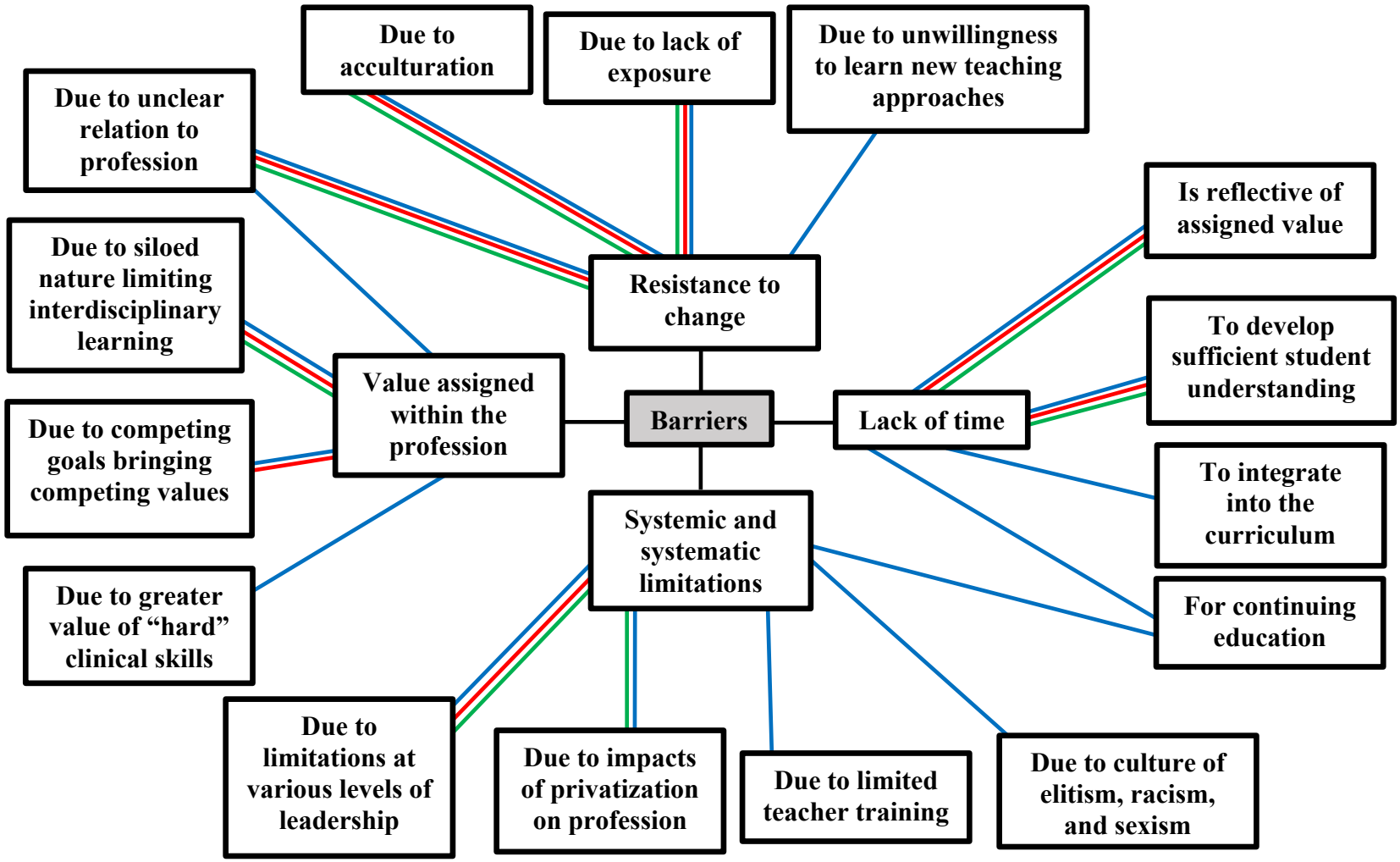
What keeps us from moving forward? What barriers are educators in these relational fields met with that seem to deter them from seeking conversations surrounding these topics with their students? My participants had multiple perspectives related to barriers that restricted their

teaching, including value assigned within the profession, lack of time, resistance to change, and systemic and systematic limitations.

See Figure 3 for a summarizing visual representation of the cross-comparison across disciplines. As described in the legend of the table, each profession is represented by a coloured line. If there are multiple lined connecting barriers to their headers, it means that the disciplines represented by those lines all discussed that idea. Note to reader: go through the figure clockwise starting from the top with “Resistance to change” and ending at “Value assigned within the profession”. Each line represents a faculty/school where the topic has been discussed so if all three lines are present, participants from all three discussed the topic described by the box.

Figure 3. Cross-comparison of barriers to incorporating social responsibility as identified by educators in dentistry, education, and social work

Legend: A blue line represents dentistry, a green line represents education, and a red line represents social work



Value Assigned Within the Profession

In general, participants agreed that the time allocated to various topics within a curriculum inevitably related to the value that the profession, and therefore its representatives, assigned to these topics. As has been previously discussed, the value afforded to social topics within dentistry, education, and social work varied immensely both in how much and how it is taught to students. Participants in both social work and education said that they valued social topics like social responsibility and as such incorporated it into their curricula using diverse mediums. Dentistry, however, was a bit more complicated. Most of the participants acknowledged the importance of discussing social topics as a member of society and though they were less likely to be able to identify its place in the dental curriculum, they highlighted that its inclusion is improving.

> It's getting better. I can remember going back to when we had community dentistry and public health when I was a student and looking at what's being taught now, there's a broad leap, but we still have a long way to go. We have great programs in place that are there to help those in need and the students realize that dentistry isn't just about doing a tooth and fixing something, it's not about making money and billing, it's also about being responsible to others around you. [Participant DENT#5]

When discussing the various social topics included in this dissertation, such as social responsibility, empathy, inclusion, etc., most dentistry participants highlighted the gap in their dental education. One participant mentioned the importance of associating adequate value to the topics at hand to facilitate student interest during training. When students go to dental school, they yearn for knowledge related to teeth and the oral cavity, and while they may subconsciously understand the implications of social topics in their careers, they are strictly focused on what will secure them their dental degree. This observation and slight critique of the status quo of dental education arose from this participant's personal dental school experience.

> But I don't recall ever being trained in this as a student and it may be that we were but as a 22–23-year-old going through dental school, you're not really understanding everything you're being taught. It's hard for us to expect the students to jump in on emotional training in dental school when you're so busy figuring out the science of it all, you don't want this stuff, you don't pay attention to it or you don't listen to it the same way. So, I think we had a lecture or two in ethics, but could we have had more? Sure! Could we have had more time spent on that? Yes, but were we really caring about the ethics exam or the ethics lecture or the ethics segment when we had the things that we thought were more important to do because we had direct relation to teeth? So, it's a matter of making those aspects of the curriculum valuable so that the students have a perceived value in learning that skill. [Participant DENT #4]

In general, dentistry participants shared that the greater value afforded to clinical and 'hard' skills as opposed to 'soft' skills like communication and social responsibility, highlighted a tension between the epistemological—the skills that need to be learned to become the professional who is being trained—and the ontological—the human aspect, the kind of person who becomes the professional—in dentistry. The tension, they said, comes between what we evaluate; we almost exclusively evaluate the epistemological, what is otherwise known as the clinical work. As described by dentistry participants, there is an immeasurable focus on clinical skills alone despite the impact that building interpersonal skills could have on the relationships built between colleagues as well as dentists and their patients. One participant in social work highlighted an interesting point about the relationality of dentistry by asking dentists if they see themselves as the purveyors of a service or as being in relation to their clients to whom they offer a service? This participant mentioned that the answer to this question could help inform the value assigned to more social concepts within dentistry.

> I don't know, because I'm sure what exactly you're trying to do at the school of dentistry [laugh]. I feel like they're like really like "we're here to teach technique, we're here to teach how to do something" so it's almost like a… if a dentist doesn't see the need for them to be in relationship with someone, or doesn't value, like you know, so… I don't know what the culture is over there, I don't know how they see themselves. Do they see themselves as offering a service and this is "I'm showing you how to do that service", or do they see themselves in actual relationship with their clients? If they don't see

> themselves in relationship with their clients and they only see themselves as providing a service, then what does it matter what that service looks like in terms of how it's experienced. [Participant SW#5]

Students do not have control over the curriculum, however, as mentioned by a social work participant below, dental students learn to seek out specific skills touted and prioritized by the profession and its representatives. The emphasis that the dental profession generally places on clinical skills above and beyond social topics and skills plays a role in what students then prioritize during their training. The same participant alluded to the following question: Why should they learn about how best to communicate with people using a social responsibility or social justice lens if they learn to see all mouths are essentially the same?

> They might say "what does this have to do with me operating in someone's mouth? Why would I need to know this?" Everyone's mouth is the same. I mean, not the same but the basic structure, the contents. Again, I think that, in the same way as medicine, I think that because there's a hierarchy in the medical system, social workers are always seen as lower on the hierarchy, and like you said, it seems a soft skill like social workers do. And so, I could see maybe dentists thinking "well, I could be specializing in this technique or in this particular disease rather than spending time thinking about something which I already do, I already treat people the same way" or something like that. [Participant SW#3]

Participants mostly agreed that the siloed nature of higher education can impede communication between fields, making it difficult to share and discuss experiences that may add value to students' learning. For instance, if communication between the humanities and the sciences is limited because of these silos, then students on both sides may be prevented from seeing value in the other's work no matter how useful it may be for their work. This idea was shared by others as well, while one participant went on to discuss the difficulty of incorporating complementing topics into a course, leaving students to focus on clinical skills in some contexts, and social or 'soft' skills in another. They emphasized how not all students are interested in learning about these topics in a vacuum but rather in relation to the profession and career they

have chosen. As such, these topics should be naturally incorporated into the curriculum such that they become second nature; they become part of the everyday life of these students.

> I think that it is partially because it's become siloed. So, instead of having this social justice conversation while you're learning about technical aspects of dentistry, you're being forced to sit in on a class that may or may not be inherently interesting to you because you may be career oriented or you may just really like dentistry. So, when it's not integrated and it's not just a daily part of the air you breathe, it's very hard because then it becomes oh, this is an inconvenience for me." [Participant ED#5]

In general, participants shared that they acknowledge the role that students play in their own education, but that the challenges and barriers caused by the system in which they are being taught should also be considered. Students' interests and investment indeed affect how they absorb certain topics. However, they also highlighted that the emphasis placed on these topics by the regulatory bodies and educational institutions in which they learn is also important. The following participant elaborated on the tensions that are present in the field of social work when it pertains to social justice work. Their dual role as both agents of social change and social control are often contradictory and can center the wrong goals, sometimes placing government needs above those of the individuals with whom they work. The systems in which we function narrate the actions we can take within our day to day, including how we teach and learn.

> Well, this work has two tensions, right? So, we are agents of social change, which would be agents of social justice, but we're also agents of social control. And so, when you are in a role of social control, then that gets in the way of attaining or striving for social justice, right? So our profession has, in some ways, like if you're working as a probation officer, if you're working as a child protection worker, if you're working, you know, for the government where your job description is 'this is the service you offer, this is what you have to do' and you're accountable to the government, well it's very difficult to achieve social justice because the government is concerned about readaptation, assimilation, reintegration, right? So, the government says, 'we want our members of society to be fixed and the problem is the person', and so social workers are there to fix problems of people and are holding people responsible for their problems and that to me is not social justice. [Participant SW#5]

Participants discussed curricular barriers in the context of them being sustained by leadership, but also in relation to how they may influence how students and educators view teaching and learning about social responsibility among other social topics. Many dental participants, including the one quoted below, unpacked how students are taught about how they should perform dental procedures, but are not often given the to reflect upon the impact of these treatments beyond the reduction of pain. This approach can diminish their critical thinking abilities and social awareness of the interconnectedness of their treatments and how these affect their patients on a larger, more holistic, plane.

> I think the current system that we have is based on making sure the student has a good understanding and grasp of the reasons why we do things, but not the effects that what we do on our patients and how we deal with individuals that are incapable of becoming patients, that's not dealt with properly in terms of education. [Participant DENT#5]

As can be seen through my participants so far, even when topics are identified as important, higher-level decision-makers may not value them enough to include them in teachings. The value assigned is both a micro personal issue, as well as a macro systemic issue. It is not directly correlated with how important the topic is, however, because it is often seen through the oppressive lens of the system in which these professions exist. Dentistry has been a prime example of this while social work and education were less so. The positives here lie in the influences that new leadership could have on the curriculum and its content.

Lack of Time

The concept of time was a common barrier presented by multiple participants as a reason why they may not include social responsibility and other social topics within their teaching. Students need time to absorb the content they learn before concretely understanding how to

apply it in practice. One participant from dentistry elaborated on this by highlighting how students they encounter at conferences a few years post-graduation discuss the importance and value of these topics once they have finally begun practicing for a while. “I often run into people a couple years after they’re out at meetings or whatever and they'll say, ‘Oh yeah, what you were teaching made sense to me now that I'm actually out there in private practice.’” [Participant DENT #2] Yet, participants often described how there was simply no time in the curriculum or within the program to discuss such topics along with all the required clinical and basic science topics. Furthermore, they also explained how there was limited time for them to take classes on teaching approaches or to allow students time to absorb everything and apply it in practice.

In general, participants agreed that time and value are interconnected concepts that play a significant role in how a field or certain educators view a topic and whether they will allot it time within the curriculum. Most dentistry participants clearly described how they value ‘soft’ social topics like social responsibility. However, one participant stated that the purpose of a student in dental school is ultimately to learn how to drill a tooth and fill it, thereby leaving no time in the curriculum for a topic like social responsibility if it is going to take away clinical time from the students. This participant went on to acknowledge the importance of communication while expressing their unwillingness to allot 40 curricular hours to the topic.

> As much as we value social responsibility and studying the literature or what I would almost call soft courses, we’re still training dentists and dentists out there need to know how to drill and fill. they need to know how to prepare teeth, they need to know how to do the procedures. If you take away time from learning those procedures to give something else, they’re gonna get less experience getting… I'm not saying communication is not important because it's very, very important, like I, said best hands in my class couldn’t make it work because they couldn’t communicate. But would I want to see 40 hours of curriculum time given to a communication course? No. Can’t afford those 40 hours without going overtime, [especially during COVID times]. [Participant DENT#2]

When discussing the importance of social topics and considering the allegedly longer time it would take to incorporate them within the curriculum, participants from dentistry mentioned what could be considered as 'bystander effect'. This effect is a social psychological theory whereby individuals do not act during an emergency when there are other people present because they assume another person will (193–195). Within this context, educators refrain from 'spending time' on social topics because they assume that other educators are including them in their courses.

> I think that they are important, I think it's hard to judge if they've had an adequate level of exposure in those areas., so I think that the assumption might be made that, well they're getting it all in the courses that are given by certain professors and so that in the other courses we don't have to spend time teaching that, that's what I would assume. [Participant DENT#3]

Discussing their own training and knowledge about social topics and teaching approaches, participants in dentistry highlighted the presence and their awareness of resources but cited the general 'busyness' of the faculty as a barrier. Many educators in dentistry are clinical instructors who spend a day or two at the faculty to teach while the remainder of their time is spent at their private dental clinics. As such, they rarely have space in their schedule for trainings that often occur during daily clinical hours.

> I think that there's a busyness factor within the faculty itself, there may not be because it's a very small faculty but within the university, there's a lot of resources you can tap into. So, I mean there's the Learning Centre or Teaching and Learning Services that have tons of seminars and lunchtime learning with regards to that. The resources are there so you have to decide if you want to tap into them or not. [Participant DENT#3]

Most participants who identified time as a barrier to incorporating social topics were from the Faculty of Dental Medicine and Oral Health Sciences. This highlights structural deficits within teaching of this profession in the focal institution.

Resistance to Change

Many participants expressed that one of the most prevalent barriers to incorporating social topics like social responsibility was educators' resistance to change. They emphasized how some educators are or believe that they are good at what they do, making it difficult to convince them that things may have changed over their decades of experience. Most participants identified educators' resistance to change as a barrier.

Participants expressed that when resistance is present, it can be due to a myriad of causes including but not limited to acculturation, lack of exposure, and the inability to see the connection between a discipline and certain topics, e.g., dentistry and social responsibility. Many participants agreed that this implies that not all resistance comes from a place of intentionality, it may stem from a genuine lack of understanding. If that is the case, it should be met with appropriate continuing education and openness from the educator to learn and grow.

> Long standing acculturation, lack of exposure, and honestly, at that moment in time, it's someone truly not seeing the connection. That's the way I see the world, you know, not intentionally trying to be exclusive, but honestly and authentically not seeing the relationship between what they're trying to do and these other things, they feel disconnected. [Participant SW #4]

One participant beautifully expressed how there is a complex essence to teacher knowledge that can be deep and complex while also relatively narrow. They went on to unpack how this can apply to dentistry and how it compares to education. In other words, educators in dentistry should be cognizant of the narrow space in which they work and how a technically narrow understanding and pure emphasis on clinical skills can deter from the whole person they are treating and the reason for which they are doing it.

> Well, this isn't maybe on the subject of the interview, but I do think that… there's a literature about teacher knowledge that is relevant here. Teacher knowledge is a

> complicated thing, it can be deep but also kind of narrow. It can be focused on technical aspects and those sorts of… that sort of resistance that you talk about may come from that technical narrow understanding of what it is to be a teacher or what it is to be a dentist. It sort of connects with my response to a previous question about thinking about how social justice is connected to your role as a dentist as a way to talk to people, but I think… there might also be… it seems that it may be important to reconceive or at least talk about the notion of a dentist or the role of a dentist. What is the social role of the dentist? In terms of public health, for sure, but why is public health so important? Ultimately, it's because a society that is a good society, one in which people live good fortune lives is one with healthy citizens. So, these seemingly narrow technical concerns with the oral health of one's patient are connected to these broader social goods. I think it's exactly parallel to debates in education that say, "let's focus back to the basics, teaching math, reading, arithmetic, not on all these other things that have nothing to do with teaching", well why do you want to teach math, reading, arithmetic in the first place? Is it just so the students can be human capital, cogs in an employment machine or is there something bigger than that? There's probably a very direct link that way between dentistry and education. [Participant ED #3]

Educators may resist changing their ways of teaching for a multitude of reasons. Participants in all three fields agreed that this can be best approached with empathy and support of continuing education. Understanding where the resistance stems from will help in identifying more efficient solutions to addressing it.

Systemic and Systematic Limitations

Participants repeatedly mentioned some systemic and systematic limitations to the incorporation of social responsibility, into their respective discipline's curriculum. Some of these limitations were at various levels of leadership, which inevitably affected buy-in from all stakeholders including educators and students.

In general, participants communicated how leaders can limit or empower the perceptions and understandings of people, but that they are in and of themselves dependent on the institutions in which they exist. When an institution rewards or frowns upon certain actions, teachings, and

activities, the people who live and work within that system may be perpetually more mindful of what they are doing even if it is not morally on par with their beliefs and values. As several participants in all three fields shared, if educators are not supported by their institution and leaders, they are less able to support their students within certain endeavours, including learning and practicing social responsibility. One participant from dentistry highlighted this:

> When it comes to institutions, institutions should have a responsibility to do what's right. Unfortunately, it comes down to protecting their interests to some degree. When it comes to educators, educators fall into two categories, ones that will follow the lead and follow the rules, and those who are outspoken and will follow either their hearts or their minds at the current time. [Participant DENT#4]

The culture within which dentistry exists has been filled with elitism, racism, and sexism; they are no stranger to prejudice (58). Although the number of people entering dentistry who identify as women is increasing, as described by some dentistry participants, there is still work to be done at the higher, more administrative, and academic levels to reach equity (196–198). The following dentistry participant highlighted issues related to equity and identified them as systemic issues within the profession. Their perspective is further highlighted by my sample of dentistry participants.

> I think it's bias, look at the spectrum of educators and you realize that it's perhaps not as inclusive as it could or should be. I think part of the issue goes back to the 50s and 60s where it was the old club and if you weren't white and rich and an elite-ish situation, it was frowned upon that you go into medicine or dentistry. I think that although the barriers may be dropping a little, we have a long way to go. [Participant DENT#5]

Participants explained how a deeper dive into the institutions within which educators exist, can lead to an encounter with the power of governing bodies and regulatory organizations. Within a self-regulated and privatized profession like dentistry, these groups have excess clout over the standards of education and practice (199). One participant made a parallel with

education to discuss the impacts that privatization can have on a profession and its values within society.

> I think there's a parallel with education. There's one reason why educators are so concerned about the privatization of education, because it's going to cut education off and already has. The more it happens; the more divorced education is going to become from the idea of education as a social and public good. There might be some room as a background for what you're doing to talk about the effects of privatization on professions and the impact that has on how we think about the values of dentistry. [Participant ED#3]

We revisit the reality that many educators who teach in universities are hired for their exceptional clinical or research skills rather than their teaching abilities. This was repeated on multiple accounts by dentistry participants throughout the interviews and sees parallels in education and social work. One participant highlighted how this limited teacher training can impact the education that they provide to students, while also discussing the difficulty in accessing continuing education and teaching workshops. Participants agreed that McGill University offers some workshops for their educators to learn about novel techniques and effective teaching approaches. However, many educators in a university setting, particularly in healthcare professions, work part-time and have other part-time or full-time careers outside the academy. This further highlighted participants' perspectives on the relationship between time and systemic barriers to accessing training to improve teaching skills. Participants explained that the leadership in every department should have a general understanding of the people they employ, as well as their schedules beyond the classes they teach, though there may be more complex legal and union-related limitations to this approach. As the following participant so eloquently detailed, the availability of teaching workshops does not inherently equate to their accessibility to instructors who may indeed be interested in expanding their teaching abilities.

> I can't say that I have any teaching training or anything like that, it's more a matter of being a listener and being able to see what worked for me when I was a student and what

> didn't work for me when I was a student. That's partly how I got involved, want to make a few changes and, you know, I didn't think I was getting the proper process, I guess, in education as a student. So, I had some ideas that I thought would make things a little bit better for the students that were there. […] The whole thing about teaching within dentistry is that they tend to hire dentists who might want to teach but may not know how to teach. I've sort of learned how to teach along the way, through some seminars and stuff like that but more just trials and error and watching what goes on around us. So, I think they could do more training of guys like me to make things easier for us as teachers, but when we're also full-time clinicians in our own private practices, I don't have daytime hours to come in. McGill offers all these things, I get emails all the time saying training on this, training on that, how to teach, how to do this, Tuesday at 2 o'clock for an hour and a half. That just doesn't work for somebody who is running an office and who is only on campus for, you know, one or two afternoons a week. [Participant DENT #4]

In sum, my participants highlighted the many gaps left to address when trying to improve barriers to incorporating social responsibility in the curricula of these three relational professions. Having shared this insight, participants went on to provide possible solutions and recommendations for how to improve buy-in and incorporation of social responsibility in their profession and others.

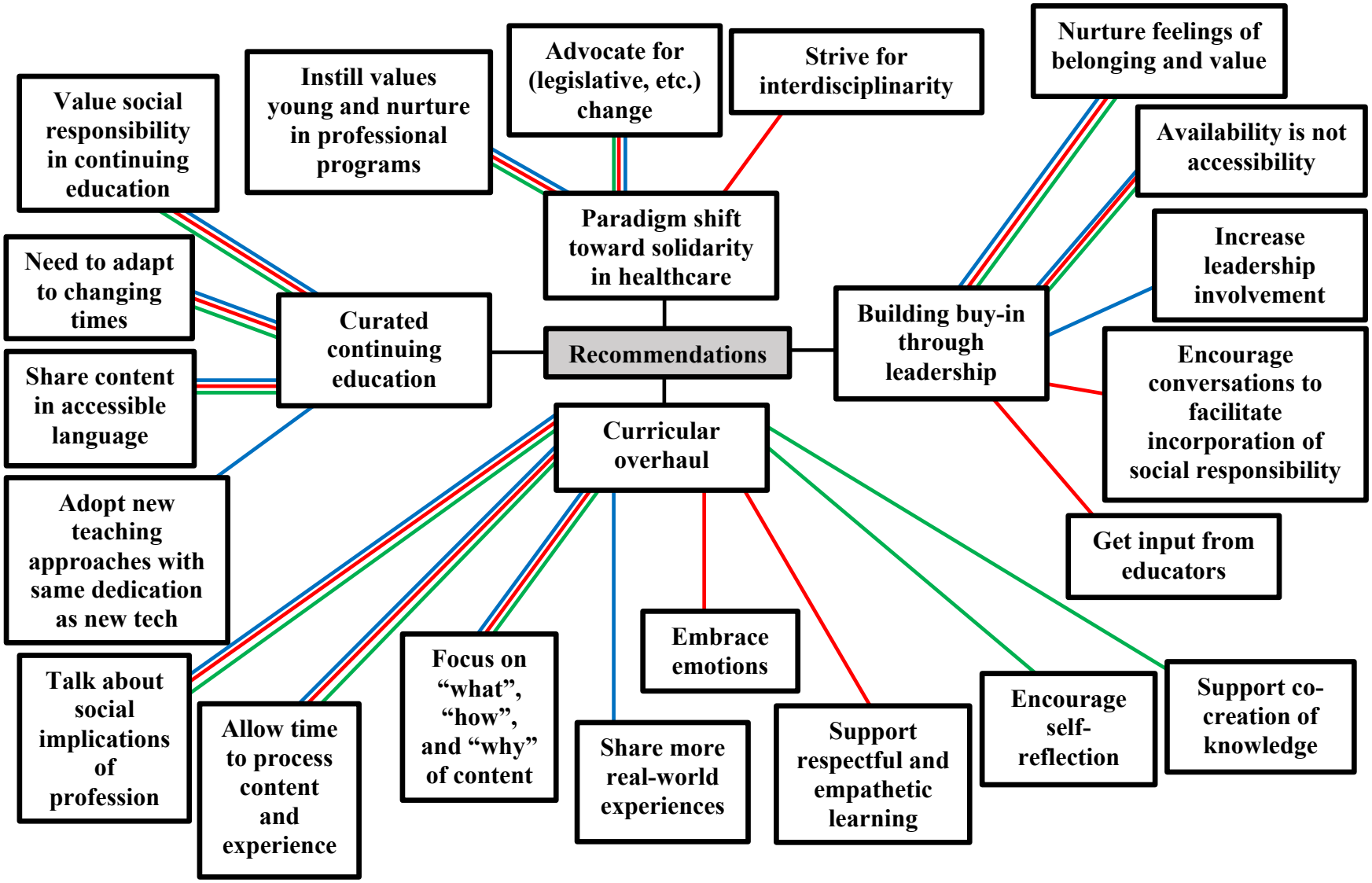
How Can We Break the Cycle?

Having identified the limitations above, the participants went on to share some of their perspectives on how to move forward and beyond perpetuating this often-oppressive cycle. Most of the solutions presented below are specifically expressed by the quoted individuals. However, their ideas can indeed be transferable to the other professions. Their recommendations include curated continuing education, building buy-in through leadership, a paradigm shift toward solidarity in healthcare, and curricular overhaul.

See Figure 4 for a summarizing visual representation of the cross-comparison across disciplines. As described in the legend of the table, each profession is represented by a different coloured line. If there are multiple lines connecting recommendations to their headers, it means that the disciplines represented by those lines all discussed that idea. Note to reader: go through the figure clockwise starting from the top at “Paradigm shift toward solidarity in healthcare” and ending at “Curated continuing education”. Each line represents a faculty/school where the topic has been discussed so if all three lines are present, participants from all three discussed the topic described by the box.

Figure 4. Cross-comparison of recommendations to incorporate social responsibility as identified by educators in dentistry, education, and social work

Legend: A blue line represents dentistry, a red line represents social work, and a green line represents education



Curated Continuing Education

Some of the participants presented potential solutions or steps ahead to embracing more mindful and intentional continuing education to break past the idea of 'teaching the way one was taught' and support educators moving forward.

Most participants discussed the need to support and promote the value of continuing education and training in these universities and other institutions because professors and educators in the academy should be going through continuous professional development like most other professions. Participants also shared how uplifting adult and lifelong learning could widen our horizon of understanding and re-center us in creating a safe and empowering space for students and educators to learn. One participant highlighted the importance of this training: "I think training and continuing education is critical for anybody who is in a teaching establishment because a lot of times, we lose sight of the objective, which is to make students learn." [Participant DENT #5]

A potentially beneficial approach to instilling a desire for more up-to-date continuing education, as discussed by some of the participants, is to convey the message that times are changing and that educators' teaching needs follow suit. One participant specified that new technological advances should be adopted to ensure that students are learning the timeliest skills. This thirst for innovation should be extrapolated to teaching approaches and social topics like social responsibility as well since changing times essentially demand it from our educators. Moreover, the participant highlighted how any potential resistance to change could be addressed by consistently conveying the message that there are new approaches and concepts that should be adopted.

> How do you approach it? You sort of say "well, you know what? We're moving towards the new education process, we've got these new materials, we've got better technologies than the old stuff". You just have to show them that there are ways to do this, and we can't be stuck in teaching a technology that's old, and we can't be stuck in teaching techniques that are old. So, I look back on my teaching career and I was probably one of those guys that was stuck in the mud as to how I was teaching and I took a while for me to realize, "you know what? We can do better!" [Participant DENT#4]

Some participants expanded on a solution to address resistance from educators, particularly more technically inclined clinical instructors in dentistry, to learn about and engage with pedagogy. One participant from education described the value of finding the level at which these instructors feel most comfortable discussing educational theory and practice and communicating the content in a way that is accessible to them.

> You don't have to have technicians disengaged from pedagogical considerations, you can just make it very simple and show them from their perspective, often, from that kind of technical perspective "here are the steps of good pedagogy" and then hopefully through that, they'll start to question it and engage in new things but if you can present research in a way that speaks and builds bridges… in a way that speaks to the particular worldview of the faculty members and the technicians, that is often the best way to start to engage it. [Participant ED#5]

Collectively, participants from all three fields agreed that continuing education would be one of the most useful paths toward improving educators' pedagogical knowledge. Ensuring that these continuing education classes are organized in a mindful and inclusive manner will increase buy-in and support accessibility.

Building Buy-In Through Leadership

As several participants have shared, an institution's leadership and its ability to nurture a feeling of belonging, value, and investment among its members is embedded in how much buy-in there is from these educational stakeholders. Some of the participants presented potential solutions or steps moving forward.

Further building on the interconnectedness of human experience, one participant in education unpacked the need for leadership to support educators' pursuit of such professional development. From this participant's perspective, leadership should be encouraged to make resources accessible to facilitate educators' engagement in their own pedagogical advancement throughout their careers. This was emphasized by other participants' input about how availability does not mean accessibility if leadership does not take the time to consider all factors in the implementation of these courses.

> I actually think the best, and maybe the only, solution to that is to incentivize and increase the pressure on faculty to do more of that and to put more resources into teaching, something like teaching and learning services (TLS) to improve university instruction. […] I think that TLS does a pretty good job at McGill, but I think that it's still largely voluntary and I think university instructors need to be, basically… the fire needs to be sort of lit under their feet to do more. They also have to be given time because I think the most common excuse… I shouldn't say this, this is intuitive, this is anecdotal, I don't have any evidence, but I would guess that the most common excuse is "It takes away from my research". I'm sure that there are ways […] where there are opportunities for colleagues to be mutually supportive and mentor each other as well as just time given off other obligations so that people can take these courses and spend time on course design and pedagogy. I suspect that's probably the only way. I can't really see how else it can be done other than giving people on the job help, and support and instruction on how to teach better. [Participant ED#3]

Highlighting the role of leadership in curriculum development, one participant in dentistry explained how more involvement from leadership in the faculty regarding when, where, and how to incorporate examples of social responsibility and other social topics would be helpful.

> There could be more lectures or more stuff, if all of us as teachers were told by the management "throw in a little tid bit of social responsibility into your teaching, give an example of something you've done or you could do, or you've seen happen elsewhere that could be a reflection of, you know, the social justice idea of inclusion and empathy and all that sort of stuff we've been talking about". If we were given a guidance to throw that into some of our lectures, then we could do it, it's not that hard. [Participant DENT#4]

Another perspective was revealed by a participant in the School of Social Work who acknowledged the importance of input from committees and higher administration in addition to the presence of policies. However, they also suggested a more bottom-up approach that values the perspectives and needs of those working with the students and provides avenues for them to discuss these topics with each other. Thus, there is a need for the empowerment of educators through the discussion of feasible steps toward social responsibility and social justice within the educational context and beyond. Educators would then not only be presented with content to share—the 'what' of the conversation—but also 'how' to present it and push that agenda forward.

> It's not that having policies and having committees and having language, those things do help, I think it's great, but we need the bottom-up part too. Other than us seeing what the principal says every once in a while, about the school caring about these things, are we having ongoing conversations about these things at our faculty? And I understand why we aren't, because no one is giving up a, sort of, strategy at the local level or what is feasible for us to start with? [Participant SW#4]

Thus, participants agreed that leadership often plays an important role in the functioning of a faculty. They may indeed be limited in some ways by the institution within which they work, but they can also act as barriers themselves. As such, it is imperative that they find ways to create buy-in within their respective faculties in how to incorporate social responsibility into their curricula.

Paradigm Shift Toward Solidarity in Healthcare

In general, participants agreed that inconsistencies with respect to social justice and equity among the various healthcare professions could negatively impact the effort put into

creating a more inclusive and holistic approach to health. Some of the participants revealed potential solutions or steps moving forward.

Most participants outside dentistry shared that advocating for broader changes to the status quo of some health care professions, such as dental and eye care, could hopefully lead to impactful legislative changes for our community. On an individual basis, however, dental participants shared that social responsibility could look like many things, including providing services at subsidized or no cost, volunteering time doing something outside one's profession, participating in coalitions advocating for universal care in Canada, such as the Coalition for Dentalcare, etc. As described by participants from all three professions, instilling these values in people from a young age but continuing to nurture them as they go through the arduous professional programs of their choice is imperative in striving for an overall healthier population, both physically and mentally. Multiple participants presented ideas on how to be more socially responsible individuals, including the following participant from dentistry.

> If we can get enough people to get change in the way that healthcare is provided, and that we can get literal legislative change, I think that can make a difference. In terms of the actual education on an individual basis, currently, I think if you can get individuals to just give up a day a year, a day a month, a day a week, whatever, you provide care for free in your neighbourhood for those who need it. [Participant DENT#5]

Striving for such deep systemic change is no easy feat. Consequently, as described by multiple participants, a field like dentistry cannot be expected to create significant change for the population without the support of other health science fields; interdisciplinarity across disciplines is essential to move forward toward a healthier society. To affect healthcare on such a drastic level and to push toward systemic change needs to be for more than just additional free healthcare. This ambition requires a major paradigm shift among dentists, the dental profession, and society, as is explored by the following participant.

> I think that health sciences have a HUGE obligation to be paying attention to social justice. I think that it would constitute a major paradigm shift for many health sciences. I think what happens is you get these clusters of individuals who want to run a dental clinic in a community health centre to improve access to homeless individuals who don't have their dentistry cover, which we know to be a huge issue, but I do believe this should be a dominant discussion in all health services because I think access and equity around health is a critical issue. It's probably only when everybody gets on board that we can get more traction. Speaking outside of probably my real area of expertise but just understanding slightly that, you know, dentistry obviously for the most part isn't a right, right? It's not a health right and it shouldn't be dentistry alone arguing for that, it should be all of us putting together an understanding of what health and well-being is. So, I think that it's… I don't know how infused these kinds of ideas are in different health programs, but it feels like if there was more attention to social justice issues and I guess responsibility, then we would have a stronger leg to stand on. [Participant SW #4]

As revealed by some participants, a significant paradigm shift is necessary in the health sciences to nurture solidarity that can support change toward more socially responsible healthcare professions including dentistry. This paradigm shift can benefit from advocacy throughout health and non-health fields. This is a large undertaking that will inevitably be slow and arduous but has the potential for incredible change.

Curricular Overhaul

Considering all the pedagogical and curricular barriers and limitations that were shared to discussing and incorporating social topics in curricula like dentistry, some of the participants presented potential solutions or steps moving forward for curricular overhaul.

The need for conversations surrounding all facets of a profession, including social implications, was highlighted by multiple participants in all three relational disciplines. One participant in education exclaimed the need to co-create knowledge rather than treat it as expert knowledge, thereby only leaving space for a flawed unidirectional approach to education from educator to student. "Education is all about relationality. We know from each other because we

speak to each other, discourse, but it's not like pouring cauldrons of knowledge into somebody's head." [Participant ED #2] Embracing Paolo Freire's teachings was discussed on multiple occasions, including as an approach toward a curricular overhaul.

One such approach of educational co-creation and respect was presented by some participants who recommended allowing students time to process the content that is being taught. Students are often placed in situations where they must hop from class to class, from one topic to another, without sufficient time in the curriculum for them to absorb and later apply their newly acquired knowledge. Learning to understand, not only the how but also the why of topics within their profession is necessary to support their careers moving forward as elaborated upon by the participant below:

> If you present the information in a way that is clear and concise, then you let students digest it through small group conversations, they're going to learn deeper and they're going to learn more, and they're going to learn the HOW as well as the WHY. They're going to be able to problematize it to innovate on it. [Participant ED#5]

The participant above also expands on the need for space and time for the students to self-reflect and do the emotional work necessary to learn about social topics like social responsibility and social justice. What may be lacking in certain professions is the pedagogical knowledge and ideology that values this taxing work. The participants further unpacked how humans need time to react to new experiences and content in a safe and inclusive space that also respects them and their perspectives.

> Journaling, even in dentistry, could be really useful for people to have a space of self-reflection. That doesn't take up class time, but it allows the students to do the kind of cognitive and emotional work that they need to learn what they need to learn. So, there's ideology and a lack of pedagogical knowledge. [Participant ED#5]

Although time in the curriculum was consistently discussed as a barrier throughout the various interviews, one educator in education described how learning and knowing how to

incorporate these topics through reflective dialogue and other means creates more time for learning and teaching. Moreover, learning to adequately incorporate certain topics, like social responsibility, within a course or curriculum can further save time in the future since there would be less reason to unlearn and relearn certain topics. However, as discussed by some, perhaps the value associated with the topics further limits the search for the most efficient ways of discussing social topics in certain disciplines: "I would say that, if you do this well, it actually creates more time for a lot more learning. […] If you do this well, if you are engaging in a reflective dialogue while you are teaching these different things, then you have plenty of time to do all of it" [Participant ED#5]

An educator in the Faculty of Dental Medicine and Oral Health Sciences expanded on the value of sharing real-world experiences with students within the classroom context. Some participants mentioned that they do this to provide more concrete and relatable examples for their students. Even if this is an approach that is already being used by some educators, there is clearly a need for others to be encouraged to do this as well. Participants further described how contextualizing and situating social topics, like social responsibility, within real-world examples of practice may help students better visualize the role that these play in their interactions with their patients beyond the technical and clinical work that they may need.

> I think enough examples of how it makes your practice successful. People want… there's two things, the students want to graduate, they want to get out of dental school, they also want to have a successful practice going forward, but their successful practice isn't necessarily… they're not yet ready to understand that that successful practice means being a people person, be interacting with the people, and getting to know a little bit about your patient, and giving about yourself, letting your patients know you have vulnerabilities too. [Participant DENT #4]

Finally, one participant from the School of Social Work explored the historical focus on rational, emotionless, and 'objective' thought within the classroom. This further expands on the

space for emotions within the academic context as revealed by certain interviewees and discusses how classroom norms affect how the curriculum can be carried out. Participants shared that there needs to be a certain level of acceptance of emotions within the classroom when discussing difficult and demanding social topics. Social responsibility, social justice, and all the conversations surrounding them draw on people's personal biases, needs, and insecurities thereby necessitating an open, respectful, and empathetic setting in which to discover and navigate them. The same social work participant unpacked how the discomfort of unlearning and relearning throughout this experience may not be nurtured or understood in a wholly objective, almost clinical setting.

> None of us have been acculturated to expect to have emotional discussions in a classroom. There's a traditional way of seeing education and you talk about ideas and you talk about, in a rational, intelligent way, but you don't storm out of a class, you don't yell at somebody. If someone does that, they are breaking the norm of what you're supposed to be doing in a classroom. But it is really hard to talk about real topics that hurt people, that make people feel invisible without allowing and accepting and trying to unpack different ways of communication. [Participant SW #4]

Chapter Summary

In this final chapter addressing my findings, I outlined the barriers participants shared to incorporating social responsibility into their teachings. These barriers included value associated within the profession, lack of time, resistance to change, and systemic barriers.

Participants then shared recommendations to address some of the barriers to incorporating social responsibility, such as curated continuing education, building buy-in through leadership, a paradigm shift toward solidarity in healthcare, and curricular overhaul.

Chapter 7 - Discussion

The objectives of this doctoral research were to answer the following research questions: (1) How is social responsibility conceptualized and understood by educators within the pedagogy of the relational fields of dentistry, social work, and education? (2) How are educators in these relational fields impacted by their own training and how does this impact their teaching? (3) How do educators in these relational fields experience barriers to conceptualizing and incorporating social topics like social responsibility? (4) How do educators recommend addressing these barriers and improving education about social responsibility within the training of these relational fields of practice? It should be noted that though my general focus began with the idea of dentistry learning from the other two relational fields, my findings have highlighted the reality that all three fields can learn from one another.

Using an applied philosophical dialogical hermeneutics approach, I embraced the experiences of my participants through interpretations of their interpretations with an openness that allowed a widening of my horizon of understanding of the concept of social responsibility within these relational disciplines. This approach gave me the gift of recognizing, appreciating, and celebrating the plurality of experiences that my participants shared during my conversations. Dialogical hermeneutics permitted me to steer clear of strict conformity and agreement, and thus share the narrative as it unfolded, differences and all.

In the following sections, I will describe connections between my findings and the literature. The first section will address social responsibility as it relates to social justice and other social topics like equity and inclusion. Next, I will discuss teaching with humility and making space for conversations surrounding social responsibility. Following that, I will unpack the barriers that exist to addressing social responsibility in the relational fields of dentistry,

education, and social work. Finally, I will review suggestions that my participants and the literature have provided to confront these barriers and limitations. The discussion will then be followed by my contributions to the growing literature on social responsibility in these disciplines, limitations, future directions, and a "so what?" recommendations and conclusion section.

N.B.: When I refer to a social concept or social topics, I am referring to topics introduced in the literature review and discussed in the findings including empathy, social empathy, equity, diversity, inclusion, emotional intelligence, etc.

Social responsibility meets social justice and some other social topics

Human beings come to experience and understand much of their world through language and symbols associated within their social, cultural, and family contexts (200). Thus, language provides an opportunity for both understanding and knowledge and is regarded as the art of interpretation (173).

By asking participants to share their conceptualizations and experiences of social responsibility within their profession, they had to use words to express a very nebulous concept. This proved difficult for most and reflects how language is alive and in constant flux (see Figure 1). Words and their meanings are highly contextual even if the dictionary only assigns a handful of definitions to each word with a thesaurus offering other words with similar meanings. With our consistently changing and evolving societies, context is not a constant and can thus influence the impact of the words we use (201). There are often multiple conceptual understandings of the

same word or phrase, supporting the need to engage in conversations about the meanings of words and phrases in interdisciplinary and intradisciplinary teams (202). Moreover, even if there is a clear definition, this carefully selected succession of words can be difficult to utter, as was highlighted by my participants. Similarly, words may lose their meaning contextually over the years as they are underused or forgotten by the next generation of people, as new words and slang replace them, or when they are overused, also known as semantic satiation (203). This plays into the explicit or implicit use and incorporation of words or concepts. For instance, discussing a topic such as social responsibility can make it so that one can attest to having mentioned it, without a profound understanding of these words. However, it may also negatively impact the legitimacy of the concept within the field as it comes across as this unimportant thing that must be discussed to check off a list and not to truly absorb and practice (204). This feeling was supported by some participants who shared that the constant repetition of a concept, such as empathy, for example, made it lose its meaning to them. Moreover, languages inherently have certain limitations in the scope of the words they include. Gadamer offered that a person who does not have their own personal horizon of understanding will be unable to see the forest from beyond the trees, thereby over-valuing what is nearest to them (160). On the other hand, someone who has a horizon of understanding is not being limited to what is only perceived as immediate but is able to see beyond it (160).

As expressed in the findings, participants had difficulty identifying a definition of social justice and social responsibility that was specific to their professions. The relative lack of an agreed-upon definition or conceptualization supports the need to come to an understanding that allows comparison. Relatively abstract concepts, like social responsibility, are both constant and inconsistent in the way that they are perceived and understood within differing contexts (205).

As such, it is unsurprising that attaching a specific order of words to describe social responsibility was difficult and that participants needed multiple methods of representation like metaphors and examples to convey their meanings (205). To address this issue, participants were asked to provide examples of social responsibility, social justice, and other social topics as they had encountered them within their personal and professional lives. This approach proved more successful and led to the identification of social justice as sort of an umbrella term under which social responsibility and the other social topics resided but with which they were simultaneously connected. Participants' varied connotations of social responsibility play a role in the greater understanding of the concept within relational disciplines; the parts fitting into a whole as the hermeneutic circle supports (26,165). With this, the teaching of social responsibility needs to grapple with the connotations that people bring and expand from these personal conceptualizations.

Some educators in dentistry had difficulty differentiating social responsibility and social justice, acknowledging that they often used the terms interchangeably. Although social justice was a foundation of social work, they did not really discuss social responsibility. In education, social responsibility was mostly reserved for people who research the topic than as a generalized concept of interest and education. What does this mean about the shared understandings of these topics within each field and how does that affect the possibility for progress? How does this inconsistency within and across relational disciplines impact application and social change? Social responsibility and social justice are related in a multitude of facets, including how they play into and with social empathy. As elaborated upon by Dr. Elizabeth Segal, when individuals in groups—such as those within a profession—are empathetic and cognizant of their positionality, they acknowledge their social responsibility toward identifying and acting upon

social injustice, which then supports them in promoting social change (83). Nurturing the relationship between these concepts is especially valuable when considering the decline in empathy levels that is identified throughout the professionalization process of going through dental or medical school (93,94).

The relationship between empathy and social responsibility was underlined by when they state: “The combination of empathy and an informed understanding of the historical, social, and economic contexts of oppression can enhance the measurement of this concept and promote social responsibility while advancing social action and justice” ((83), p.268). Segal went on to say that social responsibility contributes to bettering society on a larger scale beyond the immediate surroundings of the socially responsible individual (83). Understanding people’s contexts and having individual empathy can provide the setting for increased social justice through social empathy (83). Although my participants did not specifically discuss social empathy and its relationship to social responsibility, the discussions surrounding empathy more generally were often related to social responsibility. They shared that empathy is measured by action, otherwise it is empty, which can be interpreted as its relationship with social responsibility and accountability. Indeed, participants elaborated upon how students who are more socially responsible are more empathetic and vice versa. Delving deeper into the physiological implications that are valuable but were not discussed in the scope of this research, we can highlight neuroscience research that describes how humans may be hardwired for behaviours such as social responsibility and empathy (206). Incorporating this more medically scientific perspective could support the understanding of why certain educators and professions may place greater value on social responsibility than others.

Barring such a medical investigation, it is valuable to nurture empathy and social responsibility by trying to better understand another person's context. For this, one needs to be cognizant of and willing to accept their own positionality and status in society (83). Some of this comes through the understanding of one's privilege and power within certain circumstances as was described by some of my participants. Healthcare providers are some of the members in society who hold power and privilege and who could make use of these "for the sake of those systematically excluded […] and oppressed" ((207), p. 73). Aside from individual dentists willing to take these steps toward social change—turning social responsibility into personal responsibility—there is a need for the profession as an entirety, including the regulatory bodies, to have a duty to acknowledge their role in society and take action. A proactive space in which to act is through dental education, which, as Briones stated, "can be the site of key disruptions in an inequitable and oppressive status quo where access to care barriers […] remain under-addressed" ((208), p.73). They went on to describe how teaching about social justice and social responsibility, within this profession confronts the elitism that exists within dentistry's culture of privilege (209). As such, their findings complement mine by highlighting the value of nurturing social responsibility through dental education.

Moving from understanding to application, participants echoed what was elaborated upon in the literature regarding how a dentist could be socially responsible. This included the need to balance what they consider as being socially responsible and the personal and business responsibilities of being a dentist. Dharamsi and colleagues shared a quadrant describing how conceptions of social responsibility exist in the profession of dentistry (1). They unpacked how it can be viewed as an individual issue, as well as a collective issue, and this while challenging or accepting the status quo. My participants further expanded on a similar thread by identifying

how social responsibility is often viewed with an individualistic lens foregoing the effects of power dynamics that may be at play within a concept that is also a collective and organizational issue. The same scholars mentioned above went on to highlight how there was a tension between the economics involved in practicing dentistry, like the cost of owning a dental clinic, and the desire to be socially responsible and serve the public good (1). This tension was also described by my participants who could not reconcile the idea of social responsibility within the dental profession beyond providing periodic free dental care.

Teaching With Humility and Creating Space For Social Responsibility

One of the central pillars of this doctoral research was to gain a better understanding of how social responsibility is conceptualized by educators and whether it is incorporated into curricula. I focused further on its place in dentistry while learning how social work and education fare in this space. These are questions that have been and are being asked in a number of higher education contexts and I have chosen to focus on dentistry, education, and social work (55). Participants in social work described the foundational role of social justice within their profession while admitting to a limited use of the concept of social responsibility. My social work participants described their core purpose of cooperative movement toward social action and change, which is echoed in research by Maas and Segal (24,83). The latter goes on to express the value of social responsibility, social justice, and social empathy within the movement for change in society (83). As such, my findings are in line with the value associated to these social topics in the profession of social work.

However, my participants also expressed the tension that occasionally exists within social work and how it can uphold and be held accountable to its social responsibility within society

based on its existence within the broader social system. According to my participants, part of this tension lives in their role as both agents of social change and agents of social control, which, if they are employed by the government or specific agencies, can impact how they strive for social justice. In cases where social workers are working in a public setting, my findings contrast with those of previous researchers who found that social work's dependency on the government has not impacted how they work toward the improvement of society (110). My research further suggests that making dentistry public is unlikely to be an all-encompassing solution to incorporating social responsibility since it cannot correct decades of enculturation and cycles of perpetuating the status quo. Nevertheless, the knowledge that dentistry is not alone in its tensions toward social change and embracing certain aspects of social concepts like social responsibility can act as a catalyst for change if only all stakeholders in the profession work together to address institutional barriers.

The perceived growing trend to incorporating narrative forms of writing and self-reflective practices into teaching was unpacked by my participants across the three disciplines. This trend to incorporate the first person into teaching helps with situating the individual and in turn brings in a social dimension that is inherent to but also supports reflexivity (210). A parallel can be drawn with how teachers teach and how researchers undertake and understand educational research (210). The authors went on to highlight how reflexivity has been an 'issue' since the dawn of Western philosophy based on the priority given to mechanistic and disembodied—completely objective—research and by relation education. My social work participants also described the value of reflexivity and self-reflection within their practice, and that this has become progressively more valued within dentistry as is demonstrated by some of the courses that embrace it in the Faculty of Dental Medicine and Oral Health Sciences at McGill

University (62,63,85–88). Taking the time for reflexivity and self-reflection can allow a person to better understand how their life experiences may impact the ways in which they approach various situations (68,211,212). Participants in my research revealed how this way of positioning oneself within the context of one's existence is still met with resistance within dentistry despite educators acknowledging its importance in treating people seeking care as just that: people. After all, they are whole persons with their own circumstances and their own experiences (92,213). Studies have also found that educators who use reflection and may thus role model it, within their teaching support the development and refinement of personal qualities that are relevant to upholding social responsibility (214).

Participants from education described how social topics such as social responsibility are indeed discussed within their professional training. Conversations surrounding social responsibility were present both implicitly—not talked about outright or easily included in multiple courses whose purpose was not to teach about this topic—and explicitly—curricular time made to discuss the concept including in courses specifically geared toward social topics like professionalism and ethics. This parallels the idea of formal and informal curricula where the former includes explicitly planned programs and courses, while the latter incorporates concepts through school culture, role modeling, and a more fluid interweaving of the topics within the curriculum (43,215).

Within dentistry, participants mostly agreed that they were not entirely sure where social responsibility was being taught within the curriculum but that they assumed that it was being taught by certain educators and that if they were to include it into their own clinical teaching, it would be using case studies that highlighted specific issues that could be discussed. As previously mentioned, social responsibility, social justice, and other social topics are included in

certain specific courses and some participants used these as a means of disregarding the content for their own courses. This approach by educators parallels the psychological phenomenon of bystander-effect whereby an individual is less likely to help—or in this case teach about a topic—when there are other bystanders—other instructors—present who may take charge (193–195). Thus, it appears that educators in dentistry may be ignoring the need to discuss social responsibility in their courses because they assume that it is being taught in specific courses without being aware of what is indeed included in the course outlines of those courses. This goes on to create a space where, as my participants attested, students dichotomize their classes and the content, not learning about the interdisciplinarity and importance of learning from the Other (123,202). Similarly, this may also lead them to ignore the relationship between social concepts and the more clinical skills they teach, thereby leaning away from whole-person and person-centred care (92,211). Scholars in practice-based approaches noted the need to bridge theory and practice since there is a difference between understanding concepts theoretically and another to implement them into practice (25).

All the participants consistently elaborated upon the importance of observation and role modelling both in general and particularly with relation to teaching about social responsibility and other social topics. Dentistry educators further described how role modelling is imperative within the clinical setting through the educators' interactions with patients, students, and colleagues. This is echoed in multiple studies that describe how students can act as sponges in these instances and educators should therefore be mindful of their actions and interactions (65,69,71,216). Moreover, educators have a greater impact on the development of their students than they may recognize. The importance of being cognizant of this reality, as well as the need to

have the skills and knowledge required to teach about social topics could be a foundation upon which social responsibility education could be further developed (65,69,71).

The reality that the most widely used teaching approach is traditional didactic lecturing allows us to better understand why educators may or may not embrace role modelling despite the value they associate with it. Most of the participants, especially those in dentistry, shared that they still prefer to use lecturing as part of their teaching. Hovey et al. also highlighted the extent to which lecturing is valued in higher education because of its convenience and ease of "transferring" knowledge from lecturer to student (105,217). However, Hovey et al. along with others like Cooper and Richards went on to convey the need for more engaging teaching approaches that move from passive to more active learning (105,106). Some research does exist identifying other teaching approaches that are used in dental education, such as discussion seminars and community-based rotations (43). Nevertheless, as participants said, continuing to strive toward more active and involved learning—the type of which affects its impact and feasibility—is in line with the co-creation of knowledge. This would discourage the banking model of education where students are considered empty vessels to be filled by the expert who is lecturing at the head of the class; an approach that my participants said is widely used across disciplines. One active teaching approach that shows potential is dialogical conversational teaching (105). The authors expanded on the benefits of allowing students to uncover the material using their own ideas (105). This more dynamic approach can also create space for the learners to become more involved and invested in their education, thus taking more pride in learning, and empowering their creativity (101). Subsequently, students learn to move away from dependence on educators and toward being more personally responsible for their education (55). Looking into how to apply dialogical conversational teaching and other active teaching methods

toward social responsibility education would be beneficial, especially for relational disciplines like dentistry, education, and social work. Conversely, following the banking concept of education dulls students' creative capacities, which perpetuates the oppressor—the systems at play—agenda since students would not be inspired to question the status quo and push for social change (101). Though many components of lecturing are valuable, such as when there is space made for conversation or relevant reading material is shared and discussed, could the stubbornness some educators possess toward shifting away from lecturing be related to its ability to suppress creativity and social change? After all, as Dr. Richard B. Hovey, a hermeneutics and education scholar as well as one of my co-supervisors, said to me: "Lecturing is to sympathy as teaching is to empathy, detached and decontextualized."

Although there was no consistency among my participants as to which teaching approaches they used beyond lecturing within their role as educators, there was a general understanding of the importance of being aware of the existence of different approaches. Educators in social work and education, and only a few in dentistry, shared their appreciation for varied teaching approaches and the co-creation of knowledge down to having conversations about course content and how it should be addressed in class. This is aligned with Freire's problem-posing education where critical thinking is valued and dialogue is encouraged (101). Moreover, the co-creation of knowledge can have the power to decolonize knowledge and empower the otherwise oppressed in society—those with less power—leading toward social change, which is often related to social responsibility (83,218). Although not all participants were aware of whether they were using critical pedagogy or transformational learning, some of the abovementioned approaches and concepts fit under those labels (100,219).

Within social work, Duron and Giardina explained how teaching philosophy and theories should translate to how teachers practice through the synthesis of the teaching values that make up their teaching approaches (220). My dentistry participants shared how dental faculty often focus on the curricular and accreditation requirements that students must fulfill prior to graduation. Conversely, Duron and Giardina explained how social work educators often express their uncertainty about how standards and core competency requirements are incorporated within the content shared in the classroom (220). They alternatively focused on the objectives of the course rather than checking off a list of requirements that students had met. This is not to say that these core competencies did not influence what was addressed in class, because they did, but they were not at the forefront of how things were being taught (220).

When discussing teaching approaches, dentistry participants acknowledged the existence of various approaches, however, they did not identify specific ones they used on a regular basis. They went on to share how they did not have labels to identify how they do teach their students but recognize that there are various styles from open and collaborative to paternalistic and somewhat oppressive. This commentary further parallels Freire's idea of the banking model of education and its limiting nature (101). Nevertheless, some research has identified how teaching approaches are indeed adopted within certain dental schools including specific educational programs that intend to incorporate students within society through community-based education to shape their skills and expose them to varied experiences (221). Community-based service-learning is one of the most common approaches that dental care programs use to immerse their students within social concepts like social responsibility and cultural competency (43,216,222).

Much of the concepts and approaches that are indeed discussed within these publications (43) are not adequately communicated to educators in the field based on the experiences of my

participants, particularly those in dentistry. What are the barriers that may lead to this dissonance and how can they be addressed?

What Is Getting In the Way?

The difficulties involved in conceptualizing and incorporating, sometimes even discussing, social topics like social responsibility are indicative of the presence of multiple barriers (223), many of which were described by my participants. Oftentimes, when social and humanistic components are brought up in dentistry, one of the greatest barriers that is identified, even used as an excuse, is time (224). My participants in all fields, but particularly in dentistry, described how time kept them from considering, teaching, or even thinking about social responsibility or other social concepts. Lantz et al. discussed how little time was afforded to ethics instruction in the formal curriculum of about 56 dental schools in the USA (80). Nevertheless, most schools offered a stand-alone ethics course at some point throughout their dental program; those including them in other courses incorporated less than five hours of ethics instruction on average (80). The limited attention given to ethics could be extrapolated to other social topics like social responsibility and social justice, particularly since the latter is often conveyed through community-based service-learning (2).

Another layer to the barrier of time that manifested itself, particularly in dentistry, was how much time it can take to implement or put into practice a social concept like social responsibility. Dentists have been known to avoid the idea of incorporating a person-centred approach to their practice since they assume it to be a time-consuming addition to their work (224–226). The idea of being socially responsible and including it in dental school discussions to build habit and use as a clinician can be similarly associated with the excess consumption of time

as expressed by some of my participants. However, Apelian et al. went on to describe how there is no need for a significant increase in the time it takes to be person-centred—like teaching social responsibility or being socially responsible—if these are incorporated organically into the dentist's curriculum and practice (224,225,227,228). Time was also described as a factor in educators' resistance to change as will be further discussed later in this chapter. Aside from literal time to teach new curricular content or incorporate novel teaching approaches, educators build their syllabi and practices over years of experience, making it all the more difficult to adapt and change (229).

Participants described how when something is undervalued in a profession based on how it is not part of the epistemological requirements, this can be a barrier to demonstrating the value it holds. They discussed this with regards to the priority given to 'hard' skills in dental education, such as drilling, fillings, surgery, etc. as opposed to what they call 'soft' skills like communication, empathy, and social responsibility. Gonzalez et al. emphasized the limited attention paid to soft skills in dental education (117). They went on to say that although there may be programs implemented to address these topics, the generally positivistic teaching approaches present in the professional programs and their context make it difficult to focus on subjects other than clinical skills (117). The researchers developed a model that demonstrated the need to empower students both inside and outside the classroom through academic and social activities such that they have a greater appreciation for these kinds of interpersonal skills (117). There was a general understanding among my social work and education participants that these skills are assets to their practice and to that of their students, while dentistry educators could not reconcile their place in the curriculum when considering the previous barrier discussed above, time. The dental educators I interviewed described how the cycle of undervaluing social

responsibility and other social topics was perpetuated throughout the generations of educators and learners thus far. Therefore, for change to occur, there would be need for a deeper and more involved approach to breaking the acculturation present within the profession. Dental educators should take curricular time to reflect and intertwine social responsibility into their teaching and practice. Displaying and role modelling such social concepts does not necessarily need to take time away from other topics if addressed efficiently and treated as the assets that they are to their practice (224). Despite all three professions having requirements and curricular expectations, there is a difference in what is valued.

Social responsibility has been the central pillar of this doctoral dissertation and has been discussed in various ways in relation to educators in these three relational fields. A broader space in which it can exist that impacts my more focused considerations is at the university level, addressing leadership, policies, and regulations, for instance. Many businesses these days take into consideration their corporate social responsibility (CSR)—a concept with a multitude of definitions—which generally concerns itself with how the business exists within and interacts with its community (55,230,231). Considering the status of universities in our society these days, the concepts of CSR were adapted by various researchers to make up university social responsibility (USR) (56,232). Participants in all three fields described the role that governing bodies, leadership, and institutions played on how social responsibility was conceptualized and incorporated—or not—within their curricula through their systemic implications. As such, although out of the immediate scope of social responsibility in these relational fields, it would still behoove us to disregard the role of USR (233,234). Vallaeys discussed the importance of social responsibility at the university level and set out four key features that universities should consider, the most applicable in this context is that "social responsibility is a responsibility of

institutions' action and behavior for the impact they have influenced and caused to society" ((235), p. 1). Thus, our institutions, faculties, departments, and their representatives have a duty to embrace and advocate for social responsibility to be interwoven within their curricula but also to be involved in students' everyday existence in higher education.

Participants across all professions agreed that one of the predominant barriers to discussing and incorporating social responsibility and other social topics was resistance to change. They described acculturation, the inability to see the connection between their profession and these topics, as well as the belief that they know what they are doing and do not need to change their teaching as some of the rationales behind this disdain for change and innovation beyond clinical content. Broadly speaking, resistance to change among educators has been a barrier identified ranging from preschool to higher education (236–239). Bloom further described how, despite advancements in scientific and medical research, the medical education system had barely changed to meet the changing needs of the population (236,237). Furthermore, he went on to describe how the scientific ideology of academic medicine set aside its social responsibility to train society's healthcare workers (236,237). Many parallels can be seen between this field and the professions included in this doctoral research.

Part of this resistance can stem from the desire—and sometimes need—for autonomy over their classroom, including what and how they teach, with an understanding of the curricular requirements of their students' degree completion (229,238). Higher education teachers, in their role of so-called "gate-keepers of culture and tradition on campus", are often resistant to challenges to their academic cultural beliefs ((229),p. 8). Snyder discussed social nostalgia and political nostalgia as barriers to change in education. The former refers to the sense of family within a school's community and the latter refers to the loss of autonomy, especially stemming

from top-down changes (238). In a similar thread, Masella and Thompson elaborated on the divide that exists between dental education and evidence-based educational best practices in dentistry (240). Although evidence-based dentistry is out of the scope of this doctoral dissertation, these researchers eloquently described the resistance some educators may present in the face of change since they view themselves as "experts" with a wealth of experience that is actually delivered in a teacher-centered and passive environment allowing them autonomy and control of the classroom. After all, a good clinician does not necessarily make a good teacher (240). This is particularly true of professions that hire practitioners as educators where these individuals are clinicians first and educators second (240), as is often the case for the disciplines included in this dissertation.

A final note on barriers related to resistance is the idea of teaching the way one is taught—as described by my participants—and believing that the educational approaches used as a foundation for their own successful clinical careers are sufficient for their students as well (240,241). Thus, the dental faculty who may lack knowledge about academic culture but don't refrain from perpetuating private practice standards within the academy may further exacerbate these barriers. As Abrahamson stated, this "inbred education and practice encourages narrowness of vision" ((242), p. 90). Although this sounds dire for dentistry, Masella and Thompson also highlighted how this narrowness and these barriers are not solely dental education's folly but are present at all levels of higher education (55,240). As such, it is imperative to discuss these topics and understand how to improve the situation through recommendations moving forward.

Clearing the Path Forward Together

Through this research, I have gained a better understanding of the complexities of educators' experiences, conceptualizations of social responsibility, and how these are translated, or not, within their teachings. With this, better insight into the barriers and limitations that educators face regarding incorporating social responsibility has opened the conversation about recommendations moving forward. Although participants had a lot to share in this vein, they did not necessarily have a solution or recommendation for each specific barrier they identified.

Supporting and adapting continuing education to meet the needs of the educators in each field was one of the predominant recommendations made all around by my participants. With changing times and innovative approaches in abundance, participants agreed that continuing education is a positive means of conveying new knowledge to educators and ensuring that what they learn is evidence-based. Alongside students' training, continuing education courses provide a setting for behavioural change to occur through motivational components that promote effective implementation (243). Kealey and colleagues went on to add that aside from pre-service teacher education, in-service training—much like continuing education—can be a meaningful approach to introducing new teaching methods and incorporating them into the classroom (243). Continuing education is not new to most professions as it is a mandatory component of fields like dentistry, pharmacy, medicine, teaching, etc. (97,244). However, fields like dentistry often omit social concepts and education-based content from their continuing education courses as is evidenced by the types of courses available on the websites of various regulatory bodies (245–247), supporting the need to evaluate their effectiveness (248). As such, embracing these courses and incorporating more education-focused content that also spotlights social concepts like social responsibility would be a good step forward.

Participants in my research shared the value of increasing buy-in through leadership initiatives. For instance, those in leadership positions can familiarize themselves with their employees to better understand their experiences and nurture their needs (249). Moreover, participants in all fields also expressed that the relationship between higher administration and educators would benefit from bottom-up engagement as well, such that these conversations are occurring beyond the university leadership but also within each faculty and department. Chandler highlighted the role of university leaders and how they may lack the training, skills, or knowledge required to lead change despite their role in the community (229,249). He went on to share that more leadership positions are filled to preserve the status quo and maintain faculty governance than to affect systemic change (229,250). As such, leadership should be more involved in implementing and supporting change at all levels including the curriculum.

A more feasible level of change that can be implemented relative to broader cultural change, both overall and specifically in reference to social responsibility education, is a curricular overhaul. Generally, my participants unpacked the need for curricular change throughout the duration of the degrees. They also highlighted the ways in which they could embrace conversation through discussions about certain topics, incorporating new teaching approaches like journaling and reflexivity, as well as speaking about examples that help them succeed in their profession. The last point further supports the need to emphasize the value and importance of embracing and appreciating these interpersonal soft skills (117). Gonzalez et al. and Falkenberg both shared how personal qualities can predispose people's development of soft skills, which are central to teaching about social topics like social responsibility (117,214). Lifelong learning and enhanced critical thinking are also elements that should be explored and included within curricular overhaul; even incorporated into continuing education courses for

practicing professionals (117,214). This can be difficult in faculties of dentistry where the culture of the profession generally believes that only dentists truly understand dental education and where learning from others with expertise in psychology or management is often undervalued (241). Nevertheless, if curricular decisions are evidence-based and implemented gradually, educators will be more open to innovations and overhaul (241). Moreover, Larrán Jorge and Peña have underlined the value of adopting educational perspectives and active learning methods, as was also mentioned by my participants, to improve the awareness and understanding of social responsibility within these disciplines (55).

As was unpacked in the previous section of the discussion, resistance to change was a significant barrier to incorporating social responsibility and implementing change within the university—as described by my participants and the literature—particularly in the relational fields of dentistry, education, and social work. In line with this, most of my participants discussed the need for a paradigm shift toward solidarity in healthcare to partly address this resistance to change. This paradigm shift also brings to light the need for cultural change since changes in thinking result in behavioural changes which are imperative to sustainable cultural change (165). Terhart shared various perspectives on reform including how to facilitate change where resistance may exist (239). He went on to expand that beyond developing and facilitating the use of educational knowledge, there need to be coalitions of changemakers who agree upon the problems that exist and represent the collective in the actions they propose (239). Snyder emphasized teachers' desire to have open conversations about initiatives intending to change the status quo and that these changes should be presented within their context to improve uptake (238). Since people may have individual reasons for resisting change, as shared by my participants, leaders in education should try to be aware of changes that could negatively impact

their employees (238). Consistent with these actions, and with some of my participants' experiences, being respectful of people's hesitation, being mindful of their time, and ensuring that they are involved in each step of the reform could help them feel empowered and invested in the change and its intended and expected outcomes (229,238,239). Moreover, in other professions, like nursing for example, aside from being deeply embedded into its foundation, social responsibility was claimed as a core value and identifying its place within the school increased commitment to it throughout the curriculum while also impacting how faculty members would educate, practice and engage with their community (50). Perhaps if a relational field like dentistry were to drastically shift its worldview and adopt social responsibility at a deeply personal level, it could see similar truths for it as a profession over the next many years.

Finally, as is evidenced by the experiences of my participants, as well as the vast research that has been done in or adjacent to this topic as discussed in this dissertation, open and clear communication, along with an understanding of what social responsibility means within these disciplines are the first steps forward. Beyond delving into the details of what needs to be changed lies the concrete reality of how it should be encouraged and implemented (223). My participants shared some recommendations that were complemented by those discussed in the literature highlighted in this dissertation. These suggestions underline some feasible approaches that could increase the value associated with social responsibility and other social topics like empathy and inclusion. The desire—nay—need for a socially responsible society where inequities and injustices are not only identified but also tackled with the same fervour as our dedication to social media or popular culture requires the full support of our educational institutions. These institutions, such havens for the creation of knowledge through research, inevitably have their limitations and though acknowledging these is but a means to highlight our

self-awareness, they are also steppingstones toward what future research should consider to improve our society.

Contributions to Knowledge

One contribution of this dissertation was embracing the use of hermeneutics in dentistry. Hermeneutics has a long heritage and is widely used in the Canadian faculties out West, such as the University of Alberta. For example, Dr. Richard B. Hovey, a hermeneutic and education scholar as well as one of my co-supervisors, shared that the presence of hermeneutics is undeniable in the Faculty of Education at the University of Calgary. Moreover, there is an abundance of respect for hermeneutics in nursing and medicine that is demonstrated by Gadamer's extensive writing on the human condition and the relevance of medicine not only as a science of health but as an art that requires interpretation and is inherently hermeneutic (164,165).

Social responsibility has been included in medical and nursing research over the last many years (100,222,251–253) though its consideration is relatively new to dentistry. As such, my research brings in a unique non-medical cross-comparison that has allowed me to understand how dentistry's relationship with social responsibility is indeed complex but not distinct among relational fields of practice. This is in part due to the privatized system within which it exists in Canada, as well as its relationship and social contract—or lack thereof—with the community (40,111).

There are many strengths to undertaking applied philosophical hermeneutical research across disciplines. Dr. Hovey shared with me that "Hermeneutics is a venture into the unknown and you might not always like what you get". The findings are left to speak for themselves using

the interpretations of the researcher, me, as a vessel. The participants guided me to what they saw as most valuable within the questions asked during the interviews. They highlighted valuable ideas that may not have been on my radar of curiosity within the topic since they spoke to their experiences and not mine. These included but were not limited to the relatively limited use of social responsibility within social work and the tensions and challenges that social work experiences even when social justice is so deeply ingrained in its foundation; the tensions that can exist between social responsibility and social justice; the relative lack of time afforded for the absorption of content when going through these professionalization programs; as well as the relative neutrality of empathy since it does not inherently assume positive outcomes or decision making. These newfound insights created the space for a more in-depth and wider understanding of how social responsibility is conceptualized and embodied, which is a unique approach to considering social responsibility within dentistry in particular. Moreover, this insight would not have been as nuanced had there solely been a comparison with medicine or nursing, for example.

Through the application of hermeneutics across disciplines, I was also able to better understand the complexity involved in how educators understand social responsibility within these relational fields of practice. For instance, some participants identified social responsibility and social justice as part of a person's character, as well as part of both their personal responsibility and their responsibility to their community. Moreover, the wider contextualization of the topic and its place within the broader social structures and its impact on people were among some complex and interrelated things participants discussed. It was surprising to see how certain dentistry educators valued these topics but were hesitant to appreciate their place in the curriculum or in their courses with the assumption that someone else must be teaching it. The

complexities described also demonstrated that education and social work must continue to work harder to manage their own limitations and not become complacent. In sum, there is no easy fix to such a complex and impactful topic.

Another facet of my research that helped contribute to the greater understanding of the topic was my sample size, which allowed me to have deep and valuable conversations with the interviewed individuals rather than a more superficial collection of information about their teaching and thoughts on social responsibility. Furthermore, part of the contributions of this research also resides in its ability to go beyond discussions of curricula and leadership—though these were very present—and discuss deeper realities about the educators' training and thought processes. For example, the impact of their childhood and whether social topics like social responsibility were embraced or ignored; the emphasis their professional training placed on these topics, as well as the acknowledgement that understanding and embracing social responsibility necessitates a complex and lifelong process were but some of the insights I acquired. In sum, this doctoral research did what it set out to do by collecting rich information to answer the four research questions described at the beginning of this document.

Limitations

No matter our research abilities and integrity, every study has limitations that must be identified to support the reader in their own understanding and interpretation of the findings. Considering the historical context in which I conducted this research, particularly the Black Lives Matter and the COVID-19 pandemic, it was difficult to recruit participants since people were adjusting to working from home surrounded by family and other responsibilities. This likely impacted the people who agreed to participate and may have prevented others from being

interested or able to participate. Moreover, although still effective, it was certainly different to conduct the interviews through an online platform so this may have also affected people's experience and the flow of the conversation, especially with the added presence of technical difficulties. However, there was a silver lining to this reality since it was easier for some to partake in an online interview requiring no commuting and already within a comfortable space. In addition, the social context described in the introduction may have impacted how people responded. Nevertheless, the reality that some participants were still less familiar with the ideas brought forward at the time demonstrates that these issues may still not be salient for some, highlighting the need for this work.

Some of the limitations of this doctoral research surround the reality that although I was able to answer my research questions, there are additional layers that may be missing based on different types of data that could be collected around this topic. For example, it may be beneficial to use other methods and methodologies, going beyond interviewing educators to interviewing students and administration. Most of the limitations were indeed out of the scope of this project or out of the control of the individual. I will further elaborate upon how some of the limitations could be addressed in future research.

Moreover, some may identify my sample size as a limitation; however, this is not the case when considering the qualitative methodology and philosophical approach underlying this doctoral research. I recruited participants until I reached a state of saturation where I could not identify new information or concepts being shared by my participants. I learned from them and their experiences within the topic of interest, which expanded my understanding of social responsibility within their professions through a fusion of horizons.

Finally, another common limitation that is identified for qualitative research is the inability to generalize my findings. Although this may be true, it is not a limitation since generalizability is not my goal, nor is it on my radar, but transferability is part of my purpose. My research, like other qualitative work, is transferable to other similar contexts. For instance, considering a milieu where the education system, geopolitical context, and healthcare system are the same or similar, it is likely that my findings would apply. Moreover, since applied philosophical hermeneutics cherishes the widening of horizons of understanding through the adoption of further interpretations, the act of transferring the findings or repeating the concept of the research is welcomed.

Future Directions

Although by no means a comprehensive list of all experiences that may have supported my participants in becoming the people they are today, the findings help in illustrating the role that our upbringing and scholarly experiences can have on our person. If how we are taught, whether in elementary school or beyond, can so significantly impact our adulthood, how does this play into the educators that we become? How is this changed when a well-meaning educator finds themselves in an often limiting and oppressive university setting?

Furthermore, since we focused on conversations with participants, triangulating my findings by comparing them with observational data, as well as analysing curriculum documents and course outlines would add further value to understanding the conceptualization of social responsibility by educators and how the topic may be incorporated into the training of professionals in relational fields. Moreover, the assessment of the implementation of any such

approaches to incorporating social responsibility would be a beneficial future direction for research in the field as well.

When discussing how social responsibility relates to social justice and other social topics like equity, diversity, and inclusion, there are other concepts we did not consider that could be of interest. For instance, where does the social responsibility that we unpacked exist alongside accountability and sustainability. Considering the state of our institutions—such as universities—and the increased value afforded to accountability and sustainability in our society (55), it could be useful to consider these in relation to social responsibility within the relational disciplines of dentistry, education, and social work.

With my focus being on Canada, with its unique contexts and privatized dental care system, it would be of interest to the field to gain a better understanding of how social responsibility and social topics are conceptualized and incorporated in the curricula of relational fields of practice in other countries. For instance, does a country's dental care system being public, unlike Canada's predominantly private system, impact how educators conceptualize and embody social responsibility and other social topics?

Since none of my participants in dentistry explicitly named the teaching approaches they used—e.g., critical pedagogy, transformative learning, etc.—and many in education and social work did, the dental field would also benefit from further research addressing critical pedagogy and other teaching approaches and its role in social responsibility education within a relational health field like dentistry. How could it be incorporated? How could it be used as a method of instruction and a lens of interpretation and practice?

Considering the importance my participants placed on time to teach, learn, and process content, particularly in relation to social responsibility within the curriculum, future researchers could address these different layers of time. Moreover, how this would fit into the dental school grind and the implications of 'volun-telling' when it comes to socially conscious work could be of interest to future researchers as well. Findings from these questions could be beneficial for discussions of social responsibility within these relational fields as well as curricular reform.

Further considerations of the relationship between teachers' conceptualization of social responsibility, how they teach, and then the types of barriers and recommendations they discuss would be valuable. Moreover, how does their personality type influence their conceptualization and use of social responsibility in the practice of their profession? All of these, which were out of the scope of this dissertation, would benefit from future research.

Finally, researchers going forth and interpreting my findings and interpretations would support the widening of the horizon of understanding of social responsibility in these disciplines. I welcome these additional layers of understanding and look forward to engaging with them in the future to improve the incorporation of social responsibility within relational fields like dentistry with the intention of increasing access to dental care.

So, What? Recommendations and Conclusion

> *Hermeneutics compels us as researchers and users of research to live in the world differently, to realize that understanding is not, as Davey (2006) invoked, just about interpreting the world but also about changing it. Herein lies the "so what" of this work, premised on the insight that when we know what we know, we cannot deny that we know and we are ethically obligated to do something about it. (Moules et al. 2015, p.191)*

The very essence of research leads to the need to answer a question that goes beyond the research questions and transcends the language barriers of different worldviews and research approaches or philosophies: So, what? Why is the research valuable? What does it accomplish? What have we learned that can help us move the field and society forward? It is not always brand-new knowledge or something jarring that was unexpected, though it can be. At times, this revelation is the continuing expansion of understanding of a phenomenon through further experimentation or conversation.

Within this doctoral research lies multiple responses to this all-encompassing question. I have learned that educators have a difficult time putting into words how they conceptualize social responsibility and where it may belong within the curriculum of their relational profession. Nevertheless, they generally had means of expressing their experiences of social responsibility and other social topics. Participants also unpacked how their upbringing and their educational experiences were reflected in the ways in which they taught their students. This is valuable since it also impacts how they may or may not have learned about social responsibility as well as how they role model and teach about it. Participants in all three professions shared barriers they encountered in relation to social responsibility, including value within the field, time, resistance to change, and systemic limitations. Finally, they described recommendations to addressing these barriers including continuing education, building buy-in through leadership, a paradigm shift in healthcare, and curricular overhaul.

For dentistry, embracing the social contract and social responsibility they have within their role in society could lead to more informed and connected clinicians. In turn, this would support clinicians who choose to question the status quo and go beyond the comfort zone of privatized dentistry toward more accessible universal dentalcare. My participants' experiences and insights shed light into the hope that exists in this realm. Moreover, organizations like the Coalition for Dentalcare, which I co-founded in 2020, who are advocating for change in the dental care system are a sign of the strength and resilience of those who want to change the system. Furthermore, the current Liberal Party of Canada recently reached an agreement with the New Democratic Party in parliament to launch a new dental care program for low-income Canadians (254). This news is exciting as it further demonstrates the importance of accessible oral health care. Nevertheless, until programs are implemented and eventually cover all Canadians, our work is not complete.

Though the path may not be as clear at times, as renowned feminist and social activist, bell hooks so eloquently said, "To be truly visionary we have to root our imagination in our concrete reality while simultaneously imagining possibilities beyond that reality" ((255), p.110).

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Appendices

Appendix A – McGill Faculty of Medicine Institutional Review Board Approval – IRB# A12-E83-18A

McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

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Tél/Tel: (514) 398-3124

December 14, 2021

Dr. Richard Hovey
Faculty of Dentistry
2001, avenue McGill-College - #537
Montreal, QC H3A 1G1

RE: **IRB Study Number A12-E83-18A**
Social responsibility and social justice-oriented education as conceived by Faculties of Dentistry and Education: an interpretative phenomenology study

Dear Dr. Hovey,

Thank you for submitting an application for Continuing Ethics Review for the above-referenced study.

The study progress report was reviewed and Full Board re-approval was provided on December 13, 2021. The renewed ethics certificate is valid from **December 17, 2021 to December 16, 2022**.

The Investigator is reminded of the requirement to report all IRB approved protocol and consent form modifications to the Research Ethics Offices (REOs) for the participating hospital sites. Please contact the individual hospital REOs for instructions on how to proceed. Research funds may be withheld and / or the study's data may be revoked for failing to comply with this requirement.

Should any modification or unanticipated development occur prior to the next review, please notify the IRB promptly. Regulation does not permit the implementation of study modifications prior to IRB review and approval.

Regards,

Roberta M. Palmour, PhD
Chair
Institutional Review Board

cc: Nioushah Noushi
A12-E83-18A

Appendix B – Sociodemographic Questionnaire

Interview # _____

Date: (day/month/year): ___ ___ / ___ ___ / ___ ___ ___ ___

(Interviewer will complete ABOVE information)

DOB (day/month/year): ___ ___ / ___ ___ / ___ ___ ___ ___

Country of origin: _____

Neighbourhood of residence: _____

What is your gender identity? _____

Marital status (circle): Married/Unmarried/Divorced/Widowed

Number of children: _____

Degrees obtained, university, year:

_____

_____

_____

_____

Mother's highest education level: _____

Father's highest education level: _____

Appendix C – Informed Consent Form

March 9, 2019

Faculty of Dentistry
McGill University,
2001 Ave McGill College,

Montreal, QC H3A 1G1

INFORMATION AND CONSENT FORM

Title of Research Project:

Social responsibility as conceived by Faculties of Dentistry and Education, and the School of Social Work: an Interpretative Phenomenological Study

Researchers:

Principal investigator: Dr. Richard Hovey, McGill University, Faculty of Dentistry

Co-principal investigator: Dr. Marta Kobiela, McGill University, Faculty of Education, Department of Integrated Studies in Education

Student investigator: Nioushah Noushi, McGill University, Faculty of Dentistry

Introduction:

You are invited to take part in a research project. Before you decide to take part in this study, take some time to review the information in this consent form, which describes the purpose of this study and what you will be asked to do. If you have any questions about the information in this form or need additional clarification, please discuss the study with one of the researchers. Participation in this study is voluntary. It is your decision whether or not you take part in this study. If you decide to take part in this study, you can withdraw your consent at any time. If you decide to take part in this study, you will be asked to sign this consent form. You will receive a copy of this consent form to keep.

Purpose of the Research:

The purpose of this study is to understand how educators in the Faculties of Dentistry and Education, as well as the School of Social Work, may or may not incorporate social responsibility or social justice-

oriented education within their teaching approaches. This will help us in better understanding how these educators define and incorporate teaching these topics, and the influence this may have on the dental, education, and social work students at all points in their careers.

Study procedures:

Your participation is completely voluntary. If you agree to take part in this study, you will be asked to take part in an individual interview moderated by Ms. Nioushah Noushi. The interview will take between 45 minutes and one hour to complete and will be scheduled at a time convenient for you and the interviewer. The interview will take place in person or using the platform (online, video, phone, etc.) of your and the interviewer's choice. Ms. Noushi will ask about your experience as a teacher and an educator. Furthermore, you will be asked about your definition of social responsibility and social justice-oriented education, and whether or not you explicitly incorporate such approaches into your teaching. Moreover, we will discuss how you generally approach teaching to understand if you may implicitly or subconsciously incorporate such approaches. The interview will be digitally audio-recorded with your permission. The recordings will be transcribed by Ms. Noushi or a transcriber who has signed a confidentiality agreement. This person will not have access to your name or any of your information other than the audio recording for transcription purposes. You have the choice to stop at any time or take a break if needed. You can also refuse to answer any question asked by the interviewer. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

Possible risks:

There is little expected discomfort or risk associated with the interview, mainly because the purpose is simply for you to talk with the researcher. However, some of the questions or discussions during the interview may cause you discomfort.

Possible benefits:

You are unlikely to directly benefit from your participation in this study. The researchers anticipate that the information gained from this study will provide greater insight into social responsibility and social justice-oriented education within the context of the undergraduate dental curriculum, in the Faculty of Education, and in the School of Social Work at McGill University. As a result, we may be better positioned to positively impact the educational journeys of the students in these faculties, as well as other faculties.

Confidentiality:

All information you provide—including your identifying data and the responses you give during the interview—will be considered completely confidential. This pledge of confidentiality means that the interview materials will be coded and stored in such a way as to make it impossible to associate them directly with any particular individual. The typed material will not contain any names. All the identifiable data will be stored on McGill University's server, which is password-secured and only accessible by

Nioushah Noushi; access will be granted to supervisors Dr. Richard Hovey and Dr. Marta Kobiela. The data will be transferred to Dr. Richard Hovey's server account after Nioushah Noushi's graduation, and eventually be destroyed after seven years as per University policy. Any printed material, including consent forms, will be stored in a locked filing cabinet in a secure central location accessible only to the principal investigator. The findings of this study will be published in a PhD dissertation, as well as in scientific journals and conference materials. You might be quoted in these; however, we will ensure that these quotations will be anonymous. The readers will not be able to identify anyone - whether it is you or the people that you may mention during the interview. All names will be erased, and any information that would allow readers to recognize anyone's identity will be removed. A representative of the McGill Institutional Review Board, or a person designated by this Board, may access the study data to verify the ethical conduct of this study.

Compensation:

You will not receive compensation for taking part in the study.

Contact Information for questions about the study:

- Nioushah Noushi: PhD Student, McGill University, Faculty of Dentistry, 2001 Ave McGill College, Montreal, QC, H3A 1G1. Tel: (416) 450-2855. Email: nioushah.noushi@mail.mcgill.ca

- Richard Hovey: Associate Professor, McGill University, Faculty of Dentistry, 2001 Ave McGill College, Montreal, QC, H3A 1G1. Tel: (514) 398-7203 ext. 09056

Email: richard.hovey@mcgill.ca

Contact Information for questions about rights of research participants:

If you have any questions or concerns regarding your rights or welfare as a participant in this study, you can contact:

- Ms. Ilde Lepore: Ethics Officer for the McGill Institutional Review Board, McGill University, Faculty of Medicine, McIntyre Building, #633-3655 Promenade Sir William Osler, Montreal, QC H3G 1Y6. Tel: (514) 398-8302. Email: ilde.lepore@mcgill.ca

CONSENT

Please initial your choice of yes or no on the line next to your answer.

March 9, 2019

I agree to participate in the interview □ YES _____□ NO ____

I agree to be audio-recorded □ YES _____□ NO ____

I agree to be contacted for a second interview □ YES _____□ NO ____

I have read the information in this consent form. I am aware of the purpose of this study and what I am asked to do. I have asked my questions, and my questions have been answered. I was given enough time to make a decision. I am free to withdraw from this study at any time. I was informed that my name will not appear on any publications associated with this study. I do not give up any of my legal rights by signing this consent form. I will be given a copy of this signed consent form.

Name of the participant: ……. Date: ……

Signature of the participant: ……

Name of witness: ……..…… Date: ……

Signature of witness: ……

Appendix D – Semi-Structured Interview Guide

PhD INTERVIEW GUIDE:

Thank you for taking the time to participate in this interview for a research project regarding social responsibility within the Faculties of Dentistry and Education, as well as the School of Social Work. Your input will help us understand where social responsibility education fits into these curricula, as well as how your experience impacts your teaching and the types of clinicians, educators, and social workers we graduate.

1. Introduction/personal history:
    a. Can you please tell me a bit about yourself?
        i. Tell me about your experience in dental/teacher/social work school.
        ii. What motivated you to become a faculty member at a university?
        iii. Do you think that any of these experiences prepared you for teaching at a university level?*
    b. What is your current position within the faculty of dentistry/education, the school of social work?
        i. How long have you held/been in this position?
        ii. How long have you practiced in this profession?

I will now ask you about a few terms we will be discussing today to better understand your conceptualization of them.

2. Definition/examples of key vocabulary:
    a. Can you please give me an example of **social responsibility**?
        i. Is it conveyed to the students in your courses/in the program?

    b. Can you please give me an example of **social justice**?
        i. **What is the role of higher ed in speaking out re: social injustice?**
    c. Can you please give me an example of **diversity/inclusion**?

    d. Can you please give me an example of **equity**?

    e. Can you please give me an example of **empathy**?
        i. What does it mean in your profession?
        ii. How does it manifest?
        iii. **DENT:** there are a lot of studies that demonstrate a steep decrease in empathy levels through the four years of medical and dental school. Why do you think that this is the case? How do you think the pandemic is affecting this?

    f. Can you please give me an example of **emotional intelligence**?
        i. Do you use another term to convey the same concept/example you provided?

ii. Do you think it is an important concept?
    1. Why?

- Were any of these concepts taught to you in school? How? By who? In what context?

We will now focus on social responsibility.

1. Was there a specific moment in your life when you came to the realization that social responsibility was an important thing to live/embody?

2. Has it or how does it translate into your teaching?

3. Is this something you do purposefully or is it in everything that you do? How do you apply it?

a. What would you consider as **facilitators** to teaching social responsibility in your respective curriculum?
b. What would you consider as **barriers** to teaching these topics in your respective curriculum?
    iii. Logistical barriers? Financial barriers? Buy-in from constituents? Means to teach. Qualified instructors? Value related to these concepts. TIME?
c. **How can social responsibility be interwoven into the dental/education/social work curriculum?**
d. **Do you think that social responsibility is more explicitly or implicitly incorporated in your curriculum?**
e. **Do you think that educators should be role models with regards to these concepts?**
f. DENT: What does a socially responsible dentist look like to you?

4. How do you understand social responsibility within your field and how does this possibly differ with the other fields, particularly _____?
a. DENT: Can social responsibility be dissociated with the idea of pro-bono work? Is this feasible?
b. **How do you see social responsibility and social justice education affecting access to care/education? How does it impact public health? Why?**
c. **How would you recommend overcoming the ideology of "I teach the way I was taught and I don't need to change" that may be present among certain educators?**

5. **Are you aware of any learning theories or pedagogical approaches that were or are used to teach in dental school? Whether it's theories you heard about or that you use?**

6. What recommendations or suggestions do you have to build upon or include social responsibility education in your respective faculty/school,
    a. What about specifically in the Faculty of Dentistry at McGill? How can it be interwoven into the curriculum?

7. How do you foresee the pandemic affecting your profession and how students are educated to enter your profession?
    a. How has the pandemic affected your teaching?
    b. What kind of impact do you think this will this have mid- to long-term?

8. With this being said, social responsibility seems to be a core concept in how we move forward during this global health crisis. As important as it may have been pre-COVID-19, how do you think the focus on social responsibility and social justice will change in general and in your profession more specifically?

9. Do you have any comments or questions?
10. How did you find the experience of the interview?
11. Is there anything you would like to add that we didn't discuss?
12. Is there anything you think I should have touched on or asked and didn't?

This is the end of the interview. Thank you again for participating in this interview.
If you would like to add anything in the future, something you think of later, please feel free to contact me.

Thank you for reading the fruits of my labour.