



Review

A critical review of social and health inequalities in the nursing curriculum



Célia Alves Rozendo ^{a,*}, Anna Santos Salas ^b, Brenda Cameron ^b

^a School of Nursing and Pharmacy, Federal University of Alagoas, Campus AC Simões, Av. Lourival Melo Mota, S/N, Tabuleiro do Martins, Cep: 57072-970 Maceió, AL, Brazil

^b Faculty of Nursing University of Alberta, 3rd Floor Edmonton Clinic Health Academy, 11405 87 Avenue, Edmonton T6G 1C9, Alberta, Canada

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ABSTRACT

Context: Social and health inequalities are a reality around the world and one of the most important challenges in the current age. Nurse educators can respond to these challenges by incorporating curricular components to identify and intervene in social and health inequalities.

Objective: To examine how social and health inequalities have been addressed in the nursing curriculum.

Design: Informed by the work of Paulo Freire, a critical literature review was performed to examine how social and health inequalities have been addressed in the nursing curriculum.

Data Sources and Review Methods: In July 2015, we searched for articles published from 2000 to 2015 in ERIC, CINAHL, Web of Science, Scielo, MEDLINE and LILACS databases. Main search terms included “disparity” or “inequality” and “curriculum” and “nursing.” We included studies published in academic journals in English, Portuguese and Spanish.

Results: A total of 20 articles were included in this review. Most of the articles (15) were from the United States and described educational experiences in implementing courses in nursing undergraduate curricula. Limited experiences with graduate nursing education were identified. Social and health inequalities were approached in these articles through elements such as social justice, cultural competence, cultural safety, and advocacy. A concern to reduce social and health disparities was noted. We identified three major themes in the articles included in this review: 1) elements in the curricula that can contribute to reducing social and health inequalities; 2) educational and research strategies used to address the theme of inequalities; 3) a focus on socially vulnerable populations to increase awareness on social and health inequalities.

Conclusion: Findings suggest that nursing education initiatives align with the recommendations from the World Health Organization to address disparities. There is also a need to identify existing conceptual and practical content on inequalities in the nursing curriculum through future research.

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1. Introduction

In this article, we report findings from a critical literature review that examined how social and health inequalities have been addressed in the nursing curriculum. A critical approach contributes to broadening the dialogue about social and health inequalities in nursing practice as well as education. This review contributes to the ongoing efforts of the nursing profession worldwide to lessen inequalities and continue to advance the health equity agenda. The World Health Organization (WHO) Commission on the Social Determinants of Health (2008) extensively documented social inequalities and the deleterious impact that these have on the health of the most vulnerable. Their report (WHO, 2008) highlights the need for the health professions to take action to tackle

social and health disparities worldwide. Social disparities refer to the unequal distribution of resources in society that in turn affects the living and working conditions of certain populations (Marmot, 2010). Health inequalities on the other side, refer to differences in health that result from a systematic lack of resources and thus are “socially produced (and therefore modifiable) and unfair” (Whitehead and Dahlgren, 2006, p.2). While addressing inequalities falls within the mandate of many if not all health professions, health inequalities do require a multisectoral and communal effort as they “arise because of inequalities in society” (Marmot, 2010, p. 10). For the purposes of this article, the terms “inequalities” and “disparities” will be used interchangeably.

Social and health inequalities are one of the most important global challenges that we face. When the Millennium Development Goals (MDG) were established for 2000–2015, increasing inequality was recognized as one of the most important issues (United Nations [UN], 2005). Reducing global inequalities became one of the seventeen MDG goals for 2015 to 2030 (UN, 2015). Reducing health inequalities and

* Corresponding author.

E-mail addresses: celia.rozendo@gmail.com (C.A. Rozendo), avs@ualberta.ca (A. Santos Salas), bcameron@ualberta.ca (B. Cameron).

improving overall population health conditions have been core goals for many countries (Asada et al., 2014).

The 21st century has brought forward devastating global economic and social disparities (Piketty, 2014). Inequalities constitute a matter of collective preoccupation and responsibility. Nurses are in a position to engage in the struggle against inequalities both personally and collectively. The International Council of Nurses (2011) states that “Nurses have an obligation to safeguard, respect and actively promote people’s health rights at all times and in all places” (p. 1). As nurses we can protect and promote the right of every individual to enjoy fair living conditions, access needed health services, and carry an equal burden of disease. Nurses can critically reflect on these issues and engage in practices that contribute to reducing inequalities. We can “draw attention to the ways we implicitly accept assumptions about conditions that produce health inequalities” (Lynam, 2005, p. 25).

A social justice approach rejects the idea that inequalities are an inevitable outcome of modernity. They reduce the capacity of development and of fully intervening and participating in the world (Therborn, 2014). Social inequalities are the effect of social and economic powers that reproduce on a systemic basis exclusion, exploitation, humiliation, and an unequal distribution of knowledge, food, property, services, goods, and income (Therborn and Aboim, 2014). Inequality has been discussed as a historically constructed condition “that violates a moral norm of equality among human beings” (Therborn, 2009, p.20).

Philosophical premises underlying this critical review are grounded in the work of critical educator Paulo Freire (1987, 1997). Freire is a well-known Brazilian political educator who dedicated his life to work with the poor and the oppressed. He promoted a consciousness raising process with the oppressed so that they envisioned a new horizon in their lives. Through consciousness raising, *conscientização* in Freire’s (1987) own words, he called those in conditions of oppression to break with the oppressing and unjust reality. He stressed the importance that the oppressed do not to submit to their condition of oppression and believe that it is possible to change the world. For Freire, having dreams or utopias is to believe that the impossible can be possible. Freire’s critical understandings inform this review as it pertains to conditions that affect the most vulnerable and marginalized.

1.1. Social and Health Inequalities

The link between social disparities and health inequalities has been extensively documented (Raphael, 2009; Whitehead and Dahlgren, 2006). People living in precarious living conditions tend to face a higher burden of disease than those who enjoy comfortable living circumstances (Beiser and Stewart, 2005; WHO, 2008). Socioeconomic status (SES) has been found to play a role in health outcomes (Evans et al., 2012, p.1). The social gradient of health illustrates this well (WHO, 2008). In the region of the Americas alone, disparities are observed in infant mortality rates with those from the lowest income quintiles representing high mortality rates and those from the highest income quintiles having the lowest infant mortality rates (Pan American Health Organization, 2012).

Social conditions can have a serious effect on the health outcomes of populations (Phelan and Link, 2015). Income has been acknowledged as one of the major social determinants of health (Marmot et al., 2008, p. 1661). In Europe, studies have shown a relationship between socioeconomic deprivation and increased mortality (Borrell et al., 2014). A relationship between socioeconomic inequalities and injury-related mortality has also been found (Gotsens et al., 2013). In Finland, the relationship between income and mortality has become more prominent in the last two decades, pointing to low income as the possible root cause of growing disparities (Tarkiainen et al., 2013).

Race/ethnicity or gender may also be associated with poor health outcomes. African Americans have lower self-rated health and psychological well-being, a greater risk of early mortality, and poorer health conditions than their Caucasian American counterparts (Kail and

Taylor, 2014). Minorities in the US (even those with high levels of education) show worse health outcomes and health inequalities than their white counterparts (Holmes and Zajacova, 2014). Women around the world live longer yet suffer from a higher burden of disease and live in poorer health than men (Ghazal Read and Gorman, 2010). The absolute number of women who have died as a result of unequal health care access has increased in the past few decades, especially in developing countries (Klasen and Wink, 2011). For Indigenous peoples, worldwide, the life expectancy is lower than non-Indigenous peoples (MacIntosh, 2013).

1.2. The Mandate to Address Inequalities in Nursing Education

Reutter and Kushner (2010) outline a nursing mandate to promote health equity. Nurses can achieve change through collective action, advocacy, and empowerment of vulnerable communities (Reutter and Kushner, 2010). They can also engage in the struggle against inequalities. Education is an essential player in the promotion of social justice. Yet the context for implementing effective changes in the curriculum has been a challenge (Spren and Vally, 2012). The preparation of healthcare professionals is inadequate to face inequalities and current healthcare challenges because the curricula are obsolete, fragmented, and static (Frenk et al., 2010).

Nurse educators can respond to the challenge to prepare nurses in the area of social and health disparities. This call has met with strong support among professional nursing bodies. Both the Canadian and American Nurses Associations’ Codes of Ethics bring forward core values, such as respecting human rights, promoting justice, and preserving human dignity (Canadian Nurses Association, 2008; American Association of Colleges of Nursing, 2008). The International Council of Nurses (2016) has also put forward calls for nurses to tackle worldwide inequalities.

Nurse educators are able to contribute to educate nurses in the practice of critical reflection as well as foster the development of an emancipatory consciousness. By doing this, nurses would promote freedom, dialogue, and transformation (Freire, 2011). Along with daily reflective practice, understanding inequalities as a challenge that concerns us can also advance nurses development as critical transformative health care professionals.

2. Aim

The aim of this review was to examine how social and health inequalities have been addressed in the nursing curriculum.

3. Methods

A critical review approach was the chosen methodology in order to generate a baseline understanding of how inequalities are currently addressed in the nursing curriculum. To our knowledge, no review in this specific area has been published. A critical review aims to find out the most relevant aspects in the studied area and its critical perspective is a core component (Grant and Booth, 2009). It enables the development of conceptual innovation (Grant and Booth, 2009), such as the present focus on inequalities. We chose this type of literature review because of its potential to provide the basis of new thinking or supply new elements in the nursing curriculum in order to address social and health inequalities. As stated above, the critical approach to this review is also informed by Freire’s work. Freire (1987, 1997) emphasized the need to view education as a political act and urged educators to engage in political action. This entailed working with the oppressed and taking action towards more just and humane living conditions for them.

This critical literature review was guided by the following research question: How have social and health inequalities been addressed in the nursing curriculum? We searched for articles published from 2000 to 2015 in six databases: Education Resources Information Center

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