



Journal of Human, Environment, and Health Promotion

Journal homepage: www.zums.ac.ir/jhehp



Teaching Strategies to Approach Social Inequalities: An Overview of Nursing Studies



Kenia Silva^{a*} | Stephanie Belga^a | Ana Rabelo^a | Elen Gandra^a | Fernanda Santos^a | Izabela Magalhães Neto^a | Bruna França^a | Rayssa Guimarães^a | Letícia Silva^a | Lidia Almeida^a

a. School of Nursing, Federal University of Minas Gerais, Brazil.

*Corresponding author at: School of Nursing, Federal University of Minas Gerais, Brazil. Postal code: 30130-100.
E-mail address: kenialara17@gmail.com

ARTICLE INFO

Article type:
Review article

Article history:
Received: 26 September 2019
Revised: 16 November 2019
Accepted: 3 December 2019

DOI: [10.29252/jhehp.5.4.1](https://doi.org/10.29252/jhehp.5.4.1)

Keywords:
Inequalities
Nursing
Education

ABSTRACT

Social inequalities are public health issues that require the development of professional competence in the training of nurses through highlighting actions based on equality. The present study aimed to assess the teaching strategies to approach social inequalities in nursing training. The publications in the past 10 years in Portuguese, English, and Spanish were reviewed and indexed in five databases. In total, 426 papers were found, and 16 were selected and grouped based on similarities or the adopted teaching strategies. The selected studies were mostly conducted in the United States at the undergraduate level, presenting predominantly low evidential levels. Punctual interventions were observed as the proposition of elective disciplines and adoption of counseling and innovative and structuring guidelines with the potential to reach the discussion of inequalities. In addition, service learning has been identified as a potent strategy to address social disparities by enabling the development of active reflection for experiential learning. Virtual and classroom simulations and theoretical classes have also been employed to provide training on the social inequalities associated with clinical education. Although the analyzed strategies have specificities, their combined use could further enhance the commitment of nursing education to surpass inequalities.

1. Introduction

The researchers at the Center for Studies and Research on Nursing Teaching and Practice (NUPEPE) from the School of Nursing at the Federal University of Minas Gerais, Brazil have been dedicated to the study of the social inequalities theme in the formation and production of nursing care. According to their findings, literature must be discussed on the social inequalities in health and development of competence in nursing education, focusing on critical-reflexive actions.

According to the literature, social inequality refers to the differences in the living conditions of a given population in a specific region. Inequalities have been on the rise across the world, leading to various health consequences. This increasing trend is attributable to the decline in the health

status and health service coverage of underprivileged populations [1]. Correspondingly, countries with higher income inequality have higher rates of social and health problems, which adversely affect life expectancy and increase the risk of mental disorders, obesity, child mortality, teenage pregnancy, homicides, and imprisonment [2].

A scoping review has been focused on the domains and indicators used in recent studies, covering the social determinants of health in order to propose global summary and analyses. According to the findings, most of the studies in this regard have been focused on Europe, North America, and Asia, and the most frequently represented countries in terms of social inequalities are the United States (25%), India (7%), Brazil (6%), England (5%), Spain (4%), Sweden (4%), and China (4%) [3].



This work is licensed under a Creative Commons Attribution-NonCommercial 3.0 Unported License which allows users to read, copy, distribute and make derivative works for non-commercial purposes from the material, as long as the author of the original work is cited properly.

In this context, the discussion of social inequality and its association with the social determinants of health, public health, and health promotion is a significant field of knowledge and practice in health, especially when the main focus is on the development of skills in order to act on social inequalities in nursing education.

Strategic guidelines have been proposed for public health in nursing to achieve universal health access and coverage in line with the 2030 Sustainable Development Agenda (SDG), Pan American Health Organization (PAHO) global initiatives and resolutions, and guidelines of the World Health Organization (WHO) to strengthen nursing profession; such example is the Nursing Now initiative [4]. Acting against inequalities requires nurses to assess the conditions that perpetuate wicked differences, such as concerns, stigma, guilt, poverty, and lack of system capacity [5]. On the other hand, promoting the involvement in the advocacy activities against social inequalities requires exposure to policymaking processes, increased awareness of participation as a responsibility of nurses on all academic levels, sense of self-efficacy in the process, and developing leadership skills [6].

From this perspective, the process of nursing education should involve constructing strategic paths to foster the development of professional skills in the face of challenges while acting in the context of the social inequalities in health. However, there have been insufficient bibliographical studies to address nursing education to act on the social inequalities in health. Furthermore, there has been poor integration of the produced knowledge that is focused on the training of healthcare professionals and social inequalities in health [7].

A bibliographical review study in this regard evaluated the educational experiences in the implementation of the courses in undergraduate nursing curricula, which addressed the issue of health inequalities. The authors identified limited postgraduate nursing experiences, suggesting the need to identify the existing conceptual and practical contents on the inequalities in the nursing curricula through further investigations [8].

Similar findings have also been proposed in a research aiming to analyze the scientific production on the social inequalities in health and discuss the correlations with the policies in the training of healthcare professionals (e.g., dentists, nurses, and physicians) in Brazil and Portugal. According to the obtained results, data were scarce regarding the contributing factors to the reduction of these inequalities. Moreover, the mentioned review indicated the poor integration between the produced knowledge in Brazil, focusing on the training of healthcare professionals and social inequalities in health [2].

Another review study [9] aimed to describe the frequency and type of the articles published on the social inequalities in health during the past 50 years in a public health journal in Brazil. According to the findings, the most frequently analyzed subjects in the articles were food/nutrition (20.8%), mortality (13.5%), infectious diseases (10.1%), oral health (9%), and healthcare services (8.7%), and the articles focused on racial inequalities were added up (6.9%). It is notable that there were no publications regarding the training of healthcare professionals.

The analysis of the social inequalities in health have resulted in the inference that despite the significant increase in the production of scientific evidence in recent years, there are still gaps regarding the contribution of health education (especially in nursing profession) to the investigation of the social inequalities in health.

With this background and given the importance of nursing performance in the context of vulnerability, the present study aimed to review the scientific literature regarding the teaching strategies used to approach the social inequalities in nursing education. This study helps support the reflections on the training of nurses, focusing on the role of their professional skills in the history of social inequalities.

2. Materials and Methods

This integrative review was conducted using a method to contribute to the broad analysis of the current literature and systematization of the manuscripts with a particular theme, thereby enabling the deepening of knowledge and conduction of new research [10]. The integrative review revealed the potential in the construction of nursing knowledge through the agility of its dissemination, followed by reflecting on the quality of nursing practice [10].

For the elaboration of this integrative review, a protocol was initially developed, and the following steps were followed: 1) identification of the theme and selection of the research question; 2) establishment of the inclusion and exclusion criteria; 3) identification of the pre-selected and selected studies; 4) categorization of the selected studies and analysis and interpretation of the results and 5) presentation of the review [11]. The guiding research question was "How has the nursing profession been affected by the social inequalities in education?"

The inclusion criteria of the study were as follows: 1) articles published during the past 10 years; 2) publications in Portuguese, English, and Spanish; 3) studies that deal with the theme of nursing education; 4) teaching of inequalities and 5) profiles of vulnerable or deprived nursing students. The exclusion criteria were as follows: 1) studies focused on the inequalities in access to services in various social groups; 2) profiles of vulnerable populations; 3) articles not addressing the determined research question and 4) duplicate publications.

The PICO strategy (P - population; I - intervention; C - comparison; O - outcomes oriented the elaboration of the guiding question in this integrative review, serving as the basis for the development of the search strategies for the synonymous terms of each component. The PICO was combined using the boolean operator 'OR', and the acronym components were combined with the boolean operator 'AND'. The sample populations of the studies that addressed undergraduate nursing on various levels were considered. *Intervention* applied to the teaching strategies that promoted the assessment of the social inequalities in health, and *comparison* applied to the studies that had compared specific teaching strategies. Finally, *outcome* was focused on the results that presented an analysis of the social inequalities in health.

The selected databases included the Medical Literature Analysis and Retrieval System Online (Medline) via PubMed to cover the international literature, Latin America and Caribbean Health Sciences Literature (LILACS), Nursing Specific Database (BDENF), Bibliographic Index Spanish in Health Sciences (IBECS), and National Bibliography of Health Sciences (BINACIS) via the Virtual Library on Health (VHL), focusing on the Latin America and Caribbean literature.

With the technical support of a librarian, the literature search strategies were developed for each database portal, as well as the VHL and PubMed (Table 1), using various descriptors and their synonyms, including socioeconomic factors, health level disparities, social inequity, health vulnerability, social marginalization, vocational training, curriculum, teaching, and nursing and nurses; it is notable that 'curriculum guidelines' was the keyword used at this stage.

The review was conducted during May-July 2018, covering the studies published in the past 10 years. In total, 426 studies were obtained, including 141 via the VHL and 285 via PubMed. The titles, abstracts, and keywords of the articles were meticulously assessed. After reviewing the titles of the articles that were found via the VHL, 25 studies were pre-selected (six excluded due to publication). After reviewing the abstracts and keywords, five studies were pre-selected, which were excluded after in-depth assessment as they did not address the inequalities in nursing education (VHL 1 and VHL 5) and were focused on the inequalities in the health courses in a general manner (VHL 2), mainly approaching the violence (power relations) between students and teachers (VHL 3) and gender relations between students and client (VHL 4).

From the 285 studies found via PubMed, 51 were pre-selected after reading the titles. From these articles, 20 were shortlisted after reviewing the abstracts and keywords. Finally, the full texts of 16 articles were selected, while the other four articles were excluded after evaluating the effects of the curriculum on the performance of nursing students as interpreters and not proposing proper systems to recognize inequalities, not determining the methodology

or strategies used to address the inequalities in nursing education, not addressing the inequalities in nursing education, and not proposing direct, clear teaching strategies.

All the stages of the study were performed by two authors independently, and possible disagreement regarding the inclusion of the articles was dissolved by the third author. The flowchart of the review is depicted in Figure 1.

In general, the selected studies were classified based on their evidence level. The most reliable evidence was obtained from systematic reviews and meta-analyses, and the least reliable evidence was obtained from the expert opinions and consensuses [11,12]. The analysis of the findings was focused on teaching strategies. In total, 16 articles were grouped based on the similarity of the described teaching strategies (Programs and subjects on undergraduate/postgraduate levels, In-service learning, and Simulation).

3. Result and Discussion

For the synthesis and analysis of the 16 selected studies, a synoptic table was constructed in order to facilitate the visualization of the results and summarize the processed information (Table 2).

3.1. Undergraduate/Graduate Programs and Disciplines

The analyzed studies used interventions focusing on undergraduate/postgraduate nursing curricula, especially by proposing disciplines. The strategies were mainly used in undergraduate nursing courses [8,13-17]. In addition, some of the studies were performed on students from various health courses [15,17] graduate nursing students [8,18] and nursing professors [8].

The support and incentive programs for the inclusion of the students representing vulnerable populations (colored, underprivileged, foreigners, and rural residents) were also identified among the undergraduate and graduate nursing courses, which favored the provision of culturally significant care. There is a concern not only about the access of these students to the courses, but also about their educational needs and academic performance.

Table 1: Search strategy in Database Portals

Database Portal	Strategy	Total
Virtual Health Library (VHL)	tw:(tw:((tw: "Fatores Socioeconômicos" OR "Socioeconomic Factors" OR "Factores Socioeconómicos" OR desigualdade OR desigualdades OR "Aspectos Socioeconômicos" OR iniquidade OR iniquidades OR "Disparidades nos Níveis de Saúde" OR "Health Status Disparities" OR "Disparidades en el Estado de Salud" OR "Desigualdades em Saúde" OR "Iniquidade na Saúde" OR "Iniquidade em Saúde" OR "Desigualdade em Saúde" OR "Desigualdade na Saúde" OR "Disparidades em Saúde" OR "Iniquidade Social" OR "Social Inequity" OR "Inequidad Social" OR "Inequidade Social" OR "Desigualdade Social" OR "Vulnerabilidade em Saúde" OR "Health Vulnerability" OR "Vulnerabilidad en Salud" OR "Marginalização Social" OR "Social Marginalization" OR "Marginación Social" OR "Exclusão Social") AND (tw: "Formação Profissional" OR currículo OR curriculum OR "Diretrizes Curriculares" OR ensino/educação OR teaching/education) AND (enferm* OR nurs*)) AND (instance:"regional") AND (db:("LILACS" OR "BDENF" OR "IBECS" OR "BINACIS"))) AND (instance:"regional") AND (la:("pt" OR "es" OR "en") AND year_cluster:("2011" OR "2009" OR "2015" OR "2010" OR "2013" OR "2012" OR "2008" OR "2014" OR "2016" OR "2017" OR "2018"))	141
PUBMED	(((((("Socioeconomic Factors"[Mesh]) OR "Health Status Disparities"[Mesh])) OR ("Socioeconomic Factors"[Title/Abstract] OR "Health Status Disparities"[Title/Abstract] OR "Social Inequity"[Title/Abstract] OR "Health Vulnerability"[Title/Abstract]))) AND (((("Curriculum"[Mesh]) OR "Teaching/education"[Mesh])) OR ("Curriculum"[Title/Abstract] OR "Teaching/education"[Title/Abstract] OR "Professional Training"[Title/Abstract]))) AND nurs*[Title/Abstract]	426

Such programs work by capturing high school students and their preparation for undergraduate enrollment [16].

Regarding the strategies in the undergraduate courses, the emerging themes were specific interventions [13] proposing elective disciplines [14,15] and adoption of guiding, innovative, and structuring guidelines with the potential to reach the discussion of inequalities [18]. According to the findings, the interventions that were characterized by the development of one or several consecutive, elective disciplines and the horizontal possibility of student development, which required planning with the aim of developing consecutive classes until achieving the objectives of the course. The strategies presented in the reviewed studies involved discussions on native American groups, communities, prisons, and health, community health partnerships, health promotion through social marketing, and interprofessional patient advocacy [14,15].

With the assumption that the development of cultural competence could result in the production of timely perspectives on inequalities, Kaplan (2010) claims that the integration of this theme into a compulsory basic course for master's students of nursing in Washington State in a study entitled the "Analysis of Healthcare Policies" [18].

In the reviewed studies, the strategies that promoted curricular and transversal changes to undergraduate nursing courses were also described, such as the proposal of an interdisciplinary project (e.g., Interdisciplinary Population Health Project) and incorporation of the concepts of social justice [17], cultural competence, cultural security, and advocacy in nursing curricula [8]. Furthermore, there have been concerns about the intersectional and value-based character of students from various periods and promoting partnership with several communities and academic peers [17].

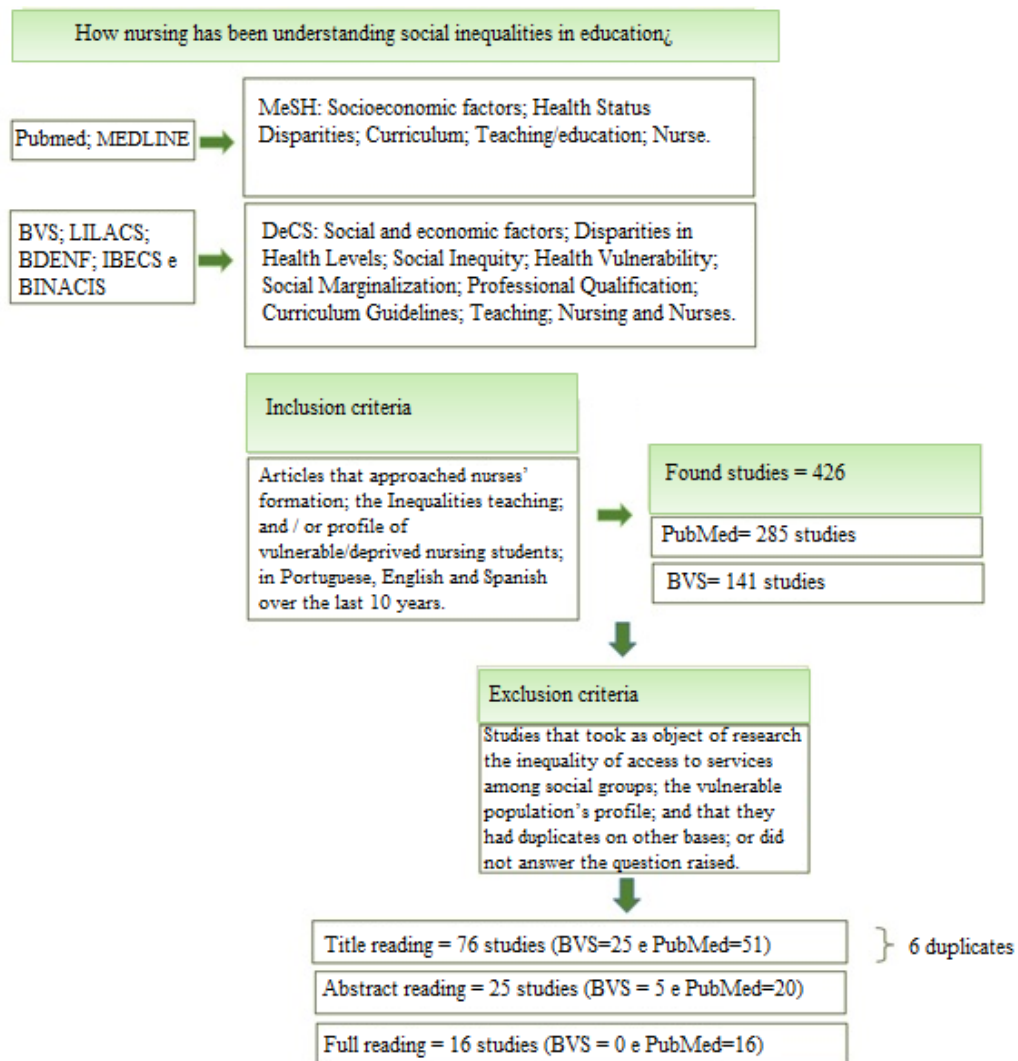


Figure 1: Research Flowchart and Study Selection

Table 2: Analysis Synoptic Table

YEAR OF STUDY	AUTHOR	COUNTRY	TEACHING STRATEGY	LEVEL OF EVIDENCE
2017	Rozendo CA, Santos Rooms A, Cameron B.	United States of America	Undergraduate / postgraduate programs and disciplines	VI
2016	Neubrandner J, Metcalfe SE.	United States of America	Undergraduate / postgraduate programs and disciplines	IV
2016	Reid CA, Evanson TA.	United States of America	Simulation	V
2016	Debonis R.	United States of America	In-service learning	VI
2015	Ritten A, Waldrop J, Wink D	United States of America	Simulation	VI
2015	Donohoe M, Hoffman J.; MCKEON, L	United States of America	Simulation	IV
2015	Vliem S.	United States of America	Undergraduate / postgraduate programs and disciplines and Simulation	IV
2014	Mohammed AS, Cooke CL, Ezeonwu M, Stevens CA.	United States of America	Undergraduate / postgraduate programs and disciplines	VI
2014	Bell ML; Buelow JR.	United States of America	Undergraduate / postgraduate programs and disciplines	VI
2014	Menzel N, Willson LH, Doolen J.	United States of America	Simulation	II
2013	Mabhala MA.	United Kingdom	In-service learning	VI
2013	Mcneil R.	Canada	In-service learning	VI
2012	Racine; Proctor; Jewell.	Canada	Undergraduate / postgraduate programs and disciplines and In-service learning	VI
2010	Aarts C.	European countries and Canada	In-service learning	VI
2010	Kaplan L.	United States of America	Undergraduate / postgraduate programs and disciplines	VII
2009	Clayton LH; Dille KB.	United States of America	In-service learning	V

In this regard, the studies conducted by Rozendo, Santos Salas, Cameron [8] indicated the placement of community members in classrooms, so that students could learn from their actual experiences.

In general, the teaching strategies encompassed in nursing curricula have various pedagogical modalities, which might be predominantly affiliated with theories such as social transformation pedagogy and critical pedagogy. The main teaching methodologies employed in the studies were subordinate knowledge prioritization, small and large group dialogues, multidisciplinary literature, documentary films, free-writing responses, written analytical articles, sharing knowledge and personal experiences, interactions with community activists and scholars, class activities, critical thinking exercises, community partnerships, online poverty simulation, patient/community program case studies, teamwork, home visiting, clinical work with reflective magazines, community diving, interviews and lectures with guest volunteers, resource sharing exercises (beads game), and panel discussions [14, 15,17].

It is important to highlight that understanding the teaching-service-community integration the studies indicated the interventions direct access to the nurses involved in the health care of the population, and the main focus was on the minority/socially vulnerable populations and students in underprivileged areas [8].

Three studies identified the associations between poverty, social determinants, and health, which resulted in the comprehension of the health inequalities related to culture and social disparities [13,15,17]. With respect to the concept of social equities, some publications presented the understanding that the evaluation of social justice and social exclusion is fundamental in nursing education, encompassing the curriculum instructions [8,14].

The concept of health advocacy was widely expressed in the reviewed publications from the perspective of the

to examine the historical and contemporary effects of colonization on health and health care. Moreover, the notion has helped recognize health inequities, as well as the complexities surrounding poverty and the barriers to access to the health system [14,15] regarding the defense of patients' rights, removal of health barriers, and promotion of local, federal, and state resources [8, 15].

In a study by Mohammed et al. (2014) the educational system has been referred to as institutionally constructed, intertwined with the social values of race, social class, and gender, which maintain the status quo [14]. On the other hand, Bell and Buelow (2014) have elaborated on the unequal relationship between health professionals and clients, which in turn adversely influences teaching [15]. Mohammed et al. (2014) have also discussed the changing perspective that is essential in the undergraduate studies on crime, punishment, and morality, while Bell and Buelow (2014) have placed such emphasis on the professional skills required in the most diverse types of population profiles [14,15].

The concept of cultural competence has been discussed in the studies performed by Rozendo et al. (2017), Neubrandner and Metcalfe (2016) and Kaplan (2010) as an important guide for professional qualification, especially within the Campinha-Bacote framework, which encompasses cultural awareness, cultural knowledge, cultural skills, cultural meetings, and cultural desire [8,16,18]. The study by Kaplan (2010) has presented the notion of inequality in relation to cultural diversity, which involves ethnic, racial, generational, gender, sexual orientation, low income, and education dimensions [18].

In the reviewed studies, the main dimension of inequality is socioeconomic, which is primarily manifested in poverty focusing on homeless populations and deprivation of liberty [8,13,14,15,17]. In this regard, Rozendo et al. (2017) have elaborated on inequalities based on the social determinants

of health, resulting from privileges and oppressions, as well as social, political, and economic injustices [8].

The main results of the interventions in the reviewed studies include face-to-face contact with underprivileged populations, allowing the apprehension of the identity of an assisted identity, diminishing stigmas and understanding the structural approach to poverty, maintenance of the interest level of nursing students, addressing various learning styles through the diverse experiences of students, identification of the structural barriers to health, construction of emancipatory knowledge, training of nurses and socially aware professionals, development of cultural competence in nursing students, and their improvement to reduce inequalities [13,14].

3.2. *In-service Learning*

In-service learning is a form of experiential education in which learning takes place within a cycle of action and reflection. In this process, students apply their classroom knowledge to the problems in a community and reflect on their experiences in an attempt to achieve real goals in relation to various populations, while also deepening their own knowledge. When effective, in-service learning largely benefits the community and students through linking the needs of the population to the learning opportunities of students [19].

The reviewed studies discussed in-service learning as a potent strategy to address social inequalities. Furthermore, the analyzed studies refer to the critical pedagogy approach as an indispensable method to the assessment of public health. This has resulted in the connections created between educational and cultural practices as a result of critical education and the struggle for social and economic justice, human rights, and a democratic society, so that understanding and liberating practices could be broadened in an attempt to seek social and personal transformations [19].

Approaching public health in education presupposes praxis, articulating practice with the theme of public health as a difficult area for dialogue and understanding among students. It is also notable that in most of the studies analyzed in this category there have been report on the unpreparedness of students to address social determinants since their training is only focused on the aspects related to the biomedical models [17,20-23]. In addition, some studies indicated that students felt ill-prepared to deal with social and structural factors due to the complexity of the demanded care based on the individual needs of patients. Moreover, their skills were developed after introduction to practical fields and through real life experiences.

Nursing practice has been highlighted as an action allowing the visibility of health disparities by students, preparing them to adequately address these issues in situations encompassing various inequalities [17,20-23]. In-service learning contributes to the development of various abilities in students to learn from others through active reflection.

According to Clayton and Dilley (2009) there are some challenges in in-service learning experiences, such as reluctance to move out of the 'comfort zone' and provide health care in non-traditional settings and the difficulty of

teachers in the recognition of their own prejudices [23]. However, only the difficulties faced by teachers have been mentioned in the studies in this regard, which indicates the limitations in the data regarding the other subjects involved in in-service training.

Regarding the theoretical conception of inequality, most of the reviewed studies have not proposed a specific concept for understanding this theme. In only one article, Mabhala (2013) stated that inequality is approached as a phenomenon built by unfair policies and practices in which such actions benefit certain groups, while neglecting others [21]. Therefore, data is scarce on the theoretical and normative frameworks adopted to understand inequalities in the context of public health. Only in the article by Aarts et al. (2010) the use of the Ottawa Charter has been reported as a document to assist students in reflecting on these inequalities in the light of health promotion According to the study by Aarts et al. (2010) use of insights through an exchange program could trigger ideas to deal with the cultural diversity of various target groups in order to design interventions to combat inequalities. This is only possible through a combination of theory and practice [22].

In the studies by Racine et al. (2012), Mabhala (2013) Aarts et al. (2010) and Mcneil et al. (2013) the indication of a curricular adaptation in health courses has been identified by introducing the discussion about social inequalities in practice when dealing with public health contents in the curriculum, which is considered essential to the learning of healthcare professionals [17,21,22,24].

3.3. *Simulation*

The analyzed studies allowed us to identify that the simulation strategies for teaching inequalities could stratified into virtual simulation with lifestyle appropriation games and face-to-face simulation with role-playing and board games. It is noteworthy that in all the studies in which this concept has been identified, simulation is associated with clinical teaching, except for two studies which emphasized on the use of simulation in the context of theoretical classes [25,26]. Therefore, it could be inferred that simulation as a single strategy could be poorly implemented in its entirety, approaching the essential competencies for vocational training from the perspective of supporting the overcoming of social inequities. However, approximation is considered to be an advantage for the promotion of critical thinking in students (even if applied in theoretical fields only) due to five factors, including objectives, loyalty, problem-solving, support, and feedback [27].

Another common point in the reviewed publications was the identification of post-simulation evaluation activities, which has been accomplished through using structured and unstructured questionnaires with open questions that tend to more individualized approaches. For instance, debriefing is an activity of reflexive practice, which is of a qualitative, collective nature, employed as a more collectivized approach through group discussions. The application of the activity prior to simulation allows the comparison of the participants' understanding before and after the strategy to measure its efficacy.

The target audience of simulation strategies are undergraduate nursing students, with poverty considered as the guiding thematic axis of the manifestation of inequalities [13,25,26,28,29]. Three studies used the attitude towards poverty scale to evaluate education on social inequalities after simulation [13,25,29]. This tool allows the quantitative analysis of students' behavior after interventions, facilitating the understanding and measurement of their skills and attitudes.

Simulation for teaching social inequalities has been adopted using different approaches, with the immersion time varying from hours [29] to months [28]. However, it has not been possible to identify a consensus or tendency regarding the composition of teams to operate simulation, evidencing experiences with teachers only, especially in role-playing activities [25,28] as well as experiences with information technology teams, especially in virtual simulations [26,29]. This finding allows the understanding the nature of both the simulation and activities that define the time and staff that are to be employed.

We highlighted an article that addressed the simulation of poverty in nursing education as well as the possibilities of simulation with cost forecasting strategies and the other studies that validated these strategies as the tools to support the formation of competence. It is believed that the mentioned study has great power to uncover the possibility scenario of the simulations applied to teaching methods, while also discussing and implementing them in the most effective and transformative manner of social reality [26].

According to the literature, the use of clinical simulation laboratories alone does not guarantee that teachers are qualified. Therefore, it is essential to consider both high-tech equipment and models with pedagogical strategies to allow critical, ethical, and competency development. It is believed that a movement to enhance the use of simulations among teachers is necessary, along with the organization of methodological strategies to achieve meaningful learning [30].

According to the results of this review, three strategies have mainly been used to incorporate the theme of inequalities into nursing education, including the proposition of programs and disciplines in courses, in-service learning, and simulation. Therefore, it is recommended that the adopted strategies are aggregated, so that their specificities could favor them in specific training moments. In general, the applied strategies in the selected studies seemed to contribute to the training of nursing professionals in order to understand social inequalities, especially by allowing the reduction of stigmas, apprehension of the identity of the assisted individual, understanding the structural approach to address the inequalities and structural barriers to health, construction of emancipatory knowledge, training of nurses and socially aware professionals, and development of the cultural competence of students, which in turn result in the improved reduction of inequalities.

Concerning the potentiality and challenges of using these strategies, the construction of knowledge regarding social inequalities could be a potent approach to social transformation. Some of the main challenges in this regard are the difficulty of incorporating teachers into the teaching-learning process, the need to overcome

understandings, stigmas, and difficulty in facing and acting on social vulnerabilities and inequalities.

4. Conclusion

According to the results, there is a gap in the produced knowledge about the understanding of social inequalities in nursing education, which highlights the need to broaden the conceptual and theoretical methodological frameworks regarding the inequalities in this particular field. In addition, investment is critical in national research that presents the particularities of nursing education in Brazil in order to enhance the evaluation and use of the adopted strategies in other contexts.

The results of this review indicated that the teaching strategies indicated by the studies (programs and subjects in undergraduate/postgraduate courses, service learning, and simulation) have specificities. However, the combined use of the three mentioned techniques could enhance the commitment of nursing education to overcome inequalities. Therefore, it is vital to overcome the challenges for teaching this theme and address the need to overcome understandings, stigmas, and difficulties to face and act on social vulnerabilities and inequalities.

Authors' Contributions

K.S., created the conception and design of the work. Corresponding author; K.S., S.B., A.R., E.G., F.S., I.M., B.F., R.G., L.S., and L.A., analyzed the data, drafted the manuscript; and revised the manuscript. All authors approval the final version to be published.

Conflict of Interest

There is not a direct or indirect conflict of interest in the context or content of this study.

Acknowledgments

National Council for Scientific and Technological Development (CNPq) and the Minas Gerais Research Support Foundation (FAPEMIG) for the financial support for conducting the research.

References

1. Gwatkin DR. Trends in Health Inequalities in Developing Countries. *Lancet Glob Health*. 2017; 5(4): e371-2.
2. Pickett KE, Wilkinson RG. Income Inequality and Health: a Causal Review. *Soc Sci Med*. 2015; 128: 316-26.
3. Pedrana L, Pamponet M, Walker R, Costa F, Rasella D. Scoping Review: National Monitoring Frameworks for Social Determinants of Health and Health Equity. *Glob Health Action*. 2016; 9(1): 28831.
4. Brasil ONU. Transformando Nosso Mundo: A Agenda 2030 Para o Desenvolvimento Sustentável. *Assembleia Geral das Nações Unidas*. 2015. Available from: URL: <<https://nacoesunidas.org/pos2015/agenda2030/>>. Acesso em: 24 dez 2019.
5. Cameron BL, Plazas MD, Salas AS, Bearskin RL, Hungler K. Understanding Inequalities in Access to Health Care Services for Aboriginal People: A Call for Nursing Action. *Adv Nurs Sci*. 2014; 37(3): E1-6.

6. Perry C, Emory J. Advocacy through Education. *Policy Polit Nurs Pract*. 2017; 18(3): 158-65.
7. Craveiro IM, Hortale VA, Oliveira AP, Dussault G. Social Inequality, Health Policies and the Training of Physicians, Nurses and Dentists in Brazil and in Portugal. *Cien Saude Colet*. 2015; 20(10): 2985-98.
8. Rozendo CA, Salas AS, Cameron B. A Critical Review of Social and Health Inequalities in the Nursing Curriculum. *Nurse Educ Today*. 2017; 50: 62-71.
9. Barros MB. Social Inequality in Health: Revisiting Moments and Trends in 50 Years of Publication of RSP. *Rev Saude Publica*. 2017; 51: 17.
10. Mendes KD, Silveira RC, Galvão CM. Integrative Literature Review: A Research Method to Incorporate Evidence in Health Care and Nursing. *Texto Contexto-Enfermagem*. 2008; 17(4): 758-64.
11. Dang D, Dearholt SL. Johns Hopkins Nursing Evidence-Based Practice: Model and guidelines. USA: *Sigma Theta Tau*; 2017.
12. Melnyk BM, Fineout-Overholt E, Stillwell SB, Williamson KM. Evidence-Based Practice: Step by Step: the Seven Steps of Evidence-Based Practice. *Am J Nurs*. 2010; 110(1): 51-3.
13. Vliem S. Nursing Students' Attitudes Toward Poverty: Does Experiential Learning Make a Difference? *Nurse Educ*. 2015; 40(6): 308-12.
14. Mohammed SA, Cooke CL, Ezeonwu M, Stevens CA. Sowing the Seeds of Change: Social Justice as Praxis in Undergraduate Nursing Education. *J Nurs Educ*. 2014; 53(9): 488-93.
15. Bell ML, Buelow JR. Teaching Students to Work with Vulnerable Populations through a Patient Advocacy Course. *Nurse educator*. 2014; 39(5): 236-40.
16. Neubrandner J, Metcalfe SE. Increasing Diversity in Our Schools of Nursing. *J Cult Divers*. 2016; 23(2): 46-9.
17. Racine L, Proctor P, Jewell LM. Putting the World as Classroom: an Application of the Inequalities Imagination Model in Nursing and Health Education. *J Transcult Nurs*. 2012; 23(1): 90-9.
18. Kaplan L. Promoting Cultural Competence through a Health Policy Course. *Nurse Educ*. 2010; 35(2): 87-9.
19. Haddad J, Roschke MA, Davini MC. Process of Work and Permanent Education for Health Personnel: Reorientation and Trends in Latin America. *Educacion medica y salud*. 1990; 24(2): 136-204.
20. DeBonis R. Effects of Service-Learning on Graduate Nursing Students: Care and Advocacy for the Impoverished. *J Nurs Educ*. 2016; 55(1): 36-40.
21. Mabhala MA. Health Inequalities as a Foundation for Embodying Knowledge within Public Health Teaching: A Qualitative Study. *Int J Equity Health*. 2013; 12(1): 46.
22. Aarts C, Nordstrom PM, Koskinen L, Juhansoo T, Mitchell MP, Marquis F, et al. Enabling Nursing Students to Focus on the Ottawa Charter and the Nurses Role in Tackling Inequalities in Health through International Exchange. *Nurse Educ Today*. 2010; 30(5): 448-52.
23. Clayton LH, Dilley KB. Service Learning: Population-Focused Nursing for the Homeless at a Soup Kitchen. *Nurse Educ*. 2009; 34(3): 137-9.
24. Mcneil McNeil R, Guirguis Younger M, B Dilley L, Turnbull J, Hwang SW. Learning to Account for the Social Determinants of Health Affecting Homeless Persons. *Med Educ*. 2013; 47(5): 485-94.
25. Menzel N, Willson LH, Doolen J. Effectiveness of a Poverty Simulation in Second Life®: Changing Nursing Student Attitudes toward Poor People. *Int J Nurs Educ Scholarsh*. 2014; 11(1): 39-45.
26. Reid CA, Evanson TA. Using Simulation to Teach about Poverty in Nursing Education: A Review of Available Tools. *J Prof Nurs*. 2016; 32(2): 130-40.
27. Jeffries PR. Clinical Simulations in Nursing Education: Valuing and Adopting an Experiential Clinical Model. *Create Future*. 2007; 4(7): 2-3.
28. Donohoe M, Hoffman J, Mc Keon L. Simulation of Living in Poverty: an Innovative Program Designed to Transform Nursing Practice for Vulnerable Populations. *Tenn Nurse*. 2015; 78(1): 7.
29. Ritten A, Waldrop J, Wink D. Nurse Practitioner Students Learning from the Medically Underserved: Impact on Attitude toward Poverty. *J Nurs Educ*. 2015; 54(7): 389-93.
30. Bland AJ, Topping A, Wood B. A Concept Analysis of Simulation as a Learning Strategy in the Education of Undergraduate Nursing Students. *Nurse Educ Today*. 2011; 31(7): 664-70.

How to cite: Silva K, Belga S, Rabelo A, Gandra E, Santos F, Magalhães Neto I, et al. Teaching Strategies to Approach Social Inequalities: An Overview of Nursing Studies. *J Hum Environ Health Promot*. 2019; 5(4): 145-52.