Journal of Community and Public Health Nursing

Pralle, J Comm Pub Health Nurs 2016, 3:1
DOI: 10.4172/2471-9846.1000e118

Editorial OMICS International

Reducing Social Injustice in our Communities: Building Awareness and Understanding through Simulation

Denise M Pralle*

Allen College in Waterloo, Iowa, USA

***Corresponding author:** Denise M Pralle, EdD, MSN, RN, APHN-BC, Professor, Allen College in Waterloo, Iowa, USA, Tel: +1 (319) 226-2000; E-mail: denise.pralle@allencollege.edu

Received date: January 06, 2017; **Accepted date:** January 13, 2017; **Published date:** January 20, 2017

Introduction

As health disparities grow within our communities, community health educators must consider ways to become more actively involved in assisting students and others to become more aware of the social injustices that plague our communities and encourage them to become agents for change. Too often, health care professionals who work in the hospital or clinic setting have little or no understanding of the difficulties those living in poverty face on a daily basis. Anderson Juarez, Marvel, Bezenski, et al. say this lack of knowledge does little to promote cultural humility or help to reduce "the power imbalances that exist" among culturally diverse patients and healthcare professionals (p. 97) [1].

Walker says that individuals relate to others in contexts which have been "raced, engendered, sexualized and situated along dimensions of class, physical ability, religion, or whatever construction carry ontological significance in the culture" (p. 2) [2]. Those of us who work in the community health setting have a responsibility to our patients and communities to promote an awareness and understanding of the social injustices within them. Creating opportunities for learning about health and cultural disparities, poverty and the social injustices within our neighborhoods is essential in preparing health care workers to better relate and actively work toward socially just environments. I believe this knowledge will build self-awareness and humility that is so critical to providing exceptional care to marginalized groups in our communities.

Freire said "it is in speaking their word" that people transform the world around them (p. 88) [3]. Learning how to 'speak their word' might come in many various ways. For many years our undergraduate community health nursing students have participated in a poverty simulation early each semester. Recently, however, it was noted by nursing faculty that local hospital nursing staff and others working in the hospital setting might also benefit from a similar simulation experience.

The poverty simulation we use was developed by the Missouri Community Action Network (n.d.) [4]. With the help of the Iowa State University Extension and community volunteers, the simulation has participants 'living' through four 15 min 'months,' role playing specific family members who live in poverty. The community is a large classroom arranged into several sets of chairs which designate your 'home' for the month. During the simulation, participants must use services such as the grocery store, food bank, pawn shop, human services and the bank to try to make life work. My own experience participating in the simulation and living the life of 'Charles Chen' left me feeling frustrated, stressed, fearful and disenfranchised as I struggled to meet my family's physical and financial needs while trying to find work. After the first 'month,' I began to realize the difficulties that those living in poverty must face each day: maneuvering multiple resources (food stamps and rent assistance), keeping my kids safe and in school and traveling by city bus (I was without a car) to my appointments or job interviews. By the end of the simulation (and after a month without work), I stood dickering with the 'pawn shop' owner, trying to sell my stove for $25, so I could buy food for my family.

Noone, Sideras, Gubrud-Howe et al. say that "students' attitudes about the poor are influenced by their beliefs and experiences" (p. 621) [5]. Qualitative student responses from past poverty simulations have supported this statement. However, I wonder if similar qualitative responses will also emerge from other health care providers who participate in future poverty simulations:

- "This (simulation) made me more aware of the living situations, the life some of these people live."
- "I will never take for granted food, shelter, or health care ever again."
- "(The simulation) has left me with a great sense of inadequacy. This must be how some of our patients must feel."
- "I have a much better understanding of how people who live in poverty have to struggle every day…I will have a lot more empathy after this experience."

Fine says that change agents "seek to unearth, interrupt and open new frames for political change" (p. 220) [6]. Activism asks difficult questions, wonders "what's possible," and begins to think about "how to get from here to there" (p. 220). Rather than choosing "no stance," letting others speak for us or "dis-stance," using our voices without injecting them with passion (p. 211), Fine suggests using the "questioning stance" to inquire and invite a vision on how liberation might be realized (p. 220) [6]. Purpel agrees and says change agents must be "social leaders, cultural advocates, moral visionaries, spiritual directors…who give a damn" (p. 360-61) [7].

Teaching cultural humility "requires less emphasis on knowledge and greater emphasis on fostering self-awareness, interpersonal sensitivity and an attitude of openness and learning from patients" (p. 101) [1]. Through simulation, both nursing students and healthcare staff have the opportunity to become more sensitive and aware of how their personal attitudes about poverty, racism and power imbalances as a whole can be oppressive to patients both in and out of hospital. As healthcare providers, we must realize that reducing social injustices in our communities begins with us and be willing to become activists for change. Poverty simulation might be one strategy for improving awareness, sensitivity and passion for future healthcare providers who 'give a damn' about health disparities.

References

1. Juarez JA, Marvel K, Brezinski KL, Glazner C, Towbin M, et al. (2006) Bridging the gap: A curriculum to teach residents cultural humility. Fam Med 38: 97-102.
2. Walker M (2002) How therapy helps when the culture hurts (work in progress). Stone Center Working Paper Series, Wellesley: MA.
3. Freire P (2008) Pedagogy of the oppressed. Continuum Publishing, New York, NY.
4. Missouri Community Action Network. (n.d.). The poverty simulation.
5. Noone J, Sideras S, Gubrud-Howe P, Voss H, Mathews LR (2012) Influence of a poverty simulation on nursing student attitudes toward poverty. J Nurs Educ 51: 617-622.
6. Fine M (1992) Disruptive voices. University of Michigan Press, Ann Arbor, MI.
7. Purpel D (1998) Social transformation and holistic education: Limitations and possibilities. In: Shapiro HS, Purpel DE (eds.) Critical social issues in American education: Transformation in a postmodern world. Longman Publishing, London, England, pp: 355-369.