



The Heartbeat of Equity: The Crucial Contributions of Nurses in Health Equity

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ABSTRACT

Background: The pursuit of health equity has gained significant attention in recent years, with a focus on eliminating health disparities and addressing social determinants of health. Health equity is crucial in ensuring that everyone has an equal opportunity to attain his/her full potential for well-being and health. **Purpose:** This paper aimed to conduct a comprehensive analysis of health equity and healthcare disparities, specifically from the perspective of nursing. It also emphasizes the importance of nursing professionals in promoting health equity, addressing health disparities, and advocating for fair and equitable access to healthcare services. **Methods:** A scoping review was performed to determine applicable international reports and literature published in English. The search was conducted across various electronic databases, including Google Scholar, CINAHL, EBSCO, MEDLINE, and PubMed. **Results:** The findings revealed that achieving health equity involves addressing the root causes that hinder individuals from attaining optimal health. Social determinants of health play a significant role in shaping health outcomes, and addressing these factors is essential to achieve health equity. Furthermore, the study underscores the need for a community-oriented approach that involves collaboration with community and government sectors to improve social care resources and healthcare delivery. **Conclusion:** Nurses play multi-faceted roles in promoting health equity through technology, policy, education, research, philosophy and theory context, and disaster response. They have the opportunity to address health disparities and promote health, particularly in underserved communities. **Implications for Nursing:** Nurses need to be actively involved in advocating for policies and practices that address social determinants of health and promote equity in healthcare delivery. By recognizing the impacts of social, economic, and environmental factors on health outcomes, nurses can play a key role in addressing health disparities and promoting health equity. This involves collaboration with various stakeholders, advocating for resource allocation, and implementing community-oriented approaches to address health inequities.

Keywords: Health equity, Health disparities, Social determinants, Nursing research, Nursing theories, Nursing policy, Nursing education, Health technology, Disaster response, Jordan.

What does this paper add?

1. This paper thoroughly explores the role of nursing theories, research, and the nursing profession in promoting health equity, emphasizing the importance of various nursing philosophies, such as patient-centered care, Kant's ethical framework, critical social theory, and Watson's theory.
2. It highlights the evolution of nursing research in understanding health disparities and developing interventions to reduce them, with a focus on addressing the core causes of disparities, such as structural racism.
3. The paper underscores the significant role of nurses as the largest segment of the healthcare workforce in

advocating for healthcare equity and addressing disparities, emphasizing their unique position in advancing improvements in healthcare quality.

Introduction

"In the state of nature, indeed, all men and women are born equal, but they cannot continue in this equality. Society makes them lose it, and they recover it only by the protection of the laws" (Montesquieu, 1748).

The World Health Organization (WHO) has made a significant declaration, stating that health is a fundamental human right. This declaration serves as the foundation for our discussion on health equity, a normative ethical value based on distributive justice that is aligned with human-right principles (Braveman et al., 2018). Equity, in the context of health, refers to the absence of avoidable, unfair, or remediable differences among diverse groups of people, regardless of their categorization; whether social, economic, demographic, geographic, or related to other forms of inequality, such as ethnicity, gender, sex, sexual orientation, or disability (WHO, 2020a). Health equity (HE) is defined as "the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance"(National Academies of Sciences, Engineering, and Medicine [NASEM], 2017: 32).

Therefore, HE is achieved when everyone has an equal opportunity to attain his/her full potential for well-being and health (Gómez et al., 2021). This aligns with the sustainable-development goals, which are the core of the 2030 agenda for sustainable development, aiming to secure sustainable social and economic progress globally. The third goal of the agenda is to ensure healthy lives and promote well-being for individuals of all ages (WHO, 2016). Similarly, Healthy People 2030 envisions creating a society where every individual can achieve his/her full potential for well-being and health throughout his/her life (Kleinman, 2017).

Around two decades ago, the National Academy of Medicine (previously known as the Institute of Medicine [IOM]) released two reports with the aim of improving the quality of healthcare in the United States. One of these reports, "Crossing the Quality Chasm," declared a vision of six specific aims that were crucial for improving healthcare and achieving better health outcomes. One of these aims was to ensure that

healthcare is "equitable" (IOM, 2001). This is not just a goal, but also a necessity, given the importance of HE in healthcare.

In recent years, there has been a notable surge in attention towards equity issues in healthcare, both in the United States and globally. This heightened focus has been championed by numerous organizations, including Healthy People 2030, the Secretary's Advisory Committee for Health and Human Services, the Commission on Social Determinants of Health (SDOH) 2008, and the Centers for Disease Control and Prevention. They have all underscored the importance of achieving HE, eliminating health disparities, and promoting health literacy (Kleinman, 2017; Ochiai, et al., 2021; Wakefield, et al., 2021). Ultimately, the achievement of health and well-being hinges on the realization of HE and the elimination of health disparities.

A health disparity, a variation in health linked to social, economic, and environmental disadvantages within a society (Braveman, 2014), is a pressing issue that demands immediate attention. Factors outside of medical care, such as health beliefs, knowledge, attitudes, and behaviors such as smoking, are categorized as social determinants of health (Bharmal et al., 2015). SDOH determinants encompass employment, physical environment, social environment (including policies, institutions, and structures), health systems and services, housing, education, income and wealth, transportation, and public safety (NASEM, 2019). According to WHO, SDOH are "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems" (WHO, 2024). Addressing health disparities and SDOH is not merely important, but also urgent for achieving HE (Lawrence et al., 2022). The growing significance of HE and SDOH is underscored by political leaders' statements, the priorities of federal and international organizations, and research conducted by both nurses and other professionals (Wakefield, 2022). The importance of SDOH is underscored by mounting evidence of inequities in health and access to healthcare.

Achieving HE involves addressing the root causes that hinder people from being healthy. To attain HE across populations, addressing SDOH is crucial.

Meanwhile, at an individual level, HE can be promoted by addressing social needs. The benefits of promoting HE extend beyond health to include economic growth, a healthier environment, and an improved national security. This positive outlook should inspire us to address SDOH with a community-oriented approach that involves coordinating healthcare resources and investments. Such an approach should foster partnerships with community and governmental sectors, integrating healthcare assets into broader advocacy efforts aimed at enhancing and fortifying social care resources (NASEM, 2019).

While healthcare delivery has made considerable strides in advancing HE, persistent disparities underscore the need for concerted efforts to ensure that every individual has an equal opportunity to achieve optimal health. This commitment to fairness and equality should inspire ongoing efforts to address health disparities and SDOH.

Study Purpose and Objectives

The purpose of this study was to conduct a comprehensive analysis of health equity and healthcare disparities, specifically from the perspective of nursing. The objectives were to emphasize the importance of nursing professionals in promoting health equity, addressing health disparities, and advocating for fair and equitable access to healthcare services.

Method

The study design involved conducting a scoping review of international literature. The study took place between 2 April and 5 May 2024. Data collection was performed through electronic database searches, including Google Scholar, CINAHL, EBSCO, MEDLINE, and PubMed. To refine the results, various keywords and Boolean operators were strategically used in the search process to ensure a comprehensive search, including "health equity," "health disparities," "social determinants," "nursing research," "nursing theories," "nursing policy," "nursing education," "health technology," "nursing disaster," and "Jordan."

Articles for review were selected based on specific inclusion and exclusion criteria. The inclusion criteria focused on articles explicitly related to the purpose of the study and its variables, articles published mainly between 2017 and 2023 in English language, with non-English literature and newspaper articles being

excluded. Duplicate articles were carefully checked for, and after screening the titles, the abstracts of the remaining articles were examined. This was followed by an in-depth examination of the full texts of the selected articles. The initial database search yielded 115 references. After removing duplicates, 80 studies were identified for further investigation. Subsequently, 46 studies were selected for full-text examination, and eight were excluded as they did not meet the inclusion criteria. Therefore, 38 research studies were considered eligible for the review.

Brief Overview of Nurses' Roles in Healthcare Equity

Healthcare equity is a critical issue, and nurses play a vital role in addressing it, as they make up the largest segment of the healthcare workforce (Alanazi et al., 2022; Wakefield et al., 2021). The global nursing workforce comprises 27.9 million individuals, out of whom 19.3 million individuals are professional nurses. This means that 59% of the overall health workforce worldwide consists of nurses (WHO, 2020b).

Healthcare quality is the extent to which healthcare services increase the probability of desired outcomes and follow the latest professional knowledge (IOM, 1990: 4). The nursing profession plays a crucial role in advancing improvements related to ensuring safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity essential prerequisites for delivering high-quality healthcare (IOM, 2001).

Nurses have a unique set of skills that can enhance the quality of healthcare. These include helping people navigate the healthcare system, providing close monitoring and follow-up throughout the entire care process, prioritizing an individual's overall well-being, and offering culturally appropriate and respectful care. In addition, they have a crucial role to play in advocating for policies and laws that support fairness and ensure the provision of high-quality care to all individuals (Scott & Scott, 2021). By utilizing care, cultural humility, management, and person-centred care, nurses can assist in overcoming obstacles to quality healthcare, such as implicit bias and structural inequalities (Flaubert et al., 2021).

Nurses have the potential to significantly impact HE in the coming decades by expanding their roles, adopting new work approaches and settings, and collaborating with communities and other sectors

beyond healthcare (Flaubert et al., 2021). To achieve this, the nursing workforce must embrace new roles and work in diverse community settings. Nurses should receive ongoing training to address HE by employing strategies that tackle health-compromising issues such as poverty, racism, trauma, substance abuse, and behavioral health conditions, using downstream, midstream, and upstream approaches. Increasing community-based learning opportunities for nursing students is essential to equip them with the skills and competencies needed to address complex individual needs and promote community well-being. Nursing education should extend beyond teaching diversity, equity, and inclusion principles to include hands-on clinical and community-based experiences in managing these issues (Wakefield et al., 2021). Moreover, funding should be allocated to support innovative care models and functions that address SDOH, HE, and population health. It is crucial to evaluate these care models to gather evidence necessary for scaling effective programs and policies (Wakefield et al., 2021). Nurses are indispensable in leading the HE movement due to their experience and influential voice, positioning them to shape a more robust healthcare future. Therefore, this paper will explore nurses' multi-faceted roles in philosophy and theory, research, technology and telehealth, leadership and policy, education, and disaster response, all within the context of advancing HE.

The Nursing Philosophy and Theory Behind Health Equity

Nursing theories and philosophies are crucial in guiding the nursing profession's efforts to promote HE. Various relevant theories and philosophies, such as the philosophy of patient-centered care, can support this important undertaking. This philosophy emphasizes the importance of tailoring care to meet the specific needs, preferences, and values of each patient (Håkansson Eklund et al., 2019; Tomaselli et al., 2020). Doing so is in line with the principle of HE, which requires providing different treatments to patients with unequal needs to achieve equal outcomes (Whitehead & Dahlgren, 2021). Nurses who embrace patient-centered care are better placed to identify and address SDOH that contributes to disparities.

On the other hand, Kant's ethical framework emphasizes the significance of respecting individuals and adhering to the categorical imperative, which

resonates with the concept of HE. Kant posits that individuals should be treated as ends in themselves, not merely as means to an end. This underscores the inherent dignity and worth of every person, irrespective of his/her social status or other characteristics (Cavallar, 2020). Nurses who uphold Kantian ethics are obligated to advocate for fair and equitable access to healthcare services. In contrast, the critical social theory aims to challenge the power structures and inequities in society that cause health disparities. Nurses who apply this perspective must identify and confront the systemic barriers and social injustices that contribute to unequal health outcomes. Doing so can help dismantle structural racism and other forms of oppression (Mosqueda-Díaz et al., 2014).

Similarly, Watson's theory emphasizes that it is the ethical responsibility of nurses to advocate for patients and strive toward a more equitable healthcare system. The theory highlights the importance of the nurse-patient relationship and the nurse's role in promoting the patient's well-being and recovery. Aligning with the goal of achieving HE, nurses who follow this theory aim to deliver compassionate, comprehensive care that addresses the unique needs of everyone (Létourneau et al., 2017; Smith, 2019).

Drawing on nursing theories and philosophies, nurses can play a pivotal role in advancing HE. Positioned on the frontline of healthcare, nurses are adept at identifying and addressing the SDOH that contribute to disparities. Through patient-centered care, ethical advocacy, and a commitment to social justice, nurses can ensure that everyone has an equitable opportunity to achieve his/her optimal health. This highlights the significant contributions that nurses can make towards promoting a fair and just healthcare system.

The Role of Nursing Research in Enhancing Health Equity

Over the years, research on minority health and health disparities has evolved from a descriptive understanding of what health disparities are and who is most affected to identify the various factors that play a role in determining health outcomes based on race/ethnicity and socio-economic status. By taking a scientific approach to address these factors, we can develop more intervention options to reduce disparities, gain a better understanding of the underlying

mechanisms, and work towards a more equitable future with improved access to healthcare for all (Dankwa-Mullan et al., 2021).

Nursing researchers and policymakers are increasingly recognizing the need to address the external manifestations of structural racial prejudice, such as limited access to quality education and healthcare, financial constraints, and systemic issues that perpetuate racial inequities. Therefore, researchers investigating health systems should focus on the core causes of disparities, such as structural racism, rather than just the inequalities themselves (Braveman et al., 2011). Additionally, studies on disparities and inequalities must adhere to ethical research principles to ensure the safety and well-being of marginalized or underserved populations. Researchers must also be mindful of potential biases in mainstream perspectives that could lead to misinterpretation of data or undermine the quality of study designs (Dye et al., 2019).

The Role of Nursing in Achieving Health Equity through Technology and Telehealth

Healthcare providers are increasingly adopting technology and digital transformation to improve access to healthcare, especially in remote and underserved communities and during crises, such as the COVID-19 pandemic. Telehealth platforms, e-mail, wearable devices, distance education, video visits, telemedicine, and electronic health records are some of the tools being used to promote equitable access to high-quality care (Blacklow et al., 2021; Gajarawala & Pelkowski, 2021; Martínez-Caro et al., 2020; Petretto et al., 2024).

Nurses, in particular, are leveraging telehealth services to reach patients who face traditional healthcare barriers, such as transportation challenges, geographical isolation, or limited healthcare infrastructure (Gajarawala & Pelkowski, 2021). By providing virtual consultation, monitoring, and education, nurses are extending their reach and improving healthcare outcomes (Alrwaili et al., 2022; Lyles et al., 2021; Wakefield et al., 2021). Nurses' role in supporting the use of digital tools to advance health equity globally is critical, promoting equitable access to technology and bridging the digital divide (ICN, 2023).

The Role of Nursing Leadership and Policy in Enhancing Health Equity

Nursing serves as a cornerstone in promoting HE by

following established professional standards and evidence-based practices to address disparities in patient care (Alhusamiah et al., 2024; NASEM, 2021). Nurses prioritize the needs of all patients, regardless of their socio-economic status, race, or literacy level. They ensure that all patients have equitable access to care and information (Alanazi et al., 2022; Rooddehghan et al., 2019). Advanced nurse specialists promote culturally competent care (Gallagher & Polanin, 2015), while nurse administrators develop and implement policies that uphold equity and quality standards across healthcare settings by managing staffing and workload to calculate the nurse-to-patient ratio (Johnstone, 2011; Rooddehghan et al., 2018).

Besides, nurses serve as advocates for HE. They use various strategies, such as mentoring, coalition-building, and political influencing (Kuehnert et al., 2022; Mason et al., 2020). Nurses have an influential role within institutions and communities by serving on boards, informing health priorities, and championing grassroots initiatives for health conditions aimed at addressing health disparities and promoting equity. Through their multi-faceted advocacy, nurses continue to drive policy changes essential for achieving HE (Alanazi et al., 2022).

The Role of Nursing Education in Enhancing Health Equity

It is widely recognized that the health of a nation is primarily influenced by the level of education and skills of its healthcare providers. Therefore, it is essential that all healthcare professionals, including nurses—the largest group of healthcare providers—receive the highest possible level of education and training. This is essential for improving population health outcomes (WHO, 2020a). Given their pivotal role in the healthcare system, it is crucial for the nursing profession to continually evaluate the adequacy of nurses' education preparation (Frenk et al., 2011).

While some nursing curricula worldwide currently integrate HE content, there remains a continued need for increased attention to this area. Incorporating HE content enables nursing students to deepen their understanding of the underlying factors influencing health outcomes beyond individual levels. This can prepare nurses to enter practice with a critical awareness of social and systemic health barriers and facilitators affecting health and illness.

Specifically, the curriculum needs additional content covering governance and policy, cultural and social values, and history and context. Nursing faculty and program directors should regularly assess their curricula, clinical placements, assignments, and courses to determine strengths and weakness areas needing improvement (Graefe et al., 2024). This evaluation ensures that nursing education effectively prepares students to address complex healthcare challenges and contribute to advancing HE.

In addition, future research should prioritize employing study designs that comprehensively examine the impact of program content on a large scale. These designs should compare assessment and evaluation methods to determine whether HE content is translated into actionable changes in practice. Conducting such studies could provide useful insights into effective strategies for integrating HE into curricula. Additionally, conducting multisite studies that encompass a broader scope of settings may provide a more comprehensive understanding of nursing programs globally (Graefe et al., 2024). Integrating HE content into nursing curricula is key to understanding health disparities and social determinants, ultimately improving population health.

The Role of Nursing in Disasters, Particularly Focusing on Equity in Healthcare

During disasters, nurses are crucial participants in emergency response, distinct from their everyday nursing duties. Therefore, it is important for nurses to actively assist institutions and governments in preparing for disasters by evaluating hazards and vulnerabilities, enhancing readiness to anticipate, alert, and respond to disasters. Nurses can also contribute to creating regulatory frameworks that facilitate timely deployment and provision of nursing care in disaster-stricken areas. Their involvement in strategic planning and implementing disaster response plans ensures that nursing perspectives are included. Moreover, nurses should be registered and involved in national disaster response coordination efforts.

In the aftermath of a disaster, nurses collaborate in mobilizing resources, such as food, water, shelter, and medicine during the response phase, focusing on vulnerable groups. During recovery phases, nurses promote social justice and equitable access to necessary healthcare and social services, aiding in rebuilding

efforts. To equip nurses with the knowledge, skills, and ethical framework for effective practice, nursing education should integrate disaster risk reduction, response, and recovery training.

Nurses leverage their expertise to advocate for policies that support HE, similar to Delaware nurse who influenced legislation on colorectal cancer screening (Farokhzadian et al., 2024; Flaubert et al., 2021; Grochtdreis et al., 2017). In summary, nurses are essential in all phases of disaster management, advancing HE by preparing, responding, and recovering with a focus on the needs of vulnerable populations.

Healthcare Equity in the Jordanian Context

Jordan is a Middle Eastern country with a population of around 11.5 million inhabitants and an area of 89,342 km². It experiences a population growth rate of 1.9%. About 42% of the population live in the capital city, Amman, while only 1% reside in less populated areas, such as Al-Tafila governorate (Department of Statistics, 2023). Recognized globally as a top destination for medical tourism due to its unique geographical location and political stability (Al-Ja'afreh, 2019), Jordan's healthcare system encompasses various sectors, including public facilities operated by the Ministry of Health, military, and educational institutions, as well as private sector entities and international organizations, such as the United Nations Relief and Works Agency (UNRWA).

Despite the availability of comprehensive healthcare services, challenges persist in ensuring equitable access to quality healthcare for all Jordanian citizens. These challenges increased by factors, such as the influx of Syrian migrants, increasing prevalence of non-communicable diseases, and the lack of international accreditation for many medical facilities (Higher Health Council [HHC], 2015). Population growth, a youthful demographic, rising life expectancy, and an aging population further challenge the healthcare system (Al-Qudah, 2011; HHC, 2015). Disparities based on residency, gender, and income also contribute to healthcare inequities (Al-Rimawi et al., 2020). Additionally, Jordan faces issues related to the absence of a comprehensive health insurance system, high healthcare costs, insufficient health research, and drug supply deficiencies (Al-Abbadi, 2009; Al-Qudah, 2011; HHC, 2015).

Addressing these challenges necessitates the

development of a skilled healthcare workforce, effective management of health issues through cost-effective interventions, and responsible resource utilization. Access to accurate data, community-based health promotion initiatives, and targeted programs are critical (Al-Abbadi, 2009). Programs and projects aimed at addressing and overcoming the main challenges in the health sector are essential (HHC, 2015). It is also crucial to develop, improve, and expand policies and programs to achieve equitable access to healthcare across the population. Reducing inequity requires refining healthy living, social welfare, and social justice (Al-Rimawi et al., 2020). These efforts are fundamental to addressing disparities and improving overall health outcomes in Jordan. Efforts to enhance healthcare equity in Jordan have included increased government health spending, social protection initiatives, and a focus on primary care. However, gaps in coverage remain, and there is a need for better utilization of equity-focused data in policymaking (WHO, 2021).

Research efforts in Jordan have explored various aspects of HE and healthcare access. For example, a study by Alnawafleh & Rashad (2024) evaluated SDOH inequities integrated into Jordan's health information system (HIS), highlighting opportunities to improve data availability and inclusiveness. The study conducted a comprehensive evidence-based assessment and meta-synthesis of 23 selected papers. It revealed that Jordan's HIS is extensive, encompassing diverse data sources, various types of information, and data from different producers and managers. However, the HIS faces challenges in ensuring the timely and secure publication of available data.

Regarding SDOH inequities, the evaluation indicated that while the HIS facilitates tracking progress related to social policies, it lacks a comprehensive database to integrate measures of health inequity. Critical information necessary for assessing fairness is often unavailable through existing HIS or population survey tools. Furthermore, population surveys may not include modules essential for assessing equity, possibly due to underutilization of the HIS's capabilities. These findings could significantly impact future healthcare policies, making it a crucial area for further research and development.

An additional study conducted by Abuhammad et al. (2020) investigated nurses' access to patient data sharing, emphasizing the importance of training and

policy adherence in safeguarding patient confidentiality. The authors conducted an online survey using a descriptive cross-sectional design from May to June 2020. They distributed a questionnaire containing 19 statements to assess nurses' understanding and practice of patient data privacy. Out of 1000 nurses invited to participate, 800 responded to the survey.

The survey results indicated widespread agreement among participants that new nurses should undergo training on data sharing and confidentiality before starting their practice. This underscores the importance of continuous training in the healthcare sector. Many nurses reported that their respective institutions provided specific recommendations and guidelines for sharing patient information among healthcare staff.

The study also showed that the factors influencing nurses' practices regarding data sharing and confidentiality included age, gender, marital status, and completion of a security course before practicing. Younger age, female gender, not completing a data-sharing course, and being single were associated with lower engagement in data sharing and patient confidentiality for unauthorized individuals. Overall, the study concluded that a significant portion of the nursing staff demonstrated appropriate practices to ensure data security. However, procedures related to patient data access, sharing, and transfer for confidentiality need further improvement. Ongoing training is crucial, as it enhances knowledge, opinions, perspectives, and actions related to data safety and privacy policies and regulations. Therefore, implementing continuous training on data safety and privacy policies and regulations improves healthcare practices.

Another study by Obeidat & Alourd, (2024) utilized geographic information systems to assess healthcare facility distribution and accessibility in Irbid governorate, revealing disparities that underscore the need for targeted infrastructure improvements and policy adjustments. In this study, three spatial evaluations were performed: nearest neighbor analysis, buffer analysis, and service area analysis. These evaluations thoroughly assessed the healthcare landscape, uncovering a random spatial distribution pattern of healthcare facilities and indicating a lack of organized structure. The buffer analysis exposed concentrations in specific areas and deficiencies in others. Meanwhile, the service area analysis identified substantial challenges in healthcare accessibility, particularly in remote regions.

The distribution of healthcare resources in Irbid governorate did not meet national and international standards, highlighting the necessity for improvement. To rectify these disparities, policymakers and healthcare authorities should concentrate on equitably redistributing resources. This includes customizing resource allocation based on local needs, improving infrastructure in remote areas, and refining government policies. Continuous monitoring and evaluation are key to ensure ongoing compliance with international standards and to achieve healthcare equity. The insights from this case study offer valuable guidance for regions encountering similar healthcare distribution challenges.

In conclusion, Jordan's healthcare presents a complex interplay of challenges and opportunities. Continuous improvements in health policies, data management, and workforce training are crucial to ensuring equitable access to healthcare and addressing existing healthcare disparities. These insights can serve as a foundation for further research and initiatives aimed at enhancing healthcare access, equity, and quality in Jordan.

Implications for Nursing

This part of the study examines the implications for nursing across healthcare policy, education, practice, and research domains. In healthcare policy, nurses advocate for equitable access to healthcare, emphasizing primary care and culturally sensitive programs to reduce health disparities. Nurse leaders leverage this advocacy to shape supportive policies, empowering healthcare organizations towards a more inclusive system.

Within nursing education, focusing on advancing HE and eliminating disparities is crucial. Curricula should cover various approaches and delve into nursing philosophies, theories, and ethical principles, emphasizing equal access to exceptional healthcare. Nursing programs should integrate concepts of social determinants of health, advocacy, and equity, encouraging interdisciplinary collaboration among students.

In nursing practice, nurses can play a pivotal role in addressing health disparities by understanding diverse factors that impact well-being. Collaborating within interdisciplinary teams, nurses implement strategies for HE. Jordanian nurses can expand their role by educating patients and caregivers about HE, ensuring that all individuals receive high-quality care free from

discrimination.

In nursing research, nurse researchers should conduct extensive studies to address health inequalities, evaluating the long-term effectiveness of interventions, such as patient education programs, community health initiatives, and policy reforms. Qualitative research provides insights into challenges faced by marginalized communities, informing evidence-based practices for achieving equitable healthcare outcomes.

Conclusion

Health equity encompasses more than just equal access to healthcare services. It involves addressing mental, social, and educational needs. The goal of HE is to eliminate health disparities that disproportionately affect marginalized populations. To address these prevalent health disparities, urgent action is needed at both national and international levels. Achieving HE requires collaboration across various societal sectors to tackle the root causes of health inequities, as no single entity can address them. Although the manifestation of health inequities may differ globally, there are common challenges that require comprehensive approaches to tackle their underlying causes.

Nurses play a critical role in promoting HE through their diverse contributions in technology, policy, curriculum, research, and philosophy and theory contexts. They are pivotal in addressing health disparities and promoting health, particularly in underserved communities. Nurses have historically made significant impacts on healthcare and will continue to do so in the future.

Strengths and Limitations

This study's strengths include a thorough review of international literature and reports offering a comprehensive understanding of the concepts of HE and disparities in healthcare. However, it is important to acknowledge that the study's scope is limited to a specific set of keywords and databases, potentially excluding relevant literature not captured in these parameters, particularly non-English literature.

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Conflict of Interests

All authors declare no conflict of interests.

REFERENCES

- Abuhammad, S., Alzoubi, K., Khabour, O., & Mukattash, T. (2020). Jordanian national study of nurses' barriers and predictors for research utilization in clinical settings. *Risk Management and Healthcare Policy, 13*, 2563-2569. <https://doi.org/10.2147/RMHP.S272749>
- Al-Abbadi, I. (2009). Healthcare equity issues in Middle East. *International Organization for Migration (IOM), 15* (4), 8-9.
- Alanazi, A.H., Shahrani, A.A.M.A., Alenezi, T.M.D., Amagah, H.I.S., Aljezani, A.S.M., Musayyab, A.O., Alshammari, M.H.S., & Al-Mutairi, H.S. (2022). The essential role of nurses in improving access, quality, and equity in healthcare. *Journal of Namibian Studies: History Politics Culture, 32*, 2161-2174.
- Alhusamiah, B.K., Tarawneh, F.S., Alshraideh, J.A., & Matar, K. (2024). Achieving health equity and eliminating health disparities based on nursing philosophical, theoretical and ethical perspectives. *Jordan Journal of Nursing Research, 1*, 8.
- Al-Ja'afreh, S.A. (2019). The nursing profession in Jordan: Military nurses leading the way. *Online Journal of Issues in Nursing, 24* (3), 1-13.
- Alnawafleh, A.H., & Rashad, H. (2024). Does the health information system in Jordan support equity to improve health outcomes? Assessment and recommendations. *Archives of Public Health, 82* (Gustafsson et al.), 48.
- Al-Qudah, H.S.S. (2011). Hand in hand with Jordanian health care insurance: A challenge of improvements. *International Journal of Business Social Science, 2* (13).
- Al-Rimawi, R., Alshraideh, J.A., Al-Hussami, M., & Jaghbir, M. (2020). Social determinants of access to healthcare as indicators of health equity among patients with chronic diseases in Jordan: A cross-sectional study. *International Journal of Environment and Health, 10* (Gustafsson et al.), 24-37.
- Alrwaili, I.A., Alanazi, R.R.S., Alhazmi, S.H.B., Awadalbanagi, N.H., Alenizi, W., Alenazi, N.G.K., & Alenezi, H.S. (2022). The role of nursing care in advancing health equity. *Neuropsychopharmacologia Hungarica, 20* (4).
- Bharmal, N., Derose, K.P., Felician, M., & Weden, M.M. (2015). *Understanding the upstream social determinants of health*. California: RAND.
- Blacklow, S.O., Lisker, S., Ng, M.Y., Sarkar, U., & Lyles, C. (2021). Usability, inclusivity, and content evaluation of COVID-19 contact tracing apps in the United States. *Journal of the American Medical Informatics Association, 28* (9), 1982-1989. <https://doi:10.1093/jamia/ocab093>
- Braveman, P. (2014). What is health equity: and how does a life-course approach take us further toward it? *Maternal and Child Health Journal, 18*, 366-372.
- Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health, 101* (S1), S149-S155.
- Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy, 4* (Gustafsson et al.), 1-14.
- Cavallar, G. (2020). *Kant and the theory and practice of international right*. University of Wales Press.
- Dankwa-Mullan, I., Perez-Stable, E.J., Gardner, K. L., Zhang, X., & Rosario, A. M. (Eds.). (2021). *The Science of Health Disparities Research*. John Wiley & Sons.
- Department of Statistics (DOS). (2023). *Estimated population of 2023 and some of selected data*. https://dosweb.dos.gov.jo/DataBank/Population/Population_Estimares/Population%20EstimatesbyLocality.pdf
- Dye, B.A., Duran, D.G., Murray, D.M., Creswell, J.W., Richard, P., Farhat, T., Breen, N., & Engelgau, M.M. (2019). The importance of evaluating health disparities research. *American Journal of Public Health, 109* (S1), S34-S40.
- Farokhzadian, J., Mangolian Shahrabaki, P., Farahmandnia, H., Taskiran Eskici, G., & Soltani Goki, F. (2024). Nurses' challenges for disaster response: A qualitative study. *BMC Emergency Medicine, 24* (Gustafsson et al.), 1.
- Flaubert, J.L., Le Menestrel, S., Williams, D.R., Wakefield, M.K., & National Academies of Sciences, Engineering, and Medicine. (2021). The role of nurses in improving healthcare access and quality. In: *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. National Academies Press (US).

- Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, D., & Zurayk, H. (2011). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *Annual Review of Public Health, 32*, 201-218.
- Gajarawala, S.N., & Pelkowski, J.N. (2021). Telehealth benefits and barriers. *The Journal for Nurse Practitioners, 17*(Gustafsson et al.), 218-221.
- Gallagher, R.W., & Polanin, J.R. (2015). A meta-analysis of educational interventions designed to enhance cultural competence in professional nurses and nursing students. *Nurse Education Today, 35* (Gustafsson et al.), 333-340.
- Gómez, C.A., Kleinman, D.V., Pronk, N., Gordon, G.L.W., Ochiai, E., Blakey, C., Johnson, A., & Brewer, K.H. (2021). Addressing health equity and social determinants of health through Healthy People 2030. *Journal of Public Health Management and Practice, 27* (Supplement 6), S249-S257.
- Graefe, A., Mueller, C., Bane Frizzell, L., & Porta, C. M. (2024). Advancing health equity in prelicensure nursing curricula: Findings from a critical review. *Nursing Inquiry, e12629*. <https://doi.org/10.1111/nin.12629>
- Grochtdreis, T., de Jong, N., Harenberg, N., Görres, S., & Schröder-Bäck, P. (2017). Nurses' roles, knowledge and experience in national disaster preparedness and emergency response: A literature review. *South Eastern European Journal of Public Health (SEEJPH)*.
- Håkansson Eklund, J., Holmström, I.K., Kumlin, T., Kaminsky, E., Skoglund, K., Högländer Sundler, A., Condén, E.J., & Summer Meranius, M. (2019). Same same or different? A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*.
- HHC. Higher Health Council. (2015). *Jordan National Health Sector Strategy*. <http://www.hhc.gov.jo/uploadedimages/The%20National%20Strategy%20for%20Health%20Sector%20in%20Jordan%202015-2019.pdf>
- ICN. International Council of Nurses. (2023). *Digital health transformation and nursing practice: Position statement*. [https://www.icn.ch/sites/default/files/2023%2008/ICN%20Position%20Statement%20](https://www.icn.ch/sites/default/files/2023%2008/ICN%20Position%20Statement%20Digital%20Health%20FINAL%2030.06%20EN.pdf)
- [Digital%20Health%20FINAL%2030.06%20EN.pdf](https://www.icn.ch/sites/default/files/2023%2008/ICN%20Position%20Statement%20Digital%20Health%20FINAL%2030.06%20EN.pdf)
- IOM. Institute of Medicine. (1990). *Medicare: A strategy for quality assurance, I*. Washington, DC: National Academy Press.
- IOM. Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press.
- Johnstone, M.J. (2011). Nursing and justice as a basic human need. *Nursing Philosophy, 12* (Gustafsson et al.), 34-44.
- Kleinman, D.V. (2017). Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. *APHA 2017 Annual Meeting & Expo* (Nov. 4-Nov. 8).
- Kuehnert, P., Fawcett, J., DePriest, K., Chinn, P., Cousin, L., Ervin, N., Flanagan, J., Fry-Bowers, E., Killion, C., Maliski, S., & Maughan, E.D. (2022). Defining the social determinants of health for nursing action to achieve health equity: A consensus paper from the American Academy of Nursing. *Nursing Outlook, 70* (Gustafsson et al.), 10-27. <https://doi.org/10.1016/j.outlook.2021.12.002>
- Lawrence, B., & Poblete, R. (2022). Utilizing Healthy People 2030 to engage leadership, key constituents, and the public across multiple sectors: Opportunities for local health departments and community partners. *Journal of Public Health Management and Practice, 28* (4), 435-438. <https://doi.org/10.1097/PHH.0000000000001328>
- Létourneau, D., Cara, C., & Goudreau, J. (2017). Humanizing nursing care: An analysis of caring theories through the lens of humanism. *International Journal for Human Caring, 21* (Gustafsson et al.), 32-40.
- Lyles, C.R., Wachter, R.M., & Sarkar, U. (2021). Focusing on digital health equity. *JAMA Pediatrics, 326* (18), 1795-1796. <https://doi.org/10.1001/jamapediatrics.2021.2983>
- Martínez-Caro, E., Cegarra-Navarro, J.G., & Alfonso-Ruiz, F.J. (2020). Digital technologies and firm performance: The role of digital organizational culture. *Technological Forecasting and Social Change, 154*, 119962. <https://doi.org/10.1016/j.techfore.2020.119962>
- Mason, D.J., Perez, A., McLemore, M.R., & Dickson, E. (2020). *Policy & politics in nursing and health care-e-book*. Elsevier Health Sciences.
- MOH. Ministry of Health. (2018). *The Ministry of Health*

- strategic plan 2018-2022*. https://moh.gov.jo/ebv4.0/root_storage/en/eb_list_page/the_ministry_of_health_strategic_plan_2018-2022.pdf
- Montesquieu, C.D. (Ed.). (1748). <http://www.quotationspage.com/quote/41609.html>
- Mosqueda-Díaz, A., Vílchez-Barboza, V., Valenzuela-Suazo, S., & Sanhueza-Alvarado, O. (2014). Critical theory and its contribution to the nursing discipline. *Investigación y Educación en Enfermería*, 32 (Gustafsson et al.), 356-363.
- NASEM. (2017). National Academies of Sciences Engineering and Medicine. *Communities in action: Pathways to health equity*. National Academies Press.
- NASEM. (2019). National Academies of Sciences, Medicine Division, Board on Health Care Services, & Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health. *Integrating social care into the delivery of health care: Moving upstream to improve the nation's health*.
- NASEM. (2021). National Academies of Sciences, Engineering, and Medicine. *The future of nursing 2020-2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press.
- Obeidat, B., & Alourd, S. (2024). Healthcare equity in focus: Bridging gaps through a spatial analysis of healthcare facilities in Irbid, Jordan. *International Journal for Equity in Health*, 23 (Gustafsson et al.), 52.
- Ochiai, E., Blakey, C., McGowan, A., & Lin, Y. (2021). The evolution of the Healthy People initiative: a look through the decades. *Journal of Public Health Management and Practice*, 27 (Supplement 6), S225-S234.
- Petretto, D.R., Carrogu, G.P., Gaviano, L., Berti, R., Pinna, M., Petretto, A.D., & Pili, R. (2024). Telemedicine, e-health, and digital health equity: A scoping review. *Clinical Practice Epidemiology in Mental Health: CPEMH*, 20.
- Rooddehghan, Z., ParsaYekta, Z., & Nasrabadi, A.N. (2019). Equity in nursing care: A grounded theory study. *Nursing Ethics*, 26 (9), 598-610.
- Rooddehghan, Z., Yekta, Z.P., & Nasrabadi, A.N. (2018). Ethics of rationing of nursing care. *Nursing Ethics*, 25 (5), 591-600.
- Scott, S. M., & Scott, P. A. (2021). Nursing, advocacy and public policy. *Nursing Ethics*, 28, 723-733.
- Smith, M. C. (2019). *Nursing theories and nursing practice*. FA Davis.
- Tomaselli, G., Buttigieg, S.C., Rosano, A., Cassar, M., & Grima, G. (2020). Person-centered care from a relational ethics perspective for the delivery of high-quality and safe healthcare: A scoping review. *Frontiers in Public Health*, 8, 489949.
- Wakefield, M., Williams, D.R., & Le Menestrel, S. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academy of Sciences.
- Wakefield, M.K. (2022). Recalibrating nursing's efforts to achieve health equity. *Journal of Nursing Scholarship*, 54 (3), 275-277.
- Whitehead, M., & Dahlgren, G. (2021). *Concepts and principles for tackling social inequities in health*.
- WHO. (2016). World Health Statistics. *World Health Statistics [OP]: Monitoring health for the sustainable development goals (SDGs)*.
- WHO. (2020a). World Health Organization. *World health statistics*. https://www.who.int/health-topics/health-equity#tab=tab_1
- WHO. (2020b). World Health Organization. State of the world is nursing 2020: Investing in education, jobs and leadership. <https://b2n.ir/788289>
- WHO. World Health Organization. (2021). *Country cooperation strategy for WHO and Jordan 2021-2025*. <https://iris.who.int/bitstream/handle/10665/356889/9789290227014-eng.pdf?sequence=1>
- World Health Organization. (2024). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1