

## **Improving Health Equity through Nursing Research: A Review**

<sup>1</sup>Agnes O. AKANDE, <sup>2</sup>Olufunmilola A. FAMINU, <sup>3</sup>Olubunmi J. LADAPO, <sup>4</sup>Christiana O. OLALEYE, <sup>5</sup>Ademola S. DURODOLA,

<sup>6</sup>Elizabeth Y. BABAJIDE

<sup>1</sup>agnesrccgummy@gmail.com

+2348029219248

*Lead City University, Ibadan.*

### **ABSTRACT**

Health equity has remained a central concern in global health discourse, with persistent disparities continuing to disproportionately affect marginalized and underserved populations. Nursing research, grounded in clinical practice and social advocacy, has played a critical role in identifying, addressing, and reducing these inequities. This review examined the contributions of nursing research to advancing health equity by synthesizing evidence on inclusive research practices, community engagement strategies, innovations in data and digital technologies, and advocacy for underrepresented populations. Guided by established frameworks, including the Social Determinants of Health and Health Equity Frameworks, the review highlighted the use of culturally competent methodologies and community-based participatory approaches as key mechanisms for promoting equitable health outcomes. The findings demonstrated that nursing research had increasingly centred equity, diversity, and inclusion, despite ongoing challenges such as structural bias, limited funding, and ethical complexities. The review concluded that advancing health equity in nursing research required strengthened policy support, interdisciplinary collaboration, sustained investment in equity-focused research, and the intentional inclusion of marginalized voices to inform future research agendas and practice.

**Keywords:** Equity, Nursing Research, Health Equity

### **INTRODUCTION**

"In the state of nature, in fact, all men and women are equal at birth, but they cannot stay in this equality. Society makes them lose it, and they regain it only by the protection of the laws" (Montesquieu, 1748). In the health arena, Equity is an absence of avoidable, unjustifiable, or correctable differences between different groups of people regardless of how they might be categorized; whether by social, economic, demographic, geographic, or other forms of inequality, such as ethnicity, gender, sex, sexual orientation, or disability (World Health Organisation (WHO)), 2020). Health equity (HE) has been 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)

Despite increasing gains in accessibility and outcomes of care around the world, there remains a surprising chasm in health inequity across race, gender, geography, socioeconomic status,

and capability. For nursing, where care and advocacy intersect at the foundation of their practice, the call to promote equity, diversity, and inclusivity through research is more pressing than ever. Nurses are uniquely positioned to address health disparities due to their close relationship with patients and populations, their holistic model of care, and their increasingly proactive role in research and policy. But it requires intentional action on the part of nurses to take inclusive strategies, elevate marginalized voices, and break down structural barriers within healthcare and research environments (Bailey et al., 2017).

This is a review of evidence of contributions that nursing research provides to health equity; it contextualizes strategies, innovations, and ethical mandates that inform equitable research practice. This paper aims to critically examine recent literature to highlight how nursing research can be a means of transformative justice in health systems.

## **Conceptual Framework**

### **Social Determinants of Health Framework**

Social Determinants of Health (SDH) means the non-medical determinants that have an impact on health outcomes. They include the conditions in which people are born, grow, live, work, and age, as well as the wider systems responsible for routine daily life such as economic policies, social norms, political regimes, and availability of education and healthcare (World Health Organization [WHO], 2022).

The SDH framework brings to attention that outcomes in health are not just a product of biology or the quality of clinical care but to a great extent are determined by social, economic, and environmental inequality. For example, a rural Nigerian village woman would have restricted quality maternal care availability, not due to personal neglect but due to poverty, poor infrastructure, distance to health facilities, and lack of health insurance (Ogunbanjo et al., 2021).

In health care research, the application of the Social Determinants of Health framework enabled researchers to investigate the underlying structural and social drivers of health inequities rather than focusing solely on their observable outcomes. It also supported the development of community-specific interventions grounded in local contextual realities. Furthermore, the framework promoted multisectoral action by acknowledging that determinants beyond the health sector, including education, transportation, and employment, played a significant role in shaping health outcomes. Under this paradigm, African and global nurse scholars are able to contribute to more holistic and equitable health outcomes. It also encourages researchers to consider structural obstacles such as systemic racism, gender oppression, and the impacts of colonialism that still persist in healthcare access and delivery.

### **Health Equity Framework**

The Health Equity Framework draws from the SDH model and adds a focus specifically on the elimination of unjust and preventable health disparities. Developed by researchers like Braveman and colleagues (2014), this framework defines that health equity arises when

everybody has an equal opportunity to reach their full potential for health regardless of social or demographic factors.

This framework rests on four guiding principles:

1. Naming and naming inequities
2. Recognition and resolution of underlying causes
3. Prioritization of community voices and lived experiences
4. Measuring impact using equity-sensitive indicators

For nursing science, this framework is both an ethical obligation and a pragmatic roadmap. It promotes Deliberate participation of underrepresented populations in research, Engagement with communities across the research process, Methodologies that are culturally competent and honour multiple worldviews and Equity-focused dissemination, that findings benefit those who are most impacted.

Within the Nigerian and African context, most appropriate is the Health Equity Framework. This allows for an understanding of how colonial histories, political instability, and institutional neglect have led to deep-seated health inequities between regions, gender, and socioeconomic groups. For example, in the north of Nigeria, religious conservatism and gender roles may limit women's access to reproductive health care. Evidence works grounded in these facts can contribute to dismantling structural barriers through culturally informed interventions (Afolayan & Adeyemi, 2020).

In brief, while the SDH framework provides a general chart of the external determinants of health, the Health Equity Framework provides a focused, justice-based approach to addressing those inequities. Together, they enable nurse researchers to generate knowledge not just that's scientifically rigorous but also socially redistributive.

### **How These Frameworks Inform Nursing Research**

The addition of the Social Determinants of Health (SDH) Framework and the Health Equity Framework to nursing research offers a paradigm-shifting view that shifts the focus from clinical-level care at an individual level to wider structural and societal influences on health. The frameworks not only steer theoretical understanding they actually instruct nurse researchers regarding how they design studies, select populations, operate in communities, and analyze and disseminate results.

#### **a. Directing Research Questions and Priorities**

All of these models are forcing nurse researchers to move beyond mere questioning about symptoms and short-term outcomes. Instead, they require research about the "upstream" causes of illness and health. For example, rather than merely studying pregnant women and high blood pressure, a researcher with the SDH model in mind would investigate what unemployment, poverty and housing, or absence of access to healthy food are leading to the incidence and management of the condition. Similarly, the Health Equity Framework also challenges researchers to ask themselves, "Which groups are most impacted?" and "What are the systemic factors driving these disparities?"

In Nigeria and in much of Africa, these types of questions have spawned research examining the interconnection between poverty and maternal mortality (Adamu & Salihu, 2022), or the ways that low health literacy is influencing rates of childhood immunization in rural areas

(Uzochukwu et al., 2018). These are research avenues that would go unaddressed without an equity-centered lens.

#### **b. Informing Study Design and Methodology**

The standards emphasized the need for equity-sensitive research designs that were both inclusive and culturally responsive. Such designs required intentional sampling strategies that prioritized the inclusion of marginalized populations, including women living in informal settlements, persons with disabilities, and Indigenous or Aboriginal communities who were often underrepresented in conventional research. In addition, the use of qualitative or mixed-methods approaches was encouraged to adequately capture experiential, social, and contextual nuances that could not be fully understood through quantitative measures alone. Community-Based Participatory Research (CBPR) approaches were also highlighted as essential, as they positioned community members as co-researchers rather than passive subjects, thereby fostering shared ownership, mutual learning, and the generation of knowledge that was more relevant, ethical, and actionable for the communities involved.

For example, Mumba et al. (2020) used participatory methods in studying maternal health concerns among urban low-income women in Zambia. Not only did this provide more substantial data, but also higher levels of community trust and uptake of resulting interventions. In Nigeria, researchers using these frameworks have encouraged translation of instruments into local languages, conducting interviews in culturally comfortable settings, and engaging local leaders in both data collection and reporting.

#### **c. Shaping Data Interpretation and Analysis**

The SDH and Health Equity frameworks challenge nurse researchers to place their evidence in the broader social, political, and historical contexts. This involves that instead of attributing poor health outcomes to individual behaviour, researchers examine the systemic forces operating below including structural racism, colonial pasts, or gendered power relations.

Such a study of low antenatal care attendance in Northern Nigeria would not be viewed as a simple result of ignorance but would rather depict hard economic times, rigid gender roles, and limited health care infrastructural endowments (Ogunbanjo et al., 2021).

#### **d. Impacts Knowledge Translation and Advocacy**

Most appealing, perhaps, is that these frameworks reposition nurse researchers as change agents. These findings are not just for publication in academe but for advocacy with policy, education with community, and transformation in institutions.

For the Health Equity Framework, nurse researchers are playing a greater role in crafting policy briefs for ministries of health, working with NGOs on scaling up community-level interventions and participating in global health discourse when the voice of Africa is too frequently silent.

Nigerian nurses have utilized equity-oriented research to push for free maternal care in government-run hospitals, increased cervical cancer screening among poor women, and increased funding for the poor regions.

#### **e. Fostering Reflexivity and Ethical Integrity**

These methods also lead researchers to reflect on their own positionality and how their identity, background, and power influence the research process. Reflexivity creates more ethical, transparent, and respectful work with communities, especially in post-colonial societies where research has usually been extractive.

### **The Role of Nursing Research in Advancing Health Equity**

Nursing research is essential to improving health equity by studying reasons behind disparities, evaluating evidence-based, culturally effective interventions, and informing practice. The social justice and community health advocacy roots of the history of nursing (Donley and Flaherty, 2002; Pittman, 2019; Rafferty, 2015; Tyson et al., 2018), and the Code of Ethics for Nurses with Interpretive Statements, reaffirmed by American Nurses Association (ANA) President Ernest J. Grant in a public statement, "binds nurses to be allies and to advocate and speak up against racism, discrimination, and injustice" (ANA, 2020). Health equity is a critical issue, and nurses play an important role in addressing it, as they form the majority of healthcare staff (Alanazi et al., 2022; Wakefield et al., 2021).

The global nursing workforce consists of 27.9 million professionals and 19.3 million professional nurses. The conclusion is that 59% of the entire health workforce in the world consists of nurses (WHO, 2020b). Both in the global and African arenas, nurses are more and more undertaking research that not only enhances care provision but also tackles systemic injustices.

#### **a. Historical Contributions and Shifting Paradigms**

Historically, nursing research has focused on clinical outcomes, patient safety, and care quality. However, growth in health inequities brought about a paradigm shift towards socially accountable research. Nursing researchers today examine how structural inequality and social determinants of health differentially affect populations, particularly marginalized populations such as ethnic minorities, disabled individuals, and refugees (Turale & Kunaviktikul, 2019). In Nigeria, nurse researchers have begun to address disparities in maternal mortality, access to antenatal care, and gender-based violence. For example, studies by Adamu and Salihu (2022) investigated the influence of gender norms on rural women's access to health care in Northern Nigeria, offering evidence for culturally sensitive interventions.

#### **b. Community-Based and Participatory Approaches**

One of the points of strength of nursing research is that it is community-centred. Participatory approaches such as Community-Based Participatory Research (CBPR) require working together with community members and empowering them as co-knowledge developers and not mere participants. This is legitimized by African communal values and enhances trust between historically underserved groups (Mumba et al., 2020).

South African and Nigerian nurse-conducted CBPR led to improved maternal-child health outcomes, improved understanding of HIV/AIDS, and increased vaccine uptake, especially if study is based on cultural relevance and linguistic affinity.

#### **c. Bridging Research and Practice**

Nurses are best positioned between practice and research. This puts them in a position for the quick transfer of research into frontline interventions. For instance, Kenyan nurse researchers have developed mobile health (mHealth) interventions to monitor blood pressure in pregnant

women, addressing maternal mortality head-on; an important health inequity (Were et al., 2021).

By encouraging patient-centered models and culturally competent practices, nurses are situated in systems that appreciate equity and inclusion.

#### **d. Encouraging Policy Change**

Through the actual power that policy choices have over health equity,

Nurses can and ought to use their knowledge to promote policies in support of health equity (NASEM, 2021). When nurses engage in policy reform as an upstream health determinant, they have the power to affect the health of populations in a robust and extensive way. Nancy Adler and colleagues (2016) of the National Academy of Medicine's Vital Directions series note that "powerful drivers of health lie outside the conventional medical care delivery system." Health policies need to extend beyond the health system to tackle determinants that support or damage health." As health inequities and SDOH find their roots in social structures and policy, interventions to treat them upstream as the root cause of poor health within particular populations and communities have to target policy change (NASEM, 2017a). Nurses cannot correct the issues involving upstream equity beyond health care systems by themselves. However, by being involved in working toward modifying local, state, or national policy through the application of a Health in All Policies approach, they can correct the issue of equity (IOM, 2011; NASEM, 2017a; Williams et al., 2018). For example, a nurse practitioner in Delaware spearheaded the drive to obtain passage of a colorectal cancer screening program in the state legislature that has enhanced access to care and reduced disparities in morbidity and mortality from colorectal cancer (Delaware, 2020)

### **Equity-Driven Nursing Research**

#### **a. Maternal Health in Rural Nigeria**

Maternal death is a major problem in Nigeria, particularly in the rural areas where individuals are far from healthcare. Nurse studies have examined barriers to the use of maternal healthcare and how poverty, culture, low literacy, and gender relations interact to constrain service use. Adegoke and Atiyaye (2019) had qualitative research on the experience of pregnant women during antenatal care in Northern Nigeria. They discovered that several women were demotivated by male-dominated decision-making, transport costs, and disrespectful treatment perceived from healthcare providers. These were the cornerstones of gender-sensitive nurse training recommendations, deployment of mobile clinics, and increased education at community level which are all equity-oriented interventions.

#### **b. Community-Based Research on HIV Care in South Africa**

South Africa has traditionally experienced a high burden of HIV/AIDS. Nurse scientists have played a crucial role in developing community-based participatory research (CBPR) programs that encourage ART (antiretroviral therapy) adherence among at-risk groups.

A study by Mthembu et al. (2020) involved nurses in co-designing support groups, mobile reminders for treatment adherence, and culturally relevant counselling sessions with the assistance of local community leaders and HIV-positive patients. Not only did the intervention

improve treatment outcomes, but it also strengthened trust and empowerment among participants. The above study is one of participatory and equitable intervention design grounded in the real-life experiences of vulnerable groups.

**c. Telehealth for Remote Populations in Kenya**

Health care access in rural Kenya is often limited by geography, lack of transportation, and shortage of healthcare staff. Telehealth interventions have been piloted by nurse researchers to address such shortages.

For instance, Kachimanga et al., 2025 developed a nurse-led mobile health (mHealth) platform for follow-up of high-risk pregnancy in rural populations. The nurses used SMS and mobile apps to track blood pressure, educate on danger signs, and refer urgently. The intervention played a major role in reducing complications and maternal death, illustrating the capability of technology when integrated with culturally sensitive nursing interventions to reduce disparities in health outcomes (Kachimanga et al., 2025).

**d. Improving Access to Mental Health for Displaced Adolescents in Uganda**

Trauma is present among most teenagers in Northern Uganda after the war, even though the mental health field remains impoverished. Nurse-implemented research by MacLochlainn et al., (2022) evaluated school-based intervention that trained nurses and educators on trauma-informed care among teenagers affected by war.

The study produced increased mental health literacy, reduced stigma, and increased identification of mental health issues in schools. This equitable work illustrates how nursing science can integrate psychological and social determinants of health, especially within marginalized and conflict-affected communities.

**e. Cervical Cancer Screening Uptake in Nigerian Urban Slums**

Cervical cancer ranks among the top causes of deaths due to cancer in Nigerian women, yet it is preventable. Chigbu et al. (2017) implemented a study that sought to increase the uptake of cervical screening in urban slums through the use of a door-to-door, nurse-deployed awareness campaign using local languages and culturally sensitive messages.

The intervention had a strong impact on screening rates and knowledge. This piece of work demonstrates the worth of culturally responsive, equity-driven nursing study that encounters people where they are literally and metaphorically.

**Innovations and Strategies in Nursing Research to Foster Health Equity**

Health equity in nursing studies requires not only a strong theoretical foundation but also pragmatic innovations and strategic approaches that build impact. Increasingly acknowledged is the degree to which structural and social determinants impact health disparities. Nurses and nurse-researchers are employing diverse tools, methods, and partnerships to create research that is actionable and inclusive.

**i. Community-Based Participatory Research (CBPR)**

Community-Based Participatory Research (CBPR) is a partnership approach that involves community members, organizational representatives, and researchers equally in all steps of the research process (Zhang et al., 2024). The community is not an object of research but a co-creator of knowledge in CBPR.

Nurses utilizing CBPR have partnered with marginalized populations to identify local health concerns, co-develop interventions, and translate research into practice. For example, nurses and community leaders in South Africa utilized CBPR to address maternal mortality by examining obstacles to antenatal care among rural communities (Musie & Mulaudzi, 2024). Nursing scientists in Nigeria have utilized CBPR approaches to co-design culturally tailored HIV prevention interventions for youth (Akeju et al., 2021; Iwelunmor et al., 2023).

CBPR creates trust, ensures cultural sensitivity, and promotes long-term community benefit core elements of equity-informed research.

### **ii. Culturally Competent and Inclusive Research Design**

Research cultural competence has been described as the ability to design and carry out studies that are respectful and relevant to the cultural contexts of participants (Chang et al., 2012). Nursing researchers are increasingly employing culturally informed approaches in their research protocol, recruitment strategy, and data analysis. For example, Ghanaian scientists created maternal health education interventions in the local language and engaged traditional birth attendants in program implementation to enhance acceptability and effectiveness (Amponsah et al., 2021). In Nigeria, inclusive maternal and child health research has taken into account variations in religious beliefs, health literacy levels, and gender norms influencing care-seeking behavior (Okafor et al., 2022).

### **iii. Use of Digital Health Technologies (mHealth)**

Digital technologies, especially mobile health (mHealth), are transforming how nurses conduct research, especially among hard-to-reach or underserved populations. The technologies allow data to be captured in real time, remote monitoring, and the provision of health interventions through SMS, mobile applications, and telemedicine systems. In Kenya, SMS reminders were used by nursing scientists to improve rural HIV-positive patients' adherence to antiretroviral therapy (ART) (Lester et al., 2010). Maternal health studies in Nigeria used mobile platforms to offer pregnant women in rural areas education, improving antenatal attendance and outcomes of delivery (Babatunde et al., 2025).

### **d. Policy-Oriented Nursing Research**

Equity-oriented nursing research increasingly integrates policy to facilitate systemic change. Nurse researchers commonly collect evidence to support reforms in health financing, human resource development, maternal and child health, and primary care provision.

In Nigeria, nurse scientists have evaluated the impact of the Basic Health Care Provision Fund (BHCPF) on maternal and newborn health outcomes in rural areas and provided policy recommendations to optimize fund use (Alawode et al., 2022). In Uganda, nurse studies of adolescent reproductive health directly guided school health policy reforms (Atuyambe et al., 2015; Nalukwago et al., 2019).

This translational focus makes it feasible for research outcomes not to remain in silos in academia but be translated into the paradigms that shape health access and outcomes.

### **e. Mentorship and Capacity Building in Underrepresented Regions**

Research equity also requires research equity in who does the research. Nurse researchers are urging increased mentorship, funding, and training opportunities for LMIC-based researchers,

especially in Africa. Projects such as the African Research Nursing Partnership have enhanced African nurses' ability to conduct research by writing grants, analysing data, and learning about ethics (Asuquo et al., 2013; Ndebele et al., 2014).

**f. Intersectionality in Research Design and Analysis**

Intersectionality is being applied more and more in nursing research to explain how multiple identities such as gender, race, class, and ability intersect and affect health. With intersectional analysis, the researchers can better assess the compounding effects of discrimination and target interventions at them.

For instance, a US study used intersectional analysis to describe how race and poverty intersect to affect breastfeeding practices among Black women (Crenshaw et al., 2022). Although not as common in African contexts, intersectionality is increasingly being used for reproductive health, especially among conflict-affected adolescent girls (Amodu et al., 2022).

**Addressing Underrepresented and Marginalized Populations in Nursing Research**

One of the most valuable contributions of nursing research to health equity is its identification of underrepresented and marginalized groups of populations that are often ignored or left out by the traditional biomedical research. These populations are not just racial and ethnic minorities, but also women, people with disabilities, internally displaced people (IDPs), refugees, those living in poverty, and residents of rural or conflict-affected areas. In Nigeria and much of Africa, nursing research is being focused more to address these disparities through community-based and culture-focused solutions.

**1. Importance of Inclusion**

Historically, health sciences research has concentrated on the dominant population groups, and this has led to poor generalizability of the findings and solutions to healthcare among vulnerable populations (Ford et al., 2019). Nursing, founded on holistic care and person-centred philosophy, offers a unique perspective to combine the lived experiences, health beliefs, and social determinants shaping these populations.

Participation in research not only makes outcomes more salient and effective but also establishes trust and research partnership in communities that have already suffered medical exploitation and abandonment such as the Tuskegee Syphilis Study in America or immoral experiments in colonial history in Africa (Gbadebo & Okunade, 2022).

**2. Strategies for Inclusion**

A number of inclusive research strategies have been utilized by nursing researchers to address this issue:

**Community-Based Participatory Research (CBPR):** CBPR involves incorporating community members as full partners in the research to ensure that their voices guide the research questions, methods, and distribution of findings. CBPR has been used in rural maternal health studies in Nigeria to characterize barriers to the utilization of antenatal care (Okonofua et al., 2019).

**Culturally Responsive Methodologies:** Tools, questionnaires, and interventions are translated into local language, culture, and traditions. For example, mental health research among Hausa

women in Northern Nigeria utilizes culturally appropriate definitions of depression and anxiety (Abdulmalik et al., 2016).

**Targeted Recruitment and Retention:** Recruitment strategies involving known community leaders or local health professionals help in achieving acceptance and participation by minority groups (Yancey et al., 2006).

**Ethical Sensitivity:** Power dynamics and vulnerabilities become clearer to researchers when handling marginalized communities. Ethical practices today stress more than ever before informed consent, confidentiality, and mutual benefit.

### **3. African and Nigerian Contexts**

In Africa, women and girls are marginalized groups, especially in societies that are patriarchal in nature where healthcare and education do not reach them. In Nigeria, gender violence, limited reproductive healthcare, and pervasive poverty specifically target women and girls and are thus a priority area in equity-centred nursing research (Aderinto et al., 2020). Additionally, rural populations and internally displaced persons (IDPs) especially in Nigeria's northeast due to Boko Haram insurgency face significant health disparities. Nursing researchers are beginning to explore innovative models of mobile health delivery and tele-nursing to reach these populations (Afolabi et al., 2021). The inclusion of people with disabilities in health research in Africa is still emerging. However, efforts are underway to ensure their healthcare experiences are better documented and addressed through policy-relevant nursing research (WHO, 2021).

### **Challenges and Ethical Considerations in Equity-Oriented Nursing Research**

While equity-oriented nursing research holds immense potential to transform healthcare systems, it is not without significant challenges and ethical complexities. These issues span across methodological, institutional, sociocultural, and policy dimensions especially when working with historically marginalized or vulnerable populations in Nigeria, Africa, and other global contexts.

#### **1. Methodological Challenges**

##### **a. Lack of Disaggregated Data**

A major obstacle in equity-driven research is the limited availability of disaggregated data (by ethnicity, gender identity, disability, geography, etc.). Without this, it's difficult to uncover or measure disparities. In Nigeria, health records often lack comprehensive sociodemographic information, which hinders subgroup analysis (Ogunbekun et al., 2019).

##### **b. Recruitment Barriers**

Populations most affected by health inequities were often the most difficult to recruit into research studies due to multiple intersecting barriers. These barriers included deep-rooted mistrust of medical and research systems, frequently stemming from historical exploitation and unethical research practices. Language and literacy challenges further limited participation, particularly among populations with low formal education or those from linguistically diverse backgrounds. Physical inaccessibility, especially in rural, remote, or conflict-affected settings, also constrained researchers' ability to engage these populations. Additionally, fear of stigma and discrimination discouraged participation

among groups such as individuals living with HIV and sexual minorities, who often faced social marginalization and potential repercussions for disclosing their identities or health status.

**c. Complex Social Determinants**

Social determinants of health (poverty, education, employment, housing) are deeply interwoven and context-specific. Designing studies that isolate or address these complexities requires interdisciplinary and often longitudinal approaches, which can be resource-intensive and difficult to sustain.

**2. Ethical Considerations**

**a. Informed Consent and Power Imbalance**

In communities with low literacy or unfamiliarity with research, truly informed consent may be challenging. Researchers must ensure that participants understand their rights and the study implications. Power imbalances especially between urban-based researchers and rural communities can lead to coercion or token participation.

**b. Community Trust and Engagement**

Gaining and maintaining community trust is crucial. Past unethical practices (Pfizer's 1996 Trovan clinical trial in Kano, Nigeria) have made some communities wary of participating in health research. Culturally insensitive research can reinforce stigma or deepen marginalization.

**c. Benefit Sharing**

Ethically, research should benefit the communities involved. However, in many low-resource settings, participants may not see tangible improvements after studies are concluded. Researchers have a responsibility to: Share findings in accessible ways, advocate for policy or service changes based on evidence and avoid extractive research relationships

**d. Confidentiality and Safety**

Research involving sensitive issues such as gender-based violence, or mental health, must prioritize confidentiality. In contexts where certain identities or topics are criminalized or stigmatized, researchers must take extra care not to endanger participants.

**3. Institutional and Systemic Barriers**

Equity-focused nursing research has faced persistent institutional and systemic barriers, particularly in African settings. Limited funding opportunities have restricted the development and sustainability of studies addressing health inequities. Publication bias has further disadvantaged qualitative, mixed-methods, and community-based research, which is often undervalued in favour of large-scale quantitative studies. Additionally, inadequate training in participatory and culturally responsive methodologies has constrained researcher capacity. Political and religious resistance to sensitive topics such as reproductive health, gender identity, and mental illness has also limited research engagement, dissemination, and policy influence.

**Strategies to Address Challenges**

Addressing these challenges requires deliberate, equity-oriented strategies within nursing research. Early and sustained community engagement through participatory approaches can enhance trust, relevance, and ethical integrity. Interdisciplinary collaboration with social scientists, ethicists, and local leaders strengthens contextual understanding and methodological rigor. Building research capacity among nurses and midwives in low- and middle-income

countries is essential for sustainable, locally driven inquiry. Establishing feedback mechanisms ensures transparency and accountability to participants, while collaboration with ethics committees supports the development of context-appropriate and culturally sensitive research protocols.

## **CONCLUSION**

Equity-oriented research in nursing is an essential path to redirecting health systems for greater justice, equity, and responsiveness to the needs of all groups most especially those that have been traditionally marginalized or underrepresented. From adopting inclusive technologies and participatory strategies to calling for advocacy and policy reforms, nurses are taking the lead in fostering equity in healthcare practice and research. However, achieving health equity through nursing studies is not an easy feat. There are structural impediments, ethical complexities, and institutional obstacles especially in low- and middle-income countries like Nigeria which must be intentionally tackled through context-informed, people-centered, and interprofessional solutions. It is not enough just to note the disparities; research must act to eradicate them. As global healthcare continues to evolve, so too must nursing research aiming for equity, respecting diversity, and ethically innovating. Investing in equity-driven nursing research improves outcomes of care but also positions the profession as an agent of systemic change.

## **Way Forward for Equity-Oriented Nursing Research**

Advancing health equity through nursing research requires deliberate and sustained efforts at multiple levels. Future research should prioritize the integration of equity frameworks, such as the Social Determinants of Health, into study design, implementation, and evaluation to ensure that structural drivers of inequity are systematically addressed. Increased investment in equity-driven nursing research, particularly in resource-constrained settings, is essential to strengthen research capacity and support innovative, culturally responsive methodologies. Strengthening interdisciplinary and multisectoral collaborations will also be critical, as health inequities are shaped by factors extending beyond the healthcare system. Furthermore, greater emphasis should be placed on community engagement and participatory approaches that amplify the voices of marginalized populations and promote shared ownership of research processes and outcomes. Finally, translating research findings into advocacy and policy action will be necessary to ensure that evidence generated through nursing research contributes meaningfully to systemic change and improved health outcomes for all.

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