Expanding the Moral Imagination: The Social Class Dinner

At the beginning of a community health course in an RN-to-Bachelor of Science in Nursing program, students expressed a lack of understanding and concern for clients who have low incomes, with some students describing this population as “using the system.” From the start of the course, that view emerged as a moral gap. Considering the role of engagement to broaden moral imagination (Benner, Sutphen, Leonard, & Day, 2010), the instructor adopted an interactive project—the Social Class Dinner (Janzen, 2011)—to teach nursing students about how it feels to live with a low income. The purpose of integrating the Social Class Dinner into a community health nursing class was to provide nursing students with an experience to improve their connection and care for clients with a low income.

Approximately 50% of the global population encompasses the lowest class, with individuals making less than $1,700 per year, or $4.65 per day. This population has no access to adequate health care, loses one child or more before the child reaches the age of 5, and the common occupation is banana, sugar, or coffee farmer. The middle class, with an annual income of $1,700 to $15,569, comprises approximately 40% of the global population (Dikhanov, 2005). A serious family illness or a fractured arm. Allocation of income was assigned based on the global income distribution reported by the World Bank (Dikhanov, 2005) and is shown in the Table.

Because community health is one of the nursing courses, the discussion started with a question that focused on health—How do you think your assigned economic situation could impact your health? The class then discussed the absence of vegetables from the plates of 90% of the class. In the activity, the students assigned to the middle class received an all-protein meal, which consisted of rice and beans, but when such a diet is the staple of three daily meals for this population, it is not sufficiently laden with micronutrients to prevent health problems, such as anemia.

Although this activity can be used in other settings, the author feels compelled to provide nursing students with a fuller understanding of poverty because its impact on health is real. With 90% of the global population making less than $16,000 per year, students are exposed to the limitations of health care for this population through this exercise.

A written institutional review board–approved evaluation was collected after the activity. Students found the activity to be an effective teaching strategy that shared valuable information. Several students said this activity was “eye opening” and “a perfect way to show the differences between the classes.” Fifteen students (58%) expressed a change in their perceptions as a result of participating in this activity, with one student stating, “They have a poor diet… missing nutrients.” One student said, “Yes, I’ve always known we (United States) are fortunate [sic] nation, but to realize how much of the world lives in poverty really hit hard.” Students recommended a less global, more local approach for future activities. It is helpful if faculty, students, or a guest speaker can personally validate the reality of living in poverty through a personal experience, such as travel.

Through this activity, an expansion of moral imagination was achieved and required reinforcement throughout the course.

References


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