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Editorial

Transforming 21st-century health and social sciences education through intersectionality

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In the current era of rapid technological advancement and social complexity, the imperative for an intersectional approach in health and social sciences education has never been greater. As educators and practitioners, we are called to move beyond the confines of traditional, unidirectional lectures and the sometimes overly technified simulations that dominate contemporary curricula. Instead, we must foster environments where students are actively engaged; where they are not simply memorizing content, but are critically understanding, applying, integrating, and challenging knowledge within and across disciplines. To effectively respond to these evolving demands, scholars must ground educational strategies in frameworks that reflect the true complexity of human experience. One such framework – intersectionality – offers a powerful lens through which to better understand and address the multifaceted realities our students and future professionals will encounter.

Intersectionality, as first articulated by Crenshaw (1989), provides a framework for examining how multiple social identities – such as race, gender, social class, sexuality, and ability – intersect to shape individual experiences and access to resources within systems of power and oppression. Crenshaw's foundational work demonstrated that the experiences of black women, for example, cannot be fully understood by analyzing race or gender in isolation, but only by considering their intersection. Hill Collins (1990) expanded this analysis with the concept of the "matrix of domination", emphasizing that power operates across multiple, interlocking axes. Therefore, intersectionality is not merely theoretical but offers practical tools for analyzing shifting patterns of privilege and oppression.

Integrating intersectionality is also essential for advancing compassionate cultural competency in health and social sciences education. Papadopoulos (2018) defines cultural competence as a dynamic and lifelong process, involving cultural awareness, knowledge, sensitivity, and practical skills. However, without an intersectional perspective, cultural competence initiatives could be at risk of failing to address the structural determinants that perpetuate health inequities. Thus, intersectionality enables educators and practitioners to move beyond simplistic understandings of culture, and instead foster an approach that considers the interplay of multiple identities and the systemic forces shaping health outcomes. Compassionate care involves presence, empathy, and authentic engagement with patients as whole persons – emotionally, psychologically, and spiritually (Watson, 2008). Both frameworks converge on the imperative that compassionate, culturally competent care must be rooted in a commitment to social justice, recognizing and addressing the systemic barriers that contribute to health disparities. This imperative directly underscores the need for an intersectional approach in health and social sciences education. Compassion and cultural competence, while essential, are insufficient if they do not account for the complex, intersecting identities and social determinants that shape individuals' health experiences.

Intersectionality provides the analytical tools to recognize how different axes of identity interact to produce unique forms of privilege and oppression (Crenshaw, 1989; Hill Collins, 1990). Without this scope, educational efforts might be at risk of oversimplifying diversity and fail to prepare students for the realities of structural inequity in healthcare delivery. Therefore, incorporating intersectionality into health and social sciences education ensures that compassionate care is not merely an individual or interpersonal endeavor, but a practice informed by critical awareness of power dynamics and systemic injustice. It equips future professionals to identify and challenge the root causes of health disparities, rather than addressing only their symptoms. By embedding intersectional analysis into curricula, educators foster not only empathy and cultural sensitivity, but also the capacity for critical reflection and transformative action, both of which are essential qualities for advancing equity in healthcare.

Despite the clear need for intersectional, culturally competent, and compassionate education, much of the health and social sciences teaching remains anchored in outdated methods. Traditional lectures, characterized by passive information transfer, often fail to engage students in meaningful learning. Similarly, overreliance on technified simulations can reduce complex social realities to checklists and scripted encounters, ignoring the depth that intersectionality demands. These outdated approaches jeopardize graduates who are technically

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proficient but lack the critical, empathetic, and adaptive skills required in contemporary healthcare practice.

Active learning methodologies offer a compelling alternative. Active learning comprises those methods that engage students in the learning process by requiring them to participate in meaningful learning activities and think about what they are doing (Bonwell and Eison, 1991). Rather than positioning the educator as the sole source of knowledge, active learning puts students in the center, engaging them in problem-solving, critical thinking, collaboration, and reflection. These strategies are particularly well-suited to intersectional education, where understanding complexity, integrating knowledge from multiple disciplines, and questioning assumptions are paramount. For example, narrative photography enables students to explore and represent diverse lived experiences visually, prompting reflection on social identities and power structures (Leyva-Moral et al., 2022). Reflective journals provide a space for students to process their own positionalities, biases, and reactions to course material, deepening self-awareness and empathy (Yang and Zow, 2025). Body mapping allows students to express and analyze how social, cultural, and structural factors are inscribed on the body, making visible the intersections of identity, health, and environment (Brigidi, 2025). Role playing immerses students in scenarios where they must navigate ethical dilemmas, cultural differences, and systemic barriers, fostering perspective-taking and critical dialogue for social justice (Lee et al., 2022). Additional methods such as case-based learning, problem-based learning, and service learning can also be tailored to highlight intersectional issues in clinical and community contexts.

The evolving landscape of health and social sciences education, shaped by artificial intelligence and global interconnectedness, further emphasizes the need for pedagogical transformation. The educator's role is no longer to serve as a living repository of knowledge, but to guide students in navigating complexity, developing empathy, and cultivating the skills necessary to thrive in uncertain and dynamic environments. Intersectionality, as a core principle, can inform curricula design by ensuring that teaching is responsive to the realities students will encounter in practice. This approach promotes critical self-reflection among faculty and managers. *Are current methods engaging students meaningfully? Do simulations prepare students for the complexities of real-world practice, or do they reinforce routine thinking? Are opportunities provided for students to connect theory with lived experience, reflect on their identities and biases, and engage with diverse communities?* These questions highlight the direct relevance of intersectionality to teaching in health and social sciences education, as this approach equips students to address the layered and systemic challenges prevalent in today's healthcare environments.

Ethical aspects and conflict of interest

The author has no conflict of interest to declare.

References

1. Bonwell CC, Eison JA (1991). Active learning: Creating excitement in the classroom (ASHE-ERIC Higher Education Report No. 1). The George Washington University, School of Education and Human Development, 121 p.
2. Brigidi S (2025). Group Body Mapping: Exploring Intersectional Aspects of Obstetric Violence Through Embodiment-Experiences of Migrant Women in Situations of Vulnerability. Qual Health Res. DOI: 10.1177/10497323251316444.
3. Crenshaw K (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. Univ Chic Leg Forum 1989(1): 139–167.
4. Hill Collins P (1990). Black feminist thought: Knowledge, consciousness, and the politics of empowerment. Routledge, 384 p.
5. Lee E, Kourgiantakis T, Hu R, Greenblatt A, Logan J (2022). Pedagogical Methods of Teaching Social Justice in Social Work: A Scoping Review. Res Soc Work Pract 32(7): 762–783. DOI: 10.1177/10497315221085666.
6. Leyva-Moral JM, Aguayo-González M, Folch C, San Rafael S, Gómez-Ibáñez R (2022). Nursing students' perceptions of the efficacy of narrative photography as a learning method: A cross-sectional study. Nurs Health Sci 24(2): 380–386. DOI: 10.1111/nhs.12913.
7. Papadopoulos I (2018). Culturally competent compassion: A guide for healthcare students and practitioners. Routledge, 128 p.
8. Watson J (2008). Nursing: The philosophy and science of caring (Rev. ed.). University Press of Colorado, 336 p.
9. Yang Q, Zou W (2025). The impact of reflective practice on the development of nursing undergraduate students. BMC Med Educ 25(1): 880. DOI: 10.1186/s12909-025-07490-3.