Student Perspectives on Social Responsibility in Nursing

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ABSTRACT

Social responsibility (SR) is a core component of the nursing profession. However, nursing education is challenged in delivering meaningful translation of this topic to students. This potentially reduces the readiness of newly licensed nurses to care for underserved populations. This study explored nursing students' understanding of SR and the impact on role formation. Results showed students have a limited understanding of SR and limited experiences for development. Recommendations for improvement are offered.

Keywords: social responsibility, moral development, nursing students

INTRODUCTION

Community-based health promotion activities are recognized as a key opportunity to reduce the impact of health related issues. Health care professionals (e.g., physicians, nurses, public health personnel) are aware of the health disparities within many communities, but remain challenged with effectively impacting the rising rates of morbidity and mortality within these settings (Northridge & Healton, 2012; Turner, Chen, Harvey, Smith Jr., & Redding, 2014). Nurses are recognized as key personnel in providing community-based care and education, which require an understanding of the impact of social inequities (e.g., poverty and health disparities) on health literacy, decision-making, and outcomes. Despite this, nurses continue to struggle in addressing these issues. Although presented as a part of their pre-licensure education, the manner in which nurses receive and explore concepts related to social justice, inequities, and responsibility greatly vary. They are often dependent on curricular design and nursing program location. Nursing students frequently struggle with understanding, identifying, and connecting with a community culturally different than their own and may not understand the level of social support and responsibility expected of those in health care professions (Callen, Smith, Joyce, Lutz, Brown-Schott, & Block, 2013; Patterson & Hulton, 2011). This potentially results in the development of a practitioner with a limited view of nursing practice.

LITERATURE REVIEW

Very few references directly connect the nursing profession to the term social responsibility (SR). A limited review of the available literature on SR concepts and nursing education was performed to understand the similarities in definition, application, and evaluation of the term. A literature search was conducted using the Cumulative Index of Nursing and Allied Health (CINAHL) Complete database with the Boolean/Phrase search term of social responsibility and nursing education, from the year 2000 through 2014. This search database was selected due to the direct focus on

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the nursing profession and similar disciplines. The database provides access and text for approximately 1,300 journals and is considered to be a quality source of nursing -focused, qualitative systematic reviews. A total of eleven (11) publications (journal articles and dissertations) were received with the application of additional limitations of the following: publication in the English language, focus on nursing education, and full text availability. The limited results received prompted additional consideration of comparative search terms such as service-learning in nursing education (18), civic duty and nursing education (0), and community engagement and nursing education (4). The use of these additional terms (and original inclusion criteria) expanded the available publications for review to a total of 71 publications (see Table 1). Although other search terms were used (e.g., service-learning, civic duty, and community engagement) to expand the search categories, focus was placed on addressing the application of the primary term, social responsibility, for the purposes of this article. Other search terms (e.g., public health in social responsibility) were excluded to maintain a focus on perceptions of the nursing profession. However, a full systematic review on the subject using other databases, health care professions, and related disciplines could be beneficial to further explore this topic.

Social Responsibility Defined

Social responsibility can be considered synonymous with terms such as social justice and community engagement. However, some nursing researchers argue that SR processes encourage additional commitment to ideas, models, and activities that promote improved, positive outcomes for those involved (Kelley, Connor, Kun, & Salmon, 2008). For example, although various detailed explanations exist, community engagement is broadly acknowledged as different groups working together in a collaborative manner to assess and evaluate issues affecting the group (New England Resource Center for Higher Education, n.d.; Centers for Disease Control and Prevention, 2011). Additionally, social justice considers and includes the values of equality when administering local and societal resources (Northridge & Healton, 2012; Harvey,

Table 1. CINAHL Literature Review Search Results (# of available publications)*

	Boolean/ Phrase	SmartText**
Social Responsibility	1,178	NA
Social Responsibility and Nursing Education	11	NA
Civic Duty and Nursing Education	0	56
Community Engagement and Nursing Education	4	NA
Service-Learning in Nursing Education	18	NA
Total- 71		

*Search limitations: English language, full text availability; focus on nursing education, publication from 2000-2014

**SmartText searching was utilized when Boolean/Phrase searching yielded no search results.

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2010). While both constructs offer an excellent foundation in collaboration and community support, something is missing from the descriptions in terms of the depth of personal obligation toward the community.

At its core, SR is obligation, commitment, community-based engagement, and values-based action. For the purposes of this paper and the connection to the nursing profession, SR was defined as a perceived obligation to the community and demonstration of commitment toward community-based social change (Mayo, 1996). Additionally, professional values such as SR, leadership, and civic duty support the development of cultural competence in prelicensure students (Fry, 1983). Traditional nursing pioneers and theorists, such as Florence Nightingale, Lillian Wald, and Lavinia Lloyd Dock, recognized the important role and responsibility nurses have to educate others in order to promote positive health outcomes (Kelley, Connor, Kun, & Salmon, 2008; Wald, 1991). The ability of nurses to provide care within the context of holism and culture is a foundational aspect of the profession.

The concepts of social justice and social responsibility often receive increased emphasis in health care professions, which can create a perception of commitment to community engagement and the development of values for addressing societal needs (Tyer-Viola, Nicholas, Corless, Barry, Fitzpatrick, & Davis, 2009). However, the manner in which health care professionals (e.g., nurses) learn this responsibility and develop these values may require additional attention. Researchers continue to demonstrate connections between the potential impact of students' attitudes (values) on their understanding of poverty and other social determinants of health (Reutter & Kushner, 2011; Popham, 2009). The assessment of knowledge, skills, and attitudes in the nursing profession include the evaluation of an integration of information, actions in support of patient care, and value development of the professional role (Cronenwett et al., 2007). This is a very recently identified, significant component to the development of future nurses in the support of quality, safety, and delivery of patient care (Institute of Medicine, 2003). Additionally, the connection of attitudes may be considered an indicator of student-level SR development. Reutter & Kushner (2011) discussed the connection between nursing and social justice and recommended nursing education increase its curricular focus on social determinants of health (e.g., health inequities, poverty, and advocacy). This is valuable to nursing education as it helps faculty improve their efforts to support students' development of core nursing values and perceived responsibilities to the public. The improved ability of a nursing student to understand their role eases their transition from student to responsible practitioner (Lathrop, 2013).

To better understand the perspective of undergraduate nursing students on SR and the developing values of the professional nurse, first-year nursing students shared their perspective on the topic. The purpose of this paper is to share the results of the group discussions about their attitudes and perceptions on SR, leadership, and the role of the professional nurse. The following questions were considered:

- What is the nursing students' understanding of the delivery of socially responsible nursing care?
- How do students connect community health status and challenges to responsible action for nursing personnel?

METHODS

A qualitative design (e.g., focus groups) was used to understand student per-

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spectives of lived experiences and expectations of the nurse's role in the delivery of socially responsible health care. The students were recruited over a two-week period from a course designed to teach entry level nursing students concepts of health promotion and cultural awareness.

Sampling

Upon ethics approval from the university's institutional review board, 63 first year nursing students were invited via email to participate in two focus group discussions on their understanding of the impact of health equity (e.g., poverty and health literacy) on health care decision-making and the role of the nursing profession in addressing these concerns. The sessions occurred on the students' academic campus using semi-structured interview questions. Key informants (selected educators and students) reviewed planned focus group questions prior to delivery and offered feedback for revisions to improve instrument validity.

Procedure

Focus group protocol. During the hour-long sessions, student participants discussed concerns about socially responsible health promotion as it related to poverty, health literacy, and demonstrated examples of SR behavior (including their prior experience with community-health promotion). The room was set up in a circle of chairs to facilitate group discussion. Two student research assistants (who also acted as moderators) obtained informed consent and answered any study-related questions prior to participation in the focus group sessions. The facilitators used previously designed open-ended questions and probes at their discretion. No faculty members (including the primary investigator) were present during these sessions to encourage active discussion and reduce researcher bias. One research assistant (RA) acted as primary moderator and discussion leader while the secondary RA recorded and took notes on the responses, inflection, group activity, and interest level. At the end of the focus group session, the secondary moderator clarified participants' responses (member check) with the group and updated the notes as needed. The sessions were concluded with an assurance of confidentiality in the reporting of their responses and encouragement to contact the moderators or primary investigator (PI) for additional questions. Both group discussions took place in the students' educational setting.

Ethical Considerations and Management of Researcher Bias

Students were offered voluntary participation in the focus group session and were allowed to leave at any time. Students choosing not to participate were not penalized or recorded. The presentation of data included no names or other identifying characteristics. All participants completed informed consent. To address researcher bias, focus group protocols were standardized and interview questions reviewed with key informants (educators and students) to observe for biased phrasing prior to delivery of focus group sessions. Student RA's were used to remove PI influence on focus group discussions. Moderator bias was addressed by the neutral tone, body language, and manner of dress of the RA's. Although the RA moderators were the same age and gender as the focus group participants, ethnicity was varied and moderator responses were limited to reduce the offering of biased opinions.

Analysis Method

A systematic analysis method was used to analyze the narratives of the focus group participants. Initially, the selected questions were sequenced to allow maximum insight into the subject matter. At-

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tendees were introduced to the broad topic and received time for reflection prior to the moderated question and answer session. After completion of the discussion, the RA's offered a final summary for each participant to ensure accuracy. Group discussions were audio recorded and transcribed to conserve historical data. Data were managed using broad-brush coding to unitize and categorize the results. Qualitative content analysis was used to confirm major themes and sub-themes. A codebook was developed as a guide to assist in the data analysis process. It included the following components: code label, detailed description (inclusion criteria and exclusion criteria) and an example (Table 2). As recommended by DeCuir-Gunby, Marshall, & McCulloch (2011), development of the codebook included three major coding categories: theory-based codes, data-driven codes, and research-oriented codes. Each step required a review of the code in the context of data and evaluation of emerging themes and subthemes. The final step was the coding/labeling of data and establishment of reliability. This involved training the RA's in codebook development and multiple meetings and discussions to establish agreement of definitions and code labels. To minimize the impact of groupthink, each question, topic, and resulting code/ label was discussed until group consensus was achieved.

The research team (PI and two RA's) performed the following data analysis methods: 1) In-depth reading of all transcripts to improve comprehension of language and meaning of verbiage; 2) Transcription of the focus-group discussion via NuanceÒ Dragon Naturally Speaking transcription software; 3) Transcription of the secondary moderator's field notes; 4) In-depth reading of each transcript to identify major codes; 5) Manual coding of field notes' common themes; 6) Manual coding of focus-group discussion transcript; 7) Creation of codebooks with definitions and supporting text; 8) Frequent cross-checking performed to confirm emerging themes.

Table 2. Sample Coding Categories: Social Responsibility in Nursing

Question	Category	Subcategory	Code	Description	Example
What does the term "social responsibility" mean to you?	Poverty and health literacy	Management of disparities	Responsibility to others	Student states or suggests a connection between addressing the social determinants of health and nursing actions.	"Giving help to all of the people you can."
How important is social responsibility to you? Why?	Student experiences	Application of civic duty	Responsibility to others	Student makes direct or indirect reference to doing for others as a part of their professional responsibility.	"It's our job…" "We have to help others… this is what we do"
What examples of socially responsible behavior have your personally and professionally observed?	Examples of SR	Lack of educational opportunities	Role modeling	Student describes or reports examples of specific instances where behaviors were noted.	"I do not routinely see it by nurses or faculty…" "I want to be engaged"

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The Dragon Naturally Speaking transcription software is a tool designed to support transcription of recorded speech into text (Nuance Communications, 2016). The software required the PI and RA's to listen and verbally repeat all interview questions and responses and once software-generated transcription occurred, cross-check each entry for accuracy. This repeated process allowed for the immersion of the PI and RA's into collected data for multiple levels of analysis. Additionally, the research assistants performed separate transcription and thematic coding to cross-check PI findings. Identification of themes was performed and confirmed with input from all members of the research team (PI and research assistants). The last steps in the thematic process included the incorporation of the moderator's field notes. Cross-checking was performed at varying stages of data collection to ensure accuracy of data and maintain reflexivity for the PI in encouraging self-awareness and frequent self-correction, self-analysis, and self-reflection (Berger, 2015).

RESULTS

Content analysis and comparison from the focus group sessions identified several primary themes: variable definitions of poverty, elevated sense of responsibility to others, prominent perception of the role of the nurse in community-based health promotion activities, and the need for improved role modeling from practicing nurses.

Focus Group Events and Participants

The RA's performed student recruitment over a two-week period via email. Students showing interest in focus group participation were offered additional details regarding focus group description and informed consent. The focus group discussions were designed to occur at two points in the semester: prior to receipt of classroom-directed service-learning experiences and upon the completion of the activities. The decision was made to engage with the same group on two different occasions to minimize variability in participant bias and to assess the impact of the service-learning experience on focus group discussion topics. A total of thirteen (13) students agreed to participate.

The initial focus group took place at the beginning of the 15-week semester, on the students' university campus. The group consisted of all women (100%), ages 19-40, first-year baccalaureate nursing students with no prior experience with local community-based organizations, or formalized clinical exposure. The demographics of the group included: 57% White, 28% Black, and 14% Hispanic. However, all students were in the second semester of their first year of nursing school and acknowledged having received didactic content and faculty-led instruction on the subject matter. Forty-two percent (42%) of the participants reported having prior experience with, or having lived in, poverty and acknowledged its influence on their overall health, current career choice, and perceptions on the discussion topic. All participants remained for the entire one-hour session but appeared hesitant to speak and required additional time to respond to the questions presented by the moderator.

The second focus group session took place at the end of the 15-week semester, on the students' university campus with six of the participants from the first discussion (86%) returning to share their feedback and perceptions on the subject matter. The group consisted of 100% women, aged 19-40, 66% White, 33% Black. All focus group participants remained for the entire one-hour session. The group was noticeably more relaxed, attentive to the proctor and

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other participants, and excited to share their opinions related to the subject matter.

Findings

A primary finding from the two group discussions was that all participants fully embraced the idea of delivering socially responsible care as a significant component of their nursing education and their role within the profession. However, after completing their first year of classroom and clinical experiences, they remained unsure of the methods by which they could engage the community to deliver this type of care. The participants also reported concerns with the lack of available role modeling on this subject and voiced a need for continued support and guidance from faculty and experienced nurses when managing larger concepts such as community health promotion, health disparities, and health literacy. Data from the focus group discussions were categorized around four major themes: 1) poverty and health literacy, 2) social responsibility to others, 3) role modeling, and 4) student experiences (see Figure 1). Upon further exploration, several subcategories emerged: management of disparities, application of civic duty, setting examples, and lack of educational opportunities.

Poverty. Participants were asked to share their definition and perception on poverty and the impact on health outcomes. Perceptions on poverty are acknowledged as a key influence on the development of values of a nursing student (Vliem, 2015). The development of nursing knowledge, skills, and abilities are potentially affected by a student's past personal experiences, biases, and limited understanding of the multifaceted impact of socioeconomics on health care for individuals, families, and communities.

Participants overwhelmingly reported their understanding of the term as monetary-based (no or low income, or re-

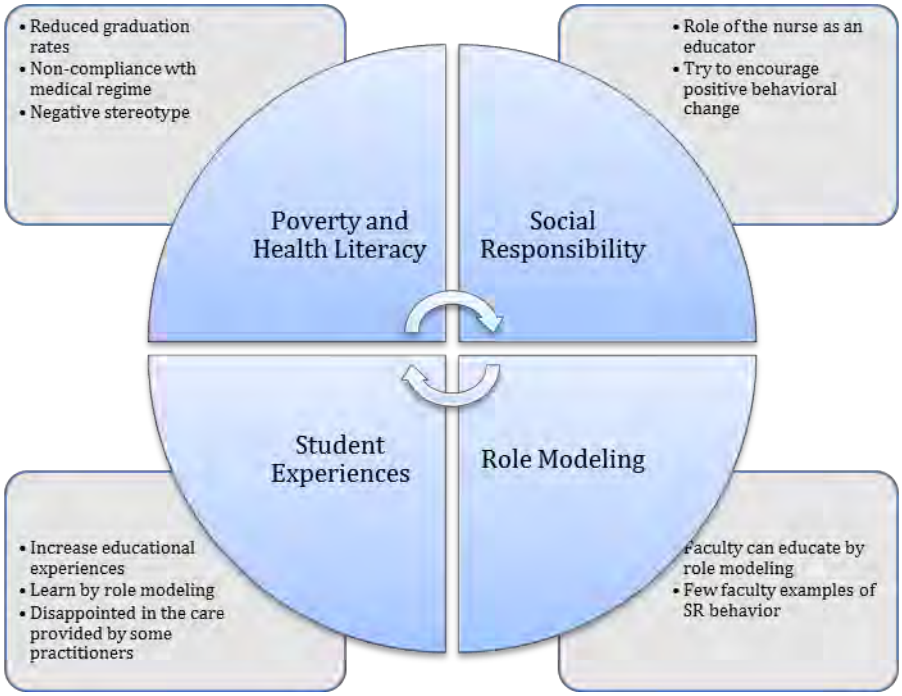

Figure 1. Focus Group Discussion Themes

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duced finances) or as a lack in basic needs (food, housing, health insurance). Students frequently used the following phrases in their descriptions:

- "…not meeting daily needs…"
- "…lack of basic necessities…"
- "…ability to pay for some things (versus others)…but not all…"
- "more money going out…than coming in…"

The participants freely shared their personal experiences with poverty (either first-hand or reported) and many students conveyed that they could recognize communities struggling with the impact of poverty by the number of abandoned buildings, close proximity of residential homes and apartments, crime rates, and lack of infrastructure. All participants discussed the need for nursing support in the described communities but shared concerns over a perceived lack of nursing presence to provide that support.

Responsibility to others. Group participants reported growing feelings of professional responsibility for helping communities in poverty access basic health and personal care support. Many students provided emotional responses (tears, variation in voice tempo and inflection, and body language) when discussing their personal beliefs regarding responsibility to others. One student replied: "Because so many things are being done incorrectly [by the patient] …it comes down to why we are [become] nurses…" Another student stated: "It's our job [to serve the public] …" Students used the following statements to describe their perception of SR: "…not being judgmental…"; "…(nurses) live (living) up to the standard of being an advocate…"; "… helping people at all levels…standing up for people who can't… (stand up for themselves)." Most of the responses were accompanied by group feedback indicating agreement and support. This can be an important factor for nursing faculty as it may help to further define the values of entry-level students and identify areas of needed support for additional role development.

Role modeling. When discussing previously observed examples of SR behavior, students' reported a desire to see a more active SR role by nursing faculty, nursing education units, and practicing nurses. One student reported, "(I feel) very disappointed in the care shown by practicing nurses." Another student shared a concern regarding ethics and nursing practice, "…I do not routinely see it practiced…but what should I look for." Members of the group voiced concerns about what they had viewed as the improper way of delivering ethical and socially responsible health care. This became a major area of interest for the group and they freely shared concerns with the lack of faculty role modeling in terms of supporting patients in need and providing active experiences for students to do the same. One student stated "…last semester (when I started) nursing school…I didn't even think about how much we have to educate our patients…when you go into nursing (as a career) …you think about the care… (not the) education part…"

Student experiences. Student participants shared similar concerns related to their past and present experiences in caring for vulnerable populations. Several of the discussions were focused on the importance of frequency when acting as an SR nurse. One student stated, "The more you talk about it (SR) and make others aware of it, the better we as nursing students and nurses will act." Other students reported the need to make a difference and act as the voice of the patient or community who may otherwise not have support. Additionally, the participants voiced concern about the lack of available formal student activities (within the nursing program) to explore

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these concepts with faculty guidance. This may be an area of importance for nursing faculty as they seek improved methods of demonstrating advocacy and engagement.

Comparison of the Two Sessions

Although the group members did not significantly change (86% came back to report at the second session) it is important to consider any changes in attitude toward role perception and understanding toward SR nursing care. One key factor was noted across the two sessions: The students did not readily change their perceptions of the need for SR nursing care, but instead increased their demand for professional role modeling. Students reported an improved awareness of the subject matter and developed expectations for continued exploration on the topic. However, several students acknowledged that they believed the nursing profession should only be willing to support a community that is willing to step up and help themselves. One student shared,

"(I) want to help but it is not easy to do… people should do more." Additionally, students voiced concerns about frequent experiences with less than positive health care professionals (nurses, doctors, assistants). One student reported, "…the education was (noticeably) lacking in some of the (community) settings… (we should) stand up to change things…(our) patient's health and their perceptions (about health) are influenced by us." Conversely, students shared a concern about managing the additional workload of community care with the curricular requirements of a nursing program and finally nursing practice. One student reported "…I do not have enough time… even nurses are busy." These are all areas for possible exploration by nursing education. Finally, despite receiving course content related to the roles of nurses in health promotion, several students remained unsure of the meaning of the term social responsibility. They reported a need for frequent examples/demonstrations of the term from practicing nurses and nursing faculty to improve their understanding of the concept.

DISCUSSION

The ability of nursing faculty and experienced nurses to share and promote the concept of service to others is a crucial component to the desired effect of student buy-in. Advocacy is a well-known principal in nursing but the limited involvement of students in SR-related activities could impede additional practice development. Students unable to identify and connect with the professional values of nursing practice are potentially limited in their practice capacity. The National League for Nursing (NLN, 2016a) recommend all nurses to develop the values of caring, integrity, diversity, and excellence through the use of intentional exposure to cultures and environments that support "concern and consideration for the common good…ethical decision making and humility…and acceptance, respect, and inclusivity…and continuous growth" (NLN, 2016b). Although students in this study had some idea of the SR role of the nursing profession and they engaged in limited classroom activities designed to explore the concept, they remained unsure of the process, did not readily see it role modeled, and did not understand how it would relate to their developing nursing practice. However, they shared a desire to see improved demonstration from faculty and practicing nurses on the delivery of socially responsible care. The importance of exploring the issue at this early stage of nursing education allows us to more fully develop these principles and perceptions. Researchers report many nurses do not develop their professional identities until ap-

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proximately three years into the profession (Riley & Beal, 2010). Although this may seem to be an acceptable time frame for practice development, many nurses do not identify their foundational education as a factor in the development of these principles. Additionally, the quality of ethical delivery of care during this interim could be of great concern to the promotion of health care safety.

Part of this exploration included student perspectives on their responsibility to others. A significant component of foundational nursing education is clarification of the role of the nurse in patient care (individual, family, and community; Lathrop, 2013). This is a key concept of baccalaureate nursing education and is recognized by leading organizations such as the American Association of Colleges of Nursing (AACN, 2008). The guidelines include a significant emphasis on development of patient partnerships and the nurses' professional role in service to vulnerable populations.

The original questions addressed by this limited analysis included an exploration into the nursing students' understanding of the delivery of socially responsible nursing care and how they perceive responsible action for nursing personnel. The student focus groups addressed these questions by sharing their perceptions on role expectations for engaging in caring, supporting provision of health care services. However, they acknowledge a lack of adequate academic support in further exploration of the topic. Although the participants readily recognized the impact of determinants of health on health outcomes and voiced a desire for a more active role in addressing these issues, the group remained unsure of real versus perceived professional responsibility. For example, several participants reported their reason for selecting a career in professional nursing was based on feelings of altruism. However, they also shared a growing understanding of role formation that did not always allow for patient collaboration and engagement.

A growing body of research continues to explore student perceptions on the professional role. Some researchers noticed a significant change in students' perceptions of the role as they gain additional experience and education. Wood (2015) reported the results of nursing student reflections to the question "what do nurses do" as the student progressed within the nursing program. Interestingly, the students with limited exposure (formal nursing education and clinical experience) had a greater degree of idealistic views of the profession. These views included the terms *kind, caring, listens to patients,* and *promotes health* (Wood, 2015). The views significantly changed over the course of a three-year nursing program to use the following terms and phrases: *do a stressful job and instills order* (related to kind and caring), *need to multitask and be a part of the team (*related to listens to patients), *increased paperwork*, and *do not have enough time* (related to promotes health). This presents a significant concern about the influence of professional tasks on higher-level professional responsibility and the methods by which nursing education achieves balance. Additional research on this subject could benefit improved understanding of the student-based value development and attitudes toward the professional role.

Role modeling was also noted as a significant factor in students' understanding of SR values and ethical delivery of care. The inclusion of ethical health care is acknowledged as a standard of nursing practice and requires the nurse to apply principles of altruism, accountability, caring, and respect in all patient care endeavors (AACN, 2008). The Essentials of Baccalaureate Education for Professional Nurs-

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ing Practice (AACN, 2008) guidelines recognize ethics as an intrinsic part of nursing education (didactic and clinical) and attributes the delivery of ethical nursing care to advocacy and the well-being of others. The acknowledgement of students in this small study experiencing a lack of role modeling by nursing educators and clinicians raises concerns for the ethical application of the nursing role and the effectiveness of nursing education on the topic.

The limitations of this study included the use of a small convenience sample and the limited experience of the students. As noted previously, the students were second semester sophomores in the nursing program, still completing their foundational education regarding nursing care. This lack of experience may be more closely matched to their personal values and perspectives and not necessarily those of the profession. The National League for Nursing (2016) recognizes the role nursing education should take in value development and suggests curriculum be developed to both explore existing values and biases. Future development of this study could potentially evaluate the process of value development and end of program result. Additionally, the lack of gender diversity within the study participants may impact generalizability to other groups. Although this may have been impacted by the limited gender diversity within the course, future efforts at gender balances are encouraged. A final limitation is the use of the Dragon® Naturally Speaking software transcription tool (Nuance Communication, 2016). Although the tool allowed for faster transcription of the audio-recorded focus groups, the tool required the PI to gain extensive dictation training, which may not be an option for many researchers.

Implications for Nursing Practice and Development

Although many researchers recognize the positive impact of community-engaged health practices, most individuals do not receive this support until they are seen in the formal health care setting. The act of waiting until the disease process has developed before taking action is the direct opposite of the primary prevention strategies known to have the greatest impact on health outcomes. Health promotion activities occurring outside of the traditional environment require nurses to have a highly developed sense of SR toward their local communities. Nursing education programs that fail to recognize their role in the education, development, and role modeling of SR potentially delivers a nurse who is able to pass a test but not provide care in any setting with cultural awareness and humility. The engagement of nurses and other professionals in community-based and public service activities is recognized as a demonstration of the social responsibility values and concepts needed (Denhardt & Denhardt, 2011).

The American Nurses Association Code of Ethics (2015) acknowledges the role of nurses in supporting and educating the public by individual action and collaborative partnerships designed to bring about social change. Despite this standard, the degree of SR varies from nurse to nurse and should be initiated in the foundational academic setting with support from faculty, school mission and vision, and activities devoted to service (Redman & Clark, 2014; Ardaiolo, Neilson, & Daugherty, 2011). Professional development of the entry-level nurses is primarily associated with the attainment of clinical skills and does not always include the values of social justice, moral integrity, and conviction. Several

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studies outline the concern of new nurses losing the professional values (caring, integrity, diversity, and excellence) gained as a student when they are faced with the realities of the profession (Stacey, Johnston, & Stickley, 2011). Therefore, the recommendations of the American Nurses Association Code of Ethics (2015) support an educational foundation focused on the awareness of and connection to societal needs. This will support continued development of the ability of a nurse to move beyond awareness toward the professional and moral courage of social justice action.

Teaching nursing students to have an increased awareness of the socioeconomic, cultural, and environmental impact of the community and take action when needed prompts reflection on the conditions, which negatively influence health, and the role nurses play in addressing these conditions. This small pilot study begins to explore the impact of professional value development and the findings support the need to reconsider past methods of translating SR concepts from theory into practice. The commitment of educators to the insightful, transformative, and often political conversations within the field of nursing encourages a new generation of health care providers to do more than talk about the problems faced by disenfranchised communities. It urges them to take action and seek collaborations to identify solutions to the nation's most daunting health care problems. It gives the nurse both a courageous voice and an ability to affect social change.

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