

Nursing Education Research Conference 2018 (NERC18)

BSN Students' Perceptions of Social Determinants of Health

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Scope: The Robert Wood Johnson Foundation and the Culture of Health call for improving population health to improve Social Determinants of Health (SDOH). It is unclear if the components of SDOH are identified, assessed, and discussed within BSN curriculum. Therefore, this longitudinal, qualitative study was designed to better understand a cohort of 100 BSN students' perceptions of their role in identifying and addressing SDOH with their clients. The components of SDOH derive from exclusion, exploitation, humiliation, and an unequal distribution of basic necessities, such as knowledge, food, property, services, and income. When considering the impact of SDOH on the health of vulnerable populations, nursing education initiatives should be designed to align with recommendations from the World Health Organization to address disparities. (Rozendo, Salas, & Cameron, 2017). There may be a need for an increased focus on concepts of culture within nursing education programs to prepare future nurses for culturally congruent practice that has the potential to reduce the negative impact of SDOH. Unfortunately, concepts related to SDOH are not easily identified or tracked across nursing education curriculum (Diaz, Clarke, & Gatua, 2015). As faculty concerned with addressing this potential curricular deficiency, the purpose of this study was to design an inquiry to explore Bachelor of Science in Nursing (BSN) students' knowledge and perceptions of client care as they relate to SDOH. The aims were: 1) to explore students' perceptions of SDOH upon entry into a BSN education program; and 2) to identify if an evolving awareness of social determinants that adversely affect health were gained on a larger scale by program completion.

A literature review was conducted to identify the issues and trends of SDOH in nursing education. The themes identified were used as search terms and included *disparity, poverty, inequality, homelessness, nursing curriculum, nursing education, nursing faculty, and nursing students*. The literature and research is limited in identifying how SDOH are addressed in existing nursing curriculum. Therefore, to further explore SDOH and their inclusion in nursing curriculum, undergraduate students were surveyed using a longitudinal, qualitative research design spanning the duration of a specified cohorts' nursing education program.

Significance: This study stemmed from a desire to better understand BSN students' perceptions of SDOH; to explore whether students' awareness of SDOH increases over time; and to study the impact of knowledge gained while in a BSN education program that influences new nurses to address SDOH in clients. There are educational advantages that result from this study. Beyond evaluating students, the findings from this study may serve as an exemplar for turning Culture of Health questions into scholarly inquiries. The hope is that more educators become inspired to trace students' progress regarding characteristics described in the Culture of Health from program beginning to program end to gain insights that inform curricular revisions.

Method/Description: After Institutional Review Board (IRB) approval, 90 of the 100 students volunteered to participate, signed the consent form, and responded to the first survey. The first survey, which was designed to gain baseline data, consisted of three questions: 1) What social determinants are you aware of that contribute to poor health? 2) What do you imagine is the nurse's responsibility, if any, to identify and address change in social determinants of health for clients? and 3) What have you already done to change social determinants of health? The second survey was administered during the last week of the final semester, prior to graduation. The first two questions were identical to survey one to establish differences in perception of SDOH. An additional third question, "How has your perception of the nurse's

responsibility in addressing social determinants that contribute to poor health changed over the last year?" assessed the students' reflections of change during their program of study.

Evaluation Process/Findings:

As a qualitative study, participants were asked to define "social determinants of health." The results were analyzed line-by-line by each of the researchers to identify common themes and categories. The researchers met to discuss findings, looking for common themes and identifying differences. This process was similarly repeated after the data collection with the second survey. Researchers then compared the findings between the data analyses of both surveys to determine when change in awareness occurred and if this change was related to learning that occurred through the nursing education curriculum. The results from the data analysis suggest that a majority of the students initially equated social conditions with lifestyle choices and individual behaviors, (e.g., smoking, lack of exercise, diet). This cohort of participants indicated that the nurse's responsibility was to educate and display characteristics like optimism, kindness, open-mindedness, and helpfulness. Their prior activities to change SDOH focused on personal choices, rather than advocating for others, (e.g. moving to a new town, stopped associating with bad influences).

By contrast, a small number of participants identified social determinants that contribute to poor health, such as poverty and lack of education. For these participants, the nurse's responsibility was believed to be patient advocacy, as in encouraging patient's to further their education. Prior activities of this cohort of participants included serving in the military, going to war, working with community outreach, volunteering, fund-raising, donating money, and raising awareness with social events. These activities were found to influence an increased awareness of the impact of SDOH and means to lessen the impact on patients.

Conclusion: This longitudinal/qualitative study explored BSN students' perceptions of SDOH. As participants' responses evolve over time, a narrower, more manageable definition of SDOH may be incorporated into nursing care and an expanded role in identifying and addressing SDOH will emerge. Clinical student experiences should incorporate experiential activities that raise SDOH awareness. Through identifying and improving nursing education, future nurses will be better equipped to answer the call to consider the impact of SDOH when providing quality, comprehensive patient care. Within the auspices of advocating to improve the lives of client's affected by SDOH, nurses may take a leadership role in policy development to better healthcare on a larger scale.

Title:

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Keywords:

BSN curriculum, nursing education and social determinants of health

References:

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Abstract Summary:

A qualitative exploration of 90 baccalaureate nursing students' perceptions of their role in addressing social determinants of health (SDOH) that adversely affect health was undertaken from 2015-2017. The primary aim of the study was to explore students' role perceptions of SDOH at baseline and at completion of their educational program.

Content Outline:

I. Background/Rationale

A. The Culture of Health calls for improving population health to improve social determinants of health (SDOH).

B. Investigate if BSN students recall the SDOH in BSN nursing education programs

II. BSN Students' Perceptions of SDOH

A. Purpose/Aim

1. The purpose of this study was to explore BSN students' knowledge of SDOH.
2. The primary aim of this study was to explore students' role perceptions of SDOH at baseline and at completion of their BSN education program

B. Methods/ Description

1. After IRB approval

a) Scholarly inquiry, longitudinal, qualitative research

b) 2 surveys with assessment times at baseline (beginning of junior year of a 4-year program) and at completion of the BSN

program

2. Participants

a) 90 voluntary participants enrolled in BSN education program

b) one nursing program's entire cohort for 2015-2017 (N=100)

C. Surveys

1. Survey #1 at baseline

a) What social determinants are you aware of that contribute to poor health?

b) What do you imagine is the nurse's responsibility, if any, to identify and address change in social determinants of

health for clients?

c) What have you already done to change social determinants of health?

2. Survey #2 at program completion

a) What social determinants are you aware of that contribute to poor health?

b) What do you imagine is the nurse's responsibility, if any, to identify and address change in social determinants of health

for clients?

c) How has your perception of the nurse's responsibility in addressing social determinants that contribute to

poor health changed over the last year?

III. Conclusion

A. Participants' responses evolve over time to incorporate a broader definition of SDOH

B. Participants' acknowledge an expanded role in SDOH

C. Nursing education curriculum may need modifications to address SDOH

First Primary Presenting Author

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Professional Experience: 2015-present -- Education Consultant for Nursing, Texas Board of Nursing, Austin, Texas 2011-2015 -- Clinical Associate Professor, Texas State University, Round Rock, TX 2007-2012 -- Assistant Professor, Del Mar College; Corpus Christi, TX Contributing editor for population/community health nursing and psychiatric nursing textbooks. Awards, podium, and poster presentations for community health-related activities and education. 2014 – Grant reviewer on THECB NIG Program, Range and Distribution of Clinical Contact Hours and Transition to Practice 2013-2014 – Contributed to Texas Nurses Foundation Academic Progression in Nursing, Concept Based Curriculum Development, ADN to BSN, MSN Population Course, NIG. 2013-present -- Member of the WilCo Wellness Alliance, whose mission is to empower people to lead healthy lifestyles by promoting a safe environment through public and private initiatives. 2012- present -- Member of Texas Health Ministries Network, which is an interfaith organization committed to encouraging, supporting, and developing ministries in faith groups and communities.

Author Summary: Dr. Lee and Dr. Willson have presented nationally and internationally at peer reviewed conferences to positive reviews. As an Education Consultant for the Texas Board of Nursing,

Dr. Lee's strengths include curriculum development and educational strategies. Dr. Willson is a Family APRN, teaching for 25 years and providing care for women. Ms. Armstrong has 27 years ICU and Case Management experience. She is Clinical Assistant Professor at Texas State University in the BSN program.

Second Secondary Presenting Author

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Professional Experience: Dr. Willson has directed education for the Veteran's Health Administrations Parkinson's Disease Research, Education and Clinical Center and was the Associate Chief of Nursing Research at the Michael E. DeBakey VA Medical Center in Houston, TX. She has taught APRNs for 25 years, directed FNP programs, and incorporated interprofessional telemedicine into the curriculum. Her clinical practice and research focuses on motor disorders, telehealth, and chronic disease self-management.

Author Summary: Current scholarship includes book chapters, presentations, journal articles; she is Co-PI for a Texas Lone Star Stroke funding award for telehealth stroke self-management education program for rural Texans. Dr. Willson is a certified Nurse Educator (CNE) and Fellow of the American Association of Nurse Practitioners (FAANP).

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Author Summary: Ms. Armstrong has twenty-seven years nursing experience in ICU and Case Management. Currently she is Clinical Assistant Professor, St David's School of Nursing, at Texas State University providing clinical education in the undergraduate BSN program.