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Integrating the Social Determinants of Health into Nursing Practice: Nurses' Perspectives

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Abstract

Purpose: The purpose of this study was to assess nurses' knowledge, perceived self-efficacy, and intended behaviors relative to integrating the social determinants of health (SDoH) into clinical practice.
Design and Methods: A cross-sectional study was completed with 768 nurses working in three hospitals within a large regional healthcare system located in the Midwest. Data were collected using an adapted 71-item SDoH Survey, which measured nurses' confidence in and frequency of discussing the SDoH with patients, general knowledge of the SDoH, familiarity with patients' social and economic conditions, and awareness of their institution's health equity strategic plan to achieve health equity. The institution's health equity strategic plan reflects the organization's commitment to improving the health of individuals and neighborhoods by addressing the SDoH known to influence health status and life expectancy. Finally, participants were asked to describe barriers to incorporating the SDoH into practice along with completing five demographic items. Descriptive statistics were used to describe the findings.
Findings: Of the 768 respondents, 63% had a baccalaureate degree in nursing and 33.1% reported more than 20 years in nursing. Fifty percent of respondents reported feeling more knowledgeable or confident in their ability to discuss access to care issues with patients compared to the other SDoH. Identified barriers to discussing the SDoH included insufficient time to address identified needs and unfamiliarity with internal and external resources. Respondents stressed the need for interdisciplinary education and collaboration along with more information on the role of social workers.
Conclusions: Nurses are more confident in discussing certain determinants of health and could benefit from more skill development in discussing SDoH issues and stronger collaborative partnerships to address identified needs.
Clinical Relevance: Findings from the study have implications for supporting the educational and resource needs of front-line nurses employed in hospitals and health systems seeking to address broader societal issues influencing the health status and outcomes of patients and communities.

The social determinants of health (SDoH) are receiving considerable attention globally due to their tremendous influence in shaping health status, quality of life and health outcomes. The World Health Organization (WHO) provides one of the most frequently cited definitions of the SDoH:

> The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The SDoH are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. (WHO, 2012)

There is a growing consensus that addressing the SDoH is critical to achieving health equity, especially for our most vulnerable populations. Health equity has been defined as the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [USDHHS], 2010). The Healthy People 2020 initiative established the following objective: Achieve health equity, eliminate disparities, and improve the health of all groups. The Healthy People 2020 initiative continues to identify reducing health disparities as a priority objective for the nation. However, in recent years, Healthy People has expanded its focus on eliminating health disparities to include an emphasis on achieving health equity. Success in achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities (USDHHS, 2010).

Traditionally we operationalize the SDoH to include factors such as poverty, education, food security, housing, income, physical environment, structural racism, and access to care. These and other factors have consistently been associated with health disparities and poor health outcomes. However, data from the University of Wisconsin Population Health Institute revealed that the SDoH play a more substantive role in shaping health outcomes when compared to traditional clinical care. This approach to addressing health issues has become increasingly important to the healthcare and insurance industry, in part because research shows that medical care accounts for approximately 10% to 20% of the modifiable contributors to health outcomes. The remaining 80% to 90% of modifiable factors are considered determinants of health, a collective of health-related behaviors and socioeconomic and environmental factors that influence health outcomes (University of Wisconsin Population Health Institute, 2016).

According to projections, 48% of healthcare organizations will have a standardized means for collecting data on the SDoH by 2023 (American Hospital Association, 2018). Hospitals and healthcare systems are addressing the SDoH as part of their efforts to achieve health equity. They are addressing these issues by screening patients for the SDoH (unmet social and economic needs), aligning strategic plans with an emphasis on achieving health equity, and strengthening cross-sectoral and community partnerships. The American Hospital Association provides resources and guidance to health systems to aid them in more effectively identifying and addressing the social needs of patients and surrounding communities. A more detailed description of these efforts and resources is located at https://www.aha.org/social-determinants-health.

While nurses have traditionally been taught to apply a holistic lens when caring for patients, little is known about nurses' perspectives relative to the SDoH. For example, integrating factors such as food insecurity, housing, and employment into the context of direct care provides opportunities to broaden that lens and gain deeper insights on the root causes of illness, disability, and poor quality of life. As a result, the SDoH are being integrated into operational strategic plans, health professions education curricula, programs of research, and policy advocacy activities. Nurse leaders have called on the profession to become more engaged in addressing the SDoH through their practice, research, education, and policy advocacy (Lathrop, 2013; Marone, 2017; Persaud, 2018; Schroeder, Malone, McCabe, & Lipman, 2018; Williams, Phillips, & Koyama, 2018).

Given that health equity is a strategic priority throughout our healthcare system, it was important that nurses have a working knowledge of the SDoH and related implications for the patients and communities they serve. However, few published studies outline frontline nursing perspectives relative to integrating the social determinates of health into clinical practice in the United States.

To illustrate, in a study with 107 registered nurses enrolled in a nursing program, the researcher reported that participants lacked the necessary knowledge and support to address the SDoH in their respective clinical settings. Participants expressed discomfort and anticipated patient discomfort when addressing the SDoH. The researcher recommended that nurse leaders work to develop a nursing workforce that can address the role of the SDoH in shaping adverse health outcomes through

interprofessional collaboration, ongoing continuing nursing education, and policy advocacy (Persaud, 2018).

In a focus group study with 21 nurses employed in a large academic medical center, researchers reported that while nurses were able to identify social risk factors, other competing job responsibilities, unfamiliarity with community resources, time constraints, and lack of organizational support served as barriers to fully addressing the unmet social needs of patients. Findings suggest that care must be taken not to overburden nurses with the responsibility of addressing the needs of socially at-risk patients. Although nurses have the skill to be engaged in this endeavor, nursing workflow and the traditional clinical role of nurses may need to be changed if nurses are to become more engaged in caring for patients with unmet social needs (Brooks Carthon, Hedgeland, Brom, Hounsell & Cacchione, 2019).

Purpose

Despite the growing emphasis on integrating the SDoH into today's healthcare system, nursing's knowledge and engagement in this area have not been widely studied. Therefore, the purpose of this survey was to assess nurses' knowledge, perceived level of confidence, and behaviors relative to integrating the SDoH into nursing practice across a large healthcare system.

Methods

Design

This was a descriptive cross-sectional study using the online survey tool RedCAP.

Setting

A large midwestern healthcare system with one urban medical center and two suburban community hospitals utilized an internally developed Nursing Professional Practice Model to help inform this study. Relationships and caring encircle and support all of nursing practice. Technical expertise, evidence-based practice, and critical thinking work in synergy to propel nursing leadership of the complex healthcare environment to meet the needs of patient and the environment. The Jean Watson Caring Care Delivery Model (CDM) is our organizing framework. Supported by the constructs of the CDM, nurses organize the activities of care around the needs and priorities of patients and families. The components of carative factors, caring occasion, transpersonal caring relationship, and patient- and family-centered care drive initiatives through the nursing and interprofessional teams (Watson, 1979). In addressing the SDoH, the caring components of the Watson model can be manifested on initial assessment in screening for social issues, during the planning and implementation of the nursing care plan in establishing greater rapport in the nurse-patient relationship, through the inclusion of family members who may be impacting or are also impacted by the SDoH issues, and in care management across the care continuum as nurses hand off to providers in the community.

Participants

The chief nursing officers from each of the hospitals sent a letter to all eligible nurses, inviting them to participate. All registered nurses at each of the hospital sites were eligible to participate. There were no additional inclusion criteria. Of the 3,187 nurses throughout the system who received invitations to participate, 768 nurses completed the survey, a 24% response rate.

Ethical Considerations and Data Collection

The institutional review boards for each respective site reviewed the study. Data were collected from July 2018 to June 2019 in various stages, beginning with the medical center and followed by the two affiliated hospital sites. Potential participants were informed that their participation was strictly voluntary and, if interested, were directed to a password-protected link to access the online Social

Determinants of Health Assessment Survey. Participants received periodic reminders via emails in order to maximize nursing participation. Nineteen reminders were sent to the three sites (n = 11, n = 4, and n = 4, respectively) starting August 2018 and ending March 2019. The academic medical center received the most number of reminders due to the large number of potential participants and the initial delayed response times. Upon accessing the link, participants were invited to complete the 71-item Social Determinants of Health Assessment Survey, along with the five demographic items assessing primary role, work unit or area, years in the profession, and primary work shift.

Measures

The 71-item Social Determinants of Health Assessment Survey was adapted with permission (S. Persaud, personal communication, April 6, 2018). In the current

study, the researchers added additional items to capture a more robust listing of the SDoH (e.g., health literacy, access to care, crime and violence, environmental conditions, utilities). These items were added to help compliment items that were included in the health system's internal SDoH screening tool for patients. Health literacy was added to the adapted tool because of its relevance in providing patient education on the SDoH. The survey began with a brief description of the SDoH.

Using a variety of response options ranging from "not at all" to "extremely," participants were asked to complete survey items assessing their confidence in discussing the SDoH (social needs) with patients, their likelihood of asking patients about the SDoH, and their general knowledge about the SDoH. Each scale had the same 16 SDoH items followed by the same response options ranging from "not at all" to "extremely." Items were scored using a 5-point Likert scale (0 = *not at all*, 1 = *slightly*, 2 = *moderately*, 3 = *very*, 4 = *extremely*). Research statisticians determined the Cronbach's alphas to be .97, .96, and .98, respectively. Next, participants were asked about their familiarity with their organization's internal and external efforts to address the SDoH. About organizational efforts, each hospital site created response options that resonated with what they were doing to address these issues in their respective inpatient and community settings. For example, at one hospital nurses were asked about their familiarity with their organization's investments in addressing the food insecurity needs of inpatients and the surrounding community. At another site, nurses were asked about education programming and mitigating the determinants of health for vulnerable populations such as LGBTQ and non-English-speaking populations. At another site, participants were asked about their familiarity with the SDoH screening taking place in the emergency room and primary clinics as well as their familiarity with NOWPOW, a referral resource service embedded in the electronic medical record. Participants were also asked to respond to five items regarding their frequency of asking patients about the SDoH using the response options "never" to "always." Next, using the response options "very" to "not at all," three items assessed knowledge of and comfort in addressing patients' social and economic conditions. All participants were asked to select from a menu of 10 items any perceived barriers to addressing the unmet social needs of their patients and to identify resources they needed to help overcome identified barriers. Finally, participants completed a brief demographic questionnaire asking about their primary role, work area, work shift, level of education, and years in nursing. Participants were able to complete the online survey within 15 to 20 min.

Data Analysis

Data were analyzed according to each site and then collectively across the health system using SPSS version 19.0 software (IBM Corp., Armonk, NY, USA). Participant demographics were summarized using descriptive statistics. All responses to the survey items were summarized using descriptive statistical techniques. Responses to the item "What are the barriers to addressing issues with patients in your care?" were ranked comparing each site. For the purposes of this article we report on select findings from the three scales.

Results

Demographic Characteristics

A total of 768 nurses completed the surveys. Of the 768 participants, 63% had a baccalaureate degree in nursing and 33.1% reported more than 20 years in nursing. The majority of participants were staff nurses or assumed a variety of leadership and specialty positions.

Survey Responses

Descriptive statistics (frequencies and percentages) were used to examine responses to the three scales: confidence, likelihood, and knowledge. Responses were collapsed to "not at all to slightly," "moderately," and "very to extremely." Items were scored using a 3-point Likert scale (0 = *not at all to slightly*, 1 = *moderately*, 2 = *very to extremely*). Responses to these items are shown in Table 1.

Confidence in Discussing the SDOH

Scale 1: How confident are you in your ability to discuss the following social determinants of health (social needs) with your patients?. In response to the 16 SDoH response options, some participants across the system reported feeling "very" to "extremely confident" in discussing with patients whether patients had access to a primary care provider (53.7%), access to care in general (46.7%), transportation (45.1%), access to care in general (46.7%), health literacy (43.4%), and social support (40.8%). Some participants expressed less confidence or "not at all" to "slightly likely" in discussing with patients' issues such as income (50.4%), civic participation (48.8%), crime and violence

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Table 1. Survey Responses Across the Entire Healthcare System

Determinant of health	How confident	How likely to ask	How knowledgeable
Access to nutritious foods	(*n* = 764)	(*n* = 760)	(*n* = 762)
Not at all/slightly	208 (27%)	336 (44.2%)	178 (23.4%)
Moderately	257 (34%)	219 (28.8%)	319 (41.9%)
Very/extremely	299 (39%)	205 (27.0%)	265 (34.8%)
Access to care	(*n* = 762)	(*n* = 761)	(*n* = 762)
Not at all/slightly	141 (18.5%)	170 (22.3%)	178 (23.4%)
Moderately	265 (34.8%)	248 (32.6%)	319 (41.9%)
Very/extremely	356 (46.7%)	343 (45.1%)	265 (34.8%)
Access to a primary care provider	(*n* = 756)	(*n* = 758)	(*n* = 757)
Not at all/slightly	114 (15.0%)	153 (20.2%)	164 (21.7%)
Moderately	236 (31.2%)	222 (29.3%)	302 (39.9%)
Very/extremely	406 (537%)	383 (50.5%)	291 (38.5%)
Civic participation	(*n* = 764)	(*n* = 760)	(*n* = 761)
Not at all/slightly	350 (45.8%)	517 (68.1%)	381 (50.0%)
Moderately	225 (29.5%)	149 (19.6%)	247 (32.5%)
Very/extremely	189 (24.7%)	170 (12.4%)	133 (17.4%)
Crime and violence	(*n* = 766)	(*n* = 763)	(*n* = 759)
Not at all/slightly	299 (39.1%)	395 (51.5%)	310 (40.8%)
Moderately	273 (35.6%)	220 (28.8%)	291 (38.3%)
Very/extremely	194 (25.3%)	159 (19.7%)	158 (20.8%)
Discrimination	(*n* = 766)	(*n* = 759)	(*n* = 760)
Not at all/slightly	273 (35.6%)	450 (59.3%)	271 (36.1%)
Moderately	269 (35.1%)	203 (26.7%)	307 40.4%)
Very/extremely	224 (29.2%)	106 (14.0%)	179 (23.6%)
Employment status	(*n* = 764)	(*n* = 761)	(*n* = 757)
Not at all/slightly	218 (28.5%)	296 (39.0)	267 (35.3%)
Moderately	283 (37.0%)	218 (28.6%)	293 (38.7%)
Very/extremely	263 (34.4%)	247 (32.4%)	197 (26.0%)
Environmental conditions	(*n* = 765)	(*n* = 762)	(*n* = 759)
Not at all/slightly	195 (25.5%)	273 (35.8%)	237 (31.2%)
Moderately	286 (37.4%)	240 (31.5%)	306 (40.3%)
Very/extremely	284 (37.1%)	249 (32.7%)	216 (28.4%)
Health literacy	(*n* = 765)	(*n* = 764)	(*n* = 760)
Not at all/slightly	144 (18.8%)	229 (30.0%)	181 (23.9%)
Moderately	289 (37.8%)	254 (33.2%)	297 (39.1%)
Very/extremely	332 (43.4%)	281 (36.7%)	282 (37.7%)
Housing situation	(*n* = 765)	(*n* = 761)	(*n* = 761)
Not at all/slightly	251 (33.8%)	231 (30.4%)	271 (35.6%)
Moderately	265 (34.6%)	242 (31.8%)	306 (40.2%)
Very/extremely	249 (31.6%)	288 (37.8%)	184 (24.2%)
Income	(*n* = 763)	(*n* = 763)	(*n* = 759)
Not at all/slightly	384 (50.4%)	509 (66.7%)	311 (41.0%)
Moderately	222 (29.1%)	150 (19.7%	272 (35.8%)
Very/extremely	157 (20.6%)	104 (13.6%)	176 (231%)
Interpersonal violence	(*n* = 766)	(*n* = 758)	(*n* = 757)
Not at all/slightly	266 (34.8%)	305 (43.8%)	285 (37.6%)
Moderately	27 (34.5%)	225 (29.7%)	294 (36.8%)
Very/extremely	229 (29.9%)	228 (30.1%)	178 (23.5%)
Level of education	(*n* = 765)	(*n* = 762)	(*n* = 755)
Not at all/slightly	195 (25.5%	306 (40.1%)	214 (28.4%)
Moderately	289 (37.8%)	235 (30.8%)	301 (39.9%)
Very/extremely	281 (36.7%	221 (29.0%)	240 (32.7%)
Social support network	(*n* = 762)	(*n* = 759)	(*n* = 756)
Not at all/slightly	180 (23.6%)	174 (22.9%)	227 (30%)
Moderately	271 (35.6%)	267 (34.5%)	301 (39.8%)

(Continues)

Table 1. (Continued)

Determinant of health	How confident	How likely to ask	How knowledgeable
Very/extremely	311 (40.8%)	323 (42.6%)	228 (30.1%)
Transportation needs	(*n* = 756)	(*n* = 757)	(*n* = 753)
Not at all/slightly	177 (23.4%)	188 (24.9%)	235 (31.2%)
Moderately	238 (31.5%)	245 (32.4%)	299 (39.7%)
Very/extremely	341 (45.1%)	324 (42.8%)	219 (29.1%)
Utilities	(*n* = 750)	(*n* = 753)	(*n* = 736)
Not at all/slightly	291 (38.8%)	386 (51.3%)	315 (42.8%)
Moderately	233 (31.1%)	194 (25.8%)	267 (36.3%)
Very/extremely	226 (30.1%	173 (23.0%)	154 (21.0%)

(39.1%), utilities (38.8%), and interprofessional violence (34.8%).

Likelihood of Asking Patients About the SDoH

Scale 2: How likely are you to ask patients about the following social determinants of health?. Some participants across the health system reported being "very to extremely" likely to ask patients about having access to a primary care provider (50.5%), transportation (42.8%), a social support network (42.6%), or housing (37.8%). In contrast, some participants reported being less likely, "not at all" to "slightly likely," to ask patients about civic participation (68.1%), income (66.7%), discrimination (59.3%), utilities (51.3%), and access to nutritious foods (44.2%).

Knowledge About the SDoH

Scale 3: How knowledgeable are you about the following social determinants of health?. In response to this question, some participants across the system reported being "very" to "extremely" knowledgeable about access to a primary care provider (38.5%), access to nutritious foods (34.8%), access to care (34.8%), health literacy (37.7%), or level of education (32.7%) as an SDoH that impacts health outcomes. In contrast, some participants reported feeling less knowledgeable about utilities (42.8%), income (41.1%), crime and violence (40.8%), interpersonal violence (37.6%), or housing (35.6%) as an SDoH impacting health outcomes.

Perceived Barriers and Facilitators

Regarding barriers to addressing the SDoH with patients, 22.4% of those who responded to this item noted that it takes too much time, 36% noted perceived patient discomfort with discussing the SDoH, 24% noted personal discomfort discussing SDoH issues with patients, 40% reported not knowing how to address an identified SDoH, while 4% of respondents noted that patients do not have these issues as a barrier to discussing the SDoH with patients.

In response to the open-ended item "What resources do you need to address these barriers?" some nurses stressed that having education regarding resources for patients and families as well as having a better understanding of the role of social workers would be helpful. Some participants requested more assistance in developing skill in speaking with patients in a sensitive and culturally appropriate manner when addressing the social and economic needs of patients. Expanding infrastructure to support addressing these issues along with providing more time to address the needs of patients was deemed important for some participants. And finally, some participants noted the need to ensure that physicians support related efforts and find value in assessing and addressing the SDoH in patient populations.

Discussion

To understand nurses' level of confidence, knowledge, and behaviors relative to integrating the SDoH into clinical practice, we conducted an online survey across three hospitals within our health care system. We discuss the findings as follows:

"How confident are you in your ability to discuss the following social determinants of health (social needs) with patients?" The finding that some nurses felt more confident in discussing some determinants of health vs. others is not surprising. Some participants across the system reported being more confident discussing determinants such as housing, transportation, and primary care services. As patient advocates, nurses throughout the entire health system often engage in conversations with patients and members of the healthcare team to secure needed resources such as housing, transportation, and access to a primary care provider.

Thus, nurses may be more comfortable discussing these determinants.

Responses to the aforementioned question are intertwined with responses to the survey item "How knowledgeable are you about the following social determinants of health?" Nurses' confidence in discussing these determinants can be tied to their familiarity with these issues. Nurses are often introduced to some of the determinants of health during their nursing education, especially in community health–oriented courses. In general, nurses are educated to apply a holistic lens when caring for patients and are more likely to be familiar with how determinants such as inadequate housing, transportation, and lack of a primary care provider may impact health outcomes. Nurses across our health system work closely with support services to ensure that patients have the resources they need to care for themselves post-hospitalization. In contrast, some participants were less confident and less knowledgeable regarding the SDoH such as income, civic participation, crime and violence, utilities, and interpersonal violence. With the exception of interpersonal violence, nurses throughout the entire system do not include issues such as utilities, income, or crime and violence in their traditional nursing assessments and thus may lack familiarity with these specific SDoH. Issues such as income are captured upon admission by the finance office and are not discussed directly with nursing staff. This may limit nurses' knowledge of a patient's income.

Regarding responses to the item "How likely are you to ask patients about the following social determinants of health?" nearly half of respondents noted being more likely to ask patients about transportation and social support network, since these items are captured in nursing assessments. Issues such as civic participation, income, discrimination, and utilities are not traditionally captured in nursing assessments. This may lead to less awareness of their possible contributions to health status and health outcomes and nurses being less likely to ask about these specific SDoH. The finding that 44.2% of participants were less likely to ask about access to nutritious foods is a bit surprising, since nurses throughout the system do assess for nutritional status and, in fact, initiate dietary consults when deemed appropriate. The notion of access to nutritious food beyond hospitalization may not be fully explored by most nurses during a patient's hospitalization.

As previously noted, few studies have captured nurses' knowledge, confidence, and behaviors relative to our topic. Regarding identified barriers, similar results have been noted elsewhere (Anderman & CLEAR Collaboration, 2016; Brooks Carthan et al., 2019; Tellon, Kendall, Priddis, Newall, & Young, 2017). In a review of the literature, Anderman & CLEAR Collaboration (2016) noted provider time constraints, lack of perceived self-efficacy about integrating the determinants of health into practice, as well as unfamiliarity with referral resources as barriers to integrating the determinants of health into practice for providers and allied health workers, including nurses. Brooks Carthan et al. (2019), in their qualitative study with 21 nurses employed in a single hospital setting, noted time constraints and identified knowledge gaps regarding available community resources and variations in social support across units as barriers to fully addressing the social needs of patients. In an integrative review of the literature, Tellon et al. (2017) reported lack of provider confidence in addressing the psychosocial needs of pediatric patients and the over reliance on the medical model as barriers to integrating the SDoH into pediatric practice. Provider education, resource training, and skill development in communication are potential strategies to overcome these barriers (Anderman & CLEAR Collaboration, 2016; Brooks Carthan et al., 2019; Tellon et al., 2017).

Staff used findings from this study to design educational sessions for nurses across the Rush Health System prior to introducing any inpatient screening for the SDoH. To ensure that nurses had a working knowledge of the SDoH, nurses throughout our health system attended a number of educational offerings delivered by members of the Nursing Health Equity Council and leaders across the system with expertise in addressing the SDoH.

Limitations

Although the results are illuminating, there are several limitations that we wish to acknowledge. First, findings from this descriptive study are only generalizable to the study population. Second, in an attempt to capture the myriad of determinants of health noted in the literature, we included factors such as civic participation and utilities, which were not easily recognized by study participants as contributing SDoH. Third, the study design to determine levels of nurse knowledge and level of confidence with a limited sample size does allow for significance for an analysis of association of those levels to other variables of nurse demographics or previously provided education. We can identify this either by educational preparation or by relevant topics that might inform strategies to improve knowledge and participation in assessing SDoH. Future work may benefit from a more recognizable

and frequently used menu of the SDoH employing a longitudinal approach.

Implications for Nursing Practice, Education, Research, and Advocacy Findings from this study underscore implications for supporting the educational and resource needs of front-line nurses employed in hospitals and healthcare systems as they move to integrate the SDoH into nursing practice. As patient advocates, nurses are well suited to help identify patients with unmet social needs and connect them to the necessary resources. Nurses should be supported in their efforts to help screen for the SDoH, but should also be assured that the necessary internal and community-based follow-up linkages are in place to address identified needs. The sole responsibility to screen for the SDoH, however, should not rest solely on the shoulders of nurses. Other members of the healthcare team, including MDs, case managers, social workers, and others, must remain vigilant in coordinating screening efforts that may take place in any setting. Interdisciplinary educational opportunities on this topic may prove beneficial in strengthening our collaborating efforts to better understand and respond to meeting some of the unmet social and economic needs of patients.

Given the increased emphasis on integrating SDoH screening into clinical and community-based settings, nurses can gain a baseline understanding of the SDoH and the role these factors play in shaping health status and health outcomes through educational and continuing education offerings. The National League for Nursing has called for the integration of the SDoH into nursing education curricula. For more details please visit http://www.nln.org/docs/default-source/default-document-library/social-determinants-of-health.pdf?sfvrsn=2.

Nursing research in this arena is in its infancy. Therefore, quantitative and qualitative studies are needed. Studies examining the patient perspective with regard to seeking help for unmet social needs will help inform related nursing and interdisciplinary interventions. Research outlining nursing's contribution to addressing the SDoH is another untapped area for research.

Given that nurses are at the front line of care, future studies are needed to explore the potential reduction in discomfort for all parties in addressing the SDoH. Interdisciplinary studies are needed to identify best practices for integrating the SDoH into clinical practice.

Resources to strengthen nursing's engagement in advocacy surrounding these issues is of great importance as well. Advocacy focused on systemic and societal changes has an even greater potential for creating healthier communities, an impact that extends beyond the individual level. Nurses need to disseminate the results of projects that address the SDoH. In one hospital, clinical nurse leaders have taken advocacy at the acute care bedside and extended it beyond the walls of the hospital setting, advocating for resources that address transportation to follow-up visits, food insecurity, financial support for medications, and caregiver support. Expanding nurse involvement in volunteer activities committed to address the needs of vulnerable populations may increase awareness of community needs and nursing commitment to intervene (Wienandet al., 2015). Nurses also need to seek positions on related boards to exert an even greater influence in addressing the SDoH.

Conclusions

Through our creation of nursing experts in various fields, we may have become siloed in our thinking. Nurses must support our public health nursing experts and other professionals to identify the core or underlying issues that may be influencing poor health outcomes. Our awareness of nurses' hesitations and feelings of inadequacy can be the foundation for supportive education or other interventions that allow nurses to appreciate the level of trust that must drive us to meet the social challenges. These SDoH can be addressed because nurses shape the difference, even if only for one patient at a time.

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Clinical Resources

- American Hospital Association. Social determinants of health. https://www.aha.org/social-determinants-health
- Canadian Nurses Association. Social determinants of health e-learning course. https://cna-aiic.ca/en/nursing-practice/evidence-based-practice/social-determinants-of-health/social-determinants-of-health-e-learning-course

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