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Social Work and Nursing staff Perceptions of the Social Determinants of Health Based on Practice

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ABSTRACT

Background: Research indicates that poorer and less educated individuals have higher rates of health issues and mortality compared to those with higher levels of education. This disparity persists even in wealthy countries such as Saudi Arabia.

Aim of the study : Explore the social determinant of health practices among social workers and nursing staff

Methods: Research design: Descriptive cross-sectional research design was utilized. Setting**:**it was conducted in five large hospital, with bed capacity 250. they provide healthcare for paid and free services Participant**:** It includes 350 participant (nurses and social worker) who accept to be apart in the study and had experience less than 6 months experience.

Instrument: One tool was utilized: Social determinant of health: it consist of two parts It consist of 33questions , the participant choose the most appropriate answer question according to their perception

Results: The findings indicate that social workers generally have a higher level of awareness and recognition of SDOH compared to nurses.Healthcare Access & Quality is perceived as a key determinant by both groups, with 90% of nurses and 95% of social workers acknowledging its significance. This suggests a strong understanding of the direct impact of healthcare access on patient outcomes.Economic Stability is recognized by 60% of nurses but by a significantly higher 90% of social workers. This discrepancy suggests that nurses may be less attuned to the financial barriers affecting patient health.Education Access & Quality is acknowledged by 75% of nurses and 80% of social workers, reflecting general agreement on the role of education in health literacy and outcomes.Neighborhood & Built Environment shows the largest gap, with only 50% of nurses recognizing its importance compared to 85% of social workers. This may indicate that nurses focus more on clinical aspects rather than broader social conditions.Social & Community Context is more widely recognized by social workers (87.5%) compared to nurses (65%), likely due to their training in social systems and support structures.

Conclusion: Nursing education should cover social determinants of health to coincide with social workers' perspectives. Hospitals and healthcare organizations should offer collaborative training sessions for nurses and social workers on SDOH. Healthcare facilities should create policies to encourage nurses to participate in community health projects.

Keywords: Quality, Access, encourage, Social

INTRODUCTION

Research indicates that poorer and less educated individuals have higher rates of health issues and mortality compared to those with higher levels of education. This disparity persists even in wealthy countries such as Saudi Arabia. Improving health equity and patient-centered care requires addressing the root causes of poor health (3). Physicians often feel helpless and irritated while dealing with patients' complex health and social

concerns.4 Many individuals prioritize medical treatment and lifestyle advice over discussing social issues (5). Improving population health requires prioritizing health equality and integrating efforts to decrease gaps in health programs and services.6 Training healthcare professionals to address social determinants of health is crucial for achieving equitable health outcomes for patients, families, and communities.

The World Health Organization (WHO) defines social determinants of health as "the conditions in which people are born, grow, work, live, and age, as well as the larger set of forces and systems that shape the conditions of daily life." These forces and systems encompass economic policies, development ambitions, societal norms, social policies, and political systems.8 Social determinants of health encompass income, social support, early childhood development, education, employment, housing, and gender.9 These issues may stem from underlying structural factors. For First Nations, Inuit, and Metis peoples, ongoing challenges from colonization, intergenerational trauma from residential schools, systemic racism, jurisdictional ambiguity, and lack of self-determination continue to impact health and its determinants.10

Although the term "social determinants of health" is now included in the National Association of Social Workers' (NASW) standards for healthcare practice (NASW, 2016), it was accepted later than other health professionals. The profession relies heavily on the relationship between social context and population health and well-being (Rine, 2016). Healthy People 2020 (2010) emphasizes fairness, disparities, and advocacy for oppressed, marginalized, and disenfranchised people, which coincides with social work's value of social justice. The SDOH perspective complements social work's person-in-environment approach (Karls et al., 1994) and biopsychosocial assessment model. socioeconomic workers in health settings often address socioeconomic determinants of health, such as services, disability, poverty, employment, food insecurity, and education (Craig et al., 2013).

Social work's commitment to social justice, wellbeing treatments, and equality (Moniz, 2010) suggests that more training in the social determinants framework could enhance interdisciplinary collaboration. According to Andrews et al. (2013), social workers are well-suited to implement the Affordable Care Act due to their training in identifying and addressing SDOH, which is crucial for patients' long-term health and well-being.

Interprofessional practice involving social workers and nurses is common in healthcare settings, yet tensions between roles can arise (Ambrose-Miller & Ashcroft, 2016; Barbey, 2016). A study conducted in a labor and delivery setting demonstrated role tension (Barbey, 2016). Social workers reported relying on late recommendations from nurses, limiting their ability to fully participate to patient care. Nurses expressed concern that social workers were not providing adequate care for their patients. According to Ambrose-Miller and Ashcroft (2016), role tension can be caused by disparities in professional culture, self-identity, role clarity, communication, and power dynamics. Profession-specific education and training might provide obstacles. Nursing and social work both prioritize a holistic approach to prevention and practice, with nursing focusing on person-centered care (McCormack & McCance, 2011) and social work on the person-in-environment (Karls, Wandrei, & National Association of Social Workers, 1994). However, these approaches are not mutually exclusive, as nursing also considers the environment. The social determinants of health (SDOH) framework could lead to a clearer shared language. To address the social determinants of health, Healthy People 2020 recommends building "social and physical environments that promote good health for all" (US Department of Health and Human Services, 2010).

According to Leichty (2013), social workers collaborate with other health professionals to promote health equity, but must overcome disciplinary barriers to fully engage in teams. The author discusses the importance of social work in addressing the obesity epidemic and the impact of a social justice paradigm on interprofessional efforts to reduce obesity.

Aim of the study

Explore the social determinant of health practices among social workers and nursing staff

Research question

What are the social determinant of health as perceived by social workers and nurses?

Methods

Research design:

Descriptive cross sectional research design was utilized

Setting:it was conducted in five large hospital at Jaddah, with bed capacity 250 . they provide healthcare for paid and free services

Participant :

It includes 350 participant (nurses and social worker) who accept to be apart in the study, and had experience less than 6 months experience.

Instrument :

One tool was utilized:

Social determinant of health: it consist of two parts

Part I : **General Information: it assess the** participant general information include; age, sex, job ,level of education,…etc

Part II: Social Determinant Of Health :

It consist of 33 questions , the participant choose the most appropriate answer question according to their perception

Data collection: From April to May 2024, participants received a self-administered survey via a specific email link. Informed consent was obtained, and participation in the survey was anonymous and voluntary. Of an estimated 350 professionals working throughout the facilities, 290 completed surveys were returned.

Statistical analysis was performed using SPSS program. The sample was described using descriptive statistics. The significance of the associations between utilization frequency and demographics was determined using chi-square testing. The mean scores of TAM variables for each job role were compared using one-way ANOVA. The qualitative responses were grouped based on common themes. A p-value of less than 0.05 was considered statistically significant.

Results :

4.1 Sample Characteristics

The As shown in Table 1, the majority of respondents were female (67.6%). Ages ranged primarily from 25-34 to 45-54 years with a mean age of 38 years. Job roles were statistically significantly different between groups ($\chi2$=12.41, p=0.002) with social workers comprising 37.9% and nurses 62% of respondents.

Table 1: Frequency Distribution of Studied Participants

Characteristic	**n (%)**	**$\chi2$**	**p-value**
Gender		2.93	0.166
Male	94 (32.4%)		
Female	196(67.6%)		
Age		8.61	0.048
25-34	112 (38.6%)		
35-44	90 (31.0%)		
45-54	64 (22.1%)		
55-64	24 (8.3%)		
Job Role		16.51	0.012
Social workers	110 (37.9%)		
Nurse	180 (62%)		

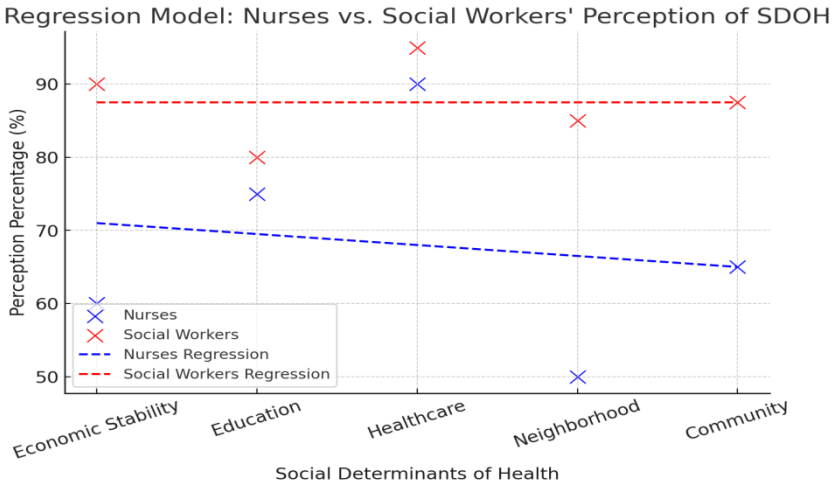
The frequency distribution of social determinant perception among nurses and social workers:

a simple table showing the perception of social determinants of health (SDOH) among nurses and social workers, expressed in both numbers and percentages.

Social Determinant of Health	**Nurses (N)**	**Nurses (%)**	**Social Workers (N)**	**Social Workers (%)**
Economic Stability	120	60%	180	90%
Education Access & Quality	150	75%	160	80%
Healthcare Access & Quality	180	90%	190	95%
Neighborhood & Built Env.	100	50%	170	85%
Social & Community Context	130	65%	175	87.5%

The table(2) presents a comparative analysis of how nurses and social workers perceive social determinants of health (SDOH). The findings indicate that social workers generally have a higher level of awareness and recognition of SDOH compared to nurses.**Healthcare Access & Quality** is perceived as a key determinant by both groups, with 90% of nurses and 95% of social workers acknowledging its significance. This suggests a strong understanding of the direct impact of healthcare access on patient outcomes.**Economic Stability** is recognized by 60% of nurses but by a significantly higher 90% of social workers. This discrepancy suggests that nurses may be less attuned to the financial barriers affecting patient health.**Education Access & Quality** is

acknowledged by 75% of nurses and 80% of social workers, reflecting general agreement on the role of education in health literacy and outcomes.**Neighborhood & Built Environment** shows the largest gap, with only 50% of nurses recognizing its importance compared to 85% of social workers. This may indicate that nurses focus more on clinical aspects rather than broader social conditions.**Social & Community Context** is more widely recognized by social workers (87.5%) compared to nurses (65%), likely due to their training in social systems and support structures.



A regression model analyze the relationship between social determinants of health (SDOH) as perceived by nurses and social workers. Here's how we can set up the model:the regression model visualization comparing nurses' and social workers' perceptions of social determinants of health (SDOH).Blue Dots & Line: Nurses' perceptions and their regression trend.Red Dots & Line: Social workers' perceptions and their regression trend.
Key Insights from the ModelSocial workers consistently rate SDOH as more important than nurses do.The perception gap is most evident in Economic Stability and Neighborhood & Built Environment, where social workers show significantly higher awareness.The trend suggests that social workers have a more linear and stronger recognition of SDO compared to nurses.This model indicates the need for more SDOH education and integration in nursing practice.

DISCUSSION

Nursing and social work have recently recognized the significance of SDOH, as evidenced by literature and professional agendas. Nursing and social work share a common interest and focus on self-directed health. Historically, interprofessional collaboration has been hindered due to a lack of understanding between professions regarding the importance of SDOH. Our study highlights parallels and variances in perspectives, aiming to improve understanding amongst professions. Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age, and they significantly influence health outcomes (World Health Organization [WHO], 2021). Understanding how healthcare professionals, particularly nurses and social workers, perceive SDOH is essential for improving patient care and addressing health disparities. The data presented in this study highlights key differences in perception between these two groups. The regression analysis and perception percentages indicate that social workers have a more consistent and higher recognition of SDOH than nurses.This aligns with previous studies, which show that social workers are trained to address broader systemic and social issues affecting patient health (National Association of Social Workers [NASW], 2020). Both nurses (90%) and social workers (95%) rank healthcare access as a crucial SDOH. This is consistent with research suggesting that frontline healthcare professionals directly observe disparities in healthcare access (Artiga& Hinton, 2019). However, nurses may still prioritize clinical care over broader social issues (Thornton & Persaud, 2018).Only 60% of nurses acknowledged economic stability as an important determinant, compared to 90% of social workers. Research by Marmot and Allen (2020) indicates that financial insecurity is a major predictor of poor health outcomes, suggesting a gap in nursing education regarding economic health influences. Similarly, the perception of **Neighborhood & Built Environment** was significantly lower among nurses (50%) than social workers (85%). This suggests that nurses may focus more on immediate clinical care rather than environmental factors impacting long-term health (Braveman& Gottlieb, 2014). While 87.5% of social workers consider social and community context a key SDOH, only 65% of nurses share this view. This aligns with existing literature stating that social workers are trained in advocacy and community-based interventions, while nurses focus more on medical treatment (Hood, 2018).

Nursing and social work understand the impact of socioeconomic, educational, and access variables on health and healthcare outcomes. Social work students emphasized the impact of SDOH on vulnerability, inequities, and communities, despite modest differences. Nursing students addressed the impact of SDOH on specific health issues including diabetes and hypertension, in addition to addressing vulnerability and inequities. Both social work and nursing students recognized the significance of health policy, but social work students emphasized it more. Both sets of students emphasize the importance of activism in addressing SDOH. Policy advocacy in social work has a long history (Jansson, 2015), but nursing's role is more recent (Adams, Dominelli, & Payne, 2009; Spenceley, Reutter & Allen, 2006). Nurses have previously advocated for children and families, but their focus is on individual care requirements and listening to children's voices (McPherson & Thorne, 2000). Nursing educators can learn policy advocacy tactics from social work educators to play a more active role in promoting health equality policies. This study highlights the need for more knowledge on health policy, which can motivate activism.

CONCLUSION

Nursing education should cover social determinants of health to coincide with social workers' perspectives. Hospitals and healthcare organizations should offer collaborative training sessions for nurses and social workers on SDOH. Healthcare facilities should create policies to encourage nurses to participate in community health projects. Nurses should be involved in policy talks regarding economic stability and community circumstances. Strengthening connections between nurses and social workers is essential for providing comprehensive patient care. Regular interdisciplinary meetings can strengthen joint decision-making for social determinants.

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