**ABSTRACT**

**Background:** Social responsibility and health activism represent key concepts and professional values in nursing practice. Nevertheless, definitions in the nursing literature remain inconsistent, and little is known regarding nursing students’ perceptions of these concepts or the associations between these perceptions.

**Objectives:** This research explores 1) nursing students’ perceptions of social responsibility and health activism; 2) the associations between nursing students’ perceptions of social responsibility and health activism; and 3) the differences in nursing students’ perceptions of social responsibility and health activism according to their personal characteristics.

**Design and methods:** A cross-sectional survey design was conducted with a sample of 173 Israeli first-year undergraduate nursing students. Questions were uploaded in the format provided by a commercial Internet survey provider (Qualtrics.com) and distributed through social media groups.

**Results:** Positive correlations were found between health activism and social responsibility and between health activism and philanthropic and environmental responsibility. Significant differences were found in the research variables according to the students’ cultural group and voluntary service. Cultural group and social responsibility explained 25% of students’ variance in health activism.

**Conclusions:** Faculty and nurse educators should promote and develop nursing students’ knowledge acquisition in health activism and social responsibility during all years of study. It is recommended that nursing students be given meaningful opportunities to discuss, integrate, and apply health activism, with the help of role models in clinical practice. Academic settings should promote the value of social responsibility and support nursing students to take active roles in social organizations in order to further develop and integrate the social component of their professional role.

**Keywords:** Healthactivism, social responsibility, undergraduate nursing students, quantitative methods

INTRODUCTION

Social responsibility is a key concept in nursing, which is a human caring science that also focuses on the well-being of society and on advocating for social change. Social responsibility relates directly to the professional values of nursing (Waite and Brooks, 2014) and has been argued to improve the quality of care and increase patient satisfaction (Tyer-Viola et al., 2009; Faseleh-Jahromi et al., 2014; Jazi et al., 2020).

In a complementary manner, health activism is considered one of the professional values of nursing; it is a component of nursing’s social contract with humanity that contributes to the professional development of nurses as well as developing the profession and improving the quality of patient care (Florell, 2020; Mundie and Donelle, 2022; Topola and Miller, 2021). Yet, to date, there is limited published research on health activism among nurses and nursing students (Mundie and Donelle, 2022), and the literature indicates a reduction in nurses as health activists (Florell, 2020). One of the barriers found to hinder nurses’ engagement in health activism is the lack of educational preparation within nursing educational programs (Mundie and Donelle, 2022; Mahoney et al., 2020). However, there is a paucity of studies in the context of nursing that explore students’ perceptions of social responsibility and health activism, and the associations between them.

BACKGROUND

Social responsibility

Social responsibility is often associated with the disciplines of management and consumer behavior. It includes advocacy for the needs of others and the effects of personal or corporate behavior on social issues that affect communities and societies (Tyer-Viola et al., 2009). Within professional nursing, social responsibility is viewed as a key concept that relates directly to nursing values (Waite and Brooks, 2014). It is also closely related to humanistic constructs, including human rights, social justice, and community engagement (Kelley et al., 2008). Social responsibility has been embedded in the nursing profession since as early as the nineteenth and twentieth centuries, with the pioneering work of nursing leaders such as Florence Nightingale, Lillian Wald, and Lavinia Dock. They argued that nurses, beyond their clinical activities, also play a professional role in social issues concerning their communities and society, and they saw nursing as a human caring science that inspires the advancement of society (Tyer-Viola et al., 2009).

This approach continued into modern-day nursing, as is evident in the ANA Social Policy Statement (2003), which explains that nursing practice is viewed as a “framework for understanding nursing’s relationship with society and nursing’s obligation to those who receive care” (p.1), and in the ICN (2006a) Code of Ethics, which states that nurses assume the role of sharing with “society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations” (ICN, 2006a, p.2). In Israel, the Nurses’ Code of Ethics explicitly declares the relationship between nurses and society to be one of the three main domains of the code. In this domain, nurses are committed to 1) working to promote public health; 2) initiating activities to empower the individual and the community and represent community opinions and needs; 3) reducing gaps in the availability and accessibility of health services in the various populations; 4) preserving the environment; 5) informing the public about its rights by using diverse communication channels; and 6) initiating activities to promote tolerance and adjust services for diverse populations (Israeli Nurses’ Code of Ethics, 2018).

Jazi et al. (2020) have suggested that social responsibility is a “learner-based” characteristic: an evolutionary process that begins with responsibility, and develops over time through voluntary activities undertaken out of benevolence with no reward expected in return. On this view, social responsibility is a process that takes place in the presence of factors such as learning in the family and society, as well as socio-economic status, ethnicity, religion, and exposure to mass media and environmental factors within every community (Jazi et al., 2019).

However, careful review of the nursing literature finds no studies exploring this concept among nursing students in Israel and only a few studies that have done so in the context of nurses and nursing students worldwide. In their qualitative study among nurses in the USA, Riley and Beal (2010) explored nurses’ views regarding the use of their professional knowledge in public services (that is, outside their workplace). The findings indicated that nurses perceive public services as part of their professional role as nurses, including offering clinical services, advocating social justice, and providing knowledge consultation to society. A study conducted among nurses in Iranian hospitals (Faseleh-Jahromi et al., 2014) found that Iranian nurses viewed social responsibility in ways that are generally familiar from the literature. The participants described socially responsible nurses as providing therapeutic services, professional consultation, health education, and advocacy, and as being health representatives for their communities. However, the authors note that nurses in Iran have little official or professional status in providing service to the community outside of the workplace.

Among nursing students, this subject has been explored recently in the context of the COVID-19 pandemic. A study conducted in Spain investigated the perceptions of nursing students as they volunteered during the early stages of the outbreak. The results indicated that the students were acting out of social responsibility and professional pride. They perceived their voluntary work in hospitals during the pandemic as a personal and professional challenge; they felt socially responsible, and considered their work to be an ethical and moral duty due to their status as nursing students (Rodríguez-Almagro et al., 2021).

Health activism

According to the American Nurses Association (2015), activism encompasses the nurse’s responsibility to promote social justice, work to improve health outcomes across diverse populations, and contribute to nursing knowledge and practice standards (American Nurses Association, 2015, p. v.). A recent scoping review aimed at assessing this term within nursing practice has offered a more extensive definition that emphasizes the active part of the nurse’s practice: “purposeful action utilized to create impactful change at the individual to societal level to address a moral injustice or health goal, often involving health policy and system change” (Mundie and Donelle, 2022, p.3610). Activities that demonstrate this definition include petitioning, protests, marches, publicity campaigns, and legal action, as well as educating communities, nurses, and patients individually or as members of coalitions in order to stimulate dialogue on health and social issues (Laverack, 2013; Mundie and Donelle, 2022).

Weis and Schank (2017) developed an instrument for assessing professional values, the Nurses Professional Values Scale-3 (NPVS-3). Activism, one of the tool’s three dimensions, is described as a nursing value that moves beyond the traditional patient–nurse dyad to emphasize “the social nature of the profession” (p.402). It includes the profession’s role in shaping public policies, professional efforts to advance global health, reducing health inequalities, participating in nursing associations, and contributing to scientific research. Using this tool, activism has been found to be significantly related to professionalism and caring attributes. Likewise, the assessment of professional values in nursing is central to professional development and to the maintenance of safe, high-quality care based on shared expectations and standards (Weis, 1995; Weis and Schank, 2017).

The contribution of nursing education to students’ engagement in health activism has been described in the literature. Studies suggest that introducing students to health activism knowledge and skills during their formative years increases their awareness of activism as part of their scope of practice, and increases their knowledge of how important public policy is to health (Wold et al., 2008; Zauderer et al., 2008; Mundie and Donelle, 2022; Laverack, 2013). The inclusion of curriculum content on health policy and of opportunities to observe the impact of the collective voices of nurses has been found to improve students’ awareness, confidence, skills, and passion for embracing a health activist role (Almeida et al., 2018; Wold et al., 2008; Zauderer et al., 2008). Nurse educators are perceived as key to fostering health activism knowledge, skills, and enthusiasm within the next generation of nurses (Buck-McFadyen & MacDonnell, 2017; Zauderer et al., 2008).

Nevertheless, studies conducted among nursing students indicate that students rate activism as the least important dimension of nursing values (Ayla et al., 2018; Feller, 2014; Larson, 2016; Posluszny and Hawley, 2017; Ye et al., 2018; McHan et al., 2022). Moreover, students have been found to be inadequately prepared to engage in health activism (Mundie and Donelle, 2022). A recent study among Canadian nursing students revealed that, although students believe that nurses should demonstrate leadership within the healthcare system, they preferred someone else to do it, and were not prepared to engage personally in health activism as practice (Topola and Miller, 2021).

The barriers to engaging in health activism that nurses described include clinical workloads, feelings of powerlessness, lack of personal and organizational resources, limited awareness of political issues and the legislative process, burnout, low levels of involvement with professional organizations, lack of role models and peer support, and limited nursing education and training related to practice in this area (Alhassan et al., 2020; Han, 2020; Jurns, 2019; Shariff, 2014; Terry and Bowman, 2020; Topola & Miller, 2021)

Social responsibility and health activism are two key concepts in nursing that address the social aspect of the nurse’s work and represent the significant role of the nurse in society beyond therapeutic interaction with the patients. Although it seems likely that the concepts are closely related, to the best of this author’s knowledge the association between them has not yet been investigated. There is a corresponding gap in the educational context, especially among nursing students at the beginning of their studies.

Given the above considerations, the aims of the current study are to explore 1) students’ perceptions of health activism and social responsibility; 2) the associations between students’ perceptions of health activism and social responsibility; and 3) the differences in students’ perceptions of health activism and social responsibility according to their personal characteristics.

METHODS

Design and setting

This study adopted a cross-sectional, descriptive design and used self-administered questionnaires. Convenience sampling was employed to identify participants in their first year of undergraduate nursing studies at a major university in central Israel.

Sample

All first-year undergraduate nursing students (191 students) were approached and invited to participate in the study. Of these students, 173 returned completed questionnaires (a response rate of 90.5%). The rationale was to explore the perceptions of nursing students at the beginning of their professional career. All the participants completed an online survey that included closed questions and two short open-ended questions. The required sample size for achieving a power of 0.90 and a Cronbach’s alpha value of 0.05 was 157 participants (calculated by means of the WINPEPI COMPARE2 program).

Instrument

The structured questionnaire was written in Hebrew and consisted of the following three sections.

*A) Participants’ sociodemographic and personal data*

The sociodemographic data collected were age, gender, and religion. Personal data were measured using three items regarding volunteering in the community: 1) “Participation in volunteer activity” (yes/no); 2) “Place of volunteer activity” (short open-ended question); and 3) “If applicable, the number of hours of volunteer work per week.”

*B) Nursing activism*

The activism section was developed by the author based on a well-validated and reliable tool specific to the nursing context, the Nurses Professional Values Scale-3 (NPVS-3) (Weis and Schank, 2017). The tool was originally designed to measure nurses’ professional values and consists of 28 Likert-scale items divided into three factors (caring, activism, and professionalism). The version of the tool developed by the author for use in the present study is based on the “activism” factor of the original tool, and it assesses participants’ perceptions regarding health activism in nursing. The author made linguistic and content adjustments to adapt the items in line with the Israeli Nurses’ Code of Ethics, and four new items were added.

The final version of the tool consists of nine items rated on a 5-point Likert scale from 1 (not important at all) to 5 (very important), for example, “Take part in activities of social organizations in the country on health-related issues.” The content validity of the tool was established by two nurse educators who, working separately, evaluated the tool for the relevance and clarity of its content. Following their advice, minor grammatical changes were made to the text.

An overall score was calculated from the mean scores of all the items, such that a higher mean value indicates a higher importance attributed to health activism. The Cronbach’s alpha value for the items was 0.89.

This section also included one item regarding students’ knowledge of the meaning of health activism. Students were asked if they knew what health activism is (yes/no/not sure); if they answered yes, they were asked to explain in a short answer.

*C) Social responsibility*

This section was adapted from a previously validated tool for measuring personal social responsibility (Davis et al., 2021). Permission to translate and use the questionnaire was obtained from the authors. The original tool was translated into Hebrew using Brislin’s (1980) translation guidelines, and wording amendments were made to fit the concept of social responsibility to the Israeli culture. Two nursing educators reviewed the tool for content validity and clarity in line with the method proposed by Johnston et al. (2014). The reviewers recommended deleting four items and making several linguistic corrections, and these amendments were made. The final questionnaire consists of 15 items describing the four dimensions of social responsibility from the original tool: philanthropic responsibility, environmental responsibility, ethical responsibility, and legal responsibility. Example items are “I dedicate effort and money to helping others” and “I do not buy products that potentially harm the environment.” Respondents were asked to rank their agreement with each item on a 7-point Likert scale from 1 (do not agree at all) to 7 (largely agree). In the original tool, the value of Cronbach’s alpha for the four dimensions of social responsibility ranged from 0.73 to 0.89. In the present study, the value of Cronbach’s alpha for the four dimensions ranged from 0.67 to 0.87.

Procedure

All the first-year undergraduate nursing students were approached five weeks before the end of their first semester, during the period from December 2022 to January 2023. The study was conducted using the format provided by a commercial Internet survey provider (Qualtrics.com). The link to the online questionnaire appeared on a short explanatory page that described the purpose of the research. The page was posted on social media groups for first-year students. Participants were assured that all responses were anonymous and that their confidentiality would be maintained. Submission of the completed questionnaire was taken as consent to participate.

Data analysis

The response data were analyzed using the SPSS-28 statistical package (SPSS Inc., Chicago, Ill., USA). Statistical significance was set at the level of p < 0.05. For personal characteristics and for the main research variables, means and frequencies were used as descriptive statistics. To measure the associations between social responsibility, health activism, sociodemographics, and personal characteristics, Pearson correlation coefficients were calculated. To examine differences in research variables according to personal characteristics, T-test analysis was performed. To measure the contributions of sociodemographic variables and social responsibility to the variance in health activism, stepwise multiple linear regressions were carried out.

Ethical considerations

This study received the approval of the university’s ethics committee.

RESULTS

The sample consisted of 173 first-year nursing students, with a mean age of 22.7 ± 2.42 years. Most were women (83.2%). The majority (69.3%) were Israeli Jewish, and the remainder identified as Muslim or other religions. About a fifth of the participants (16.2%) reported that they volunteer regularly in various organizations in the community for amean of 11.35 + 8.65 hours per week. Among the organizations that participants volunteered for were Magen David Adom (an organization that operates emergency medical services nationwide), social associations for populations with special needs that provide students with tuition scholarships, youth movements, and social associations for social-economic assistance.

Regarding participants knowledge of the meaning of the concept “nursing activism,” almost half (48.5%) explained the concept accurately in relation to the Israeli Nurse’s Code of Ethics. A minority (13.8%) reported that they did not know what the concept means, and about a third (37.7%) reported that they were not sure what it means. Table 1 presents the sociodemographics and personal profile of the sample.

Associations between the main research variables and sociodemographic characteristics

Table 2 shows a relatively high mean score for social responsibility and health activism in the current sample. Within social responsibility, the ethical and legal dimensions scored higher than the other dimensions.

Additionally, significant positive moderate correlations were found between health activism and social responsibility (r = 0.43, p < .01), philanthropic responsibility (r = 0.41, p < .01), and environmental responsibility (r = 0.32, p < .01) (Table 2). The more the participants held positive attitudes toward social responsibility, and toward philanthropic and environmental responsibilities, the higher they scored on perception of health activism.

Negative significant correlations were found between students’ age and perceived health activism (r = -0.21, p < .01) and social responsibility (r = -0.27, p < .01); that is, younger students held more positive attitudes toward health activism and social responsibility.

Differences in the main research variables according to cultural group and volunteering

As shown inTable 3, significant differences were found in the research variables according to cultural group and voluntary activity.Israeli non-Jewish participantshad higher scores than Israeli Jewish participants for health activism (t = -3.86, p < .001), social responsibility (t = ‑4.79, p < .001), philanthropic responsibility (t = -4.45, p < .001), environmental responsibility (t = ‑3.86, p < .001), and ethical responsibility (t = -3.76, p < .001).

Participants who reported volunteering had significantly higher scores on the philanthropic responsibility dimension than those who reported that they did not volunteer (t = 5.54, p < .001). Additionally, participants who reported that they did not volunteer had significantly higher scores for ethical responsibility (t = -2.48, p < .05) than their volunteering counterparts.

Relationship between the main research variables and personal characteristics

A stepwise multiple linear regression was conducted with health activism as the dependent variable. The independent variables entered were age, cultural group, volunteerism, knowledge of health activism, and social responsibility. The results show that cultural group and social responsibility were related to health activism (R2 = 0.25, adjusted R2 = 0.24). Accordingly, higher scores for social responsibility and being a non-Jewish student were related to higher levels of health activism. The results are presented in Table 4.

DISCUSSION

This study explored the perceptions of Israeli first-year nursing students toward health activism and social responsibility within nursing. About half of the students reported not knowing or not being sure of the meaning of health activism in nursing. This finding may be related to the participants being at an early stage in their studies, but it is also in accordance with the findings of previous studies that students rated activism as the least important dimension of nursing values (Ayla et al., 2018; Abdullah and Chong, 2019; Larson, 2016; Posluszny and Hawley, 2017; McHan et al., 2022). This is a worrying finding that highlights the need to examine undergraduate curricula and to expand the knowledge acquired of this subject through curriculum development, clinical experiences, and institutional support (Mahoney et al., 2020).

Positive moderate correlations were found between health activism and social responsibility, and specifically between health activism and philanthropic and environmental responsibility. A possible explanation for these findings may be related to the similar contexts of these two concepts, namely the social context in relation to health care. Social responsibility is awareness and understanding of the needs of others in society and the effects of individual behavior on the community and society (Tyer-Viola et al., 2009). Health activism represents nurses’ actions in creating an impactful change at the individual and societal levels. Thus, the two concepts are interrelated, because social responsibility might be perceived as the general tendency to social determinants in health care, while health activism represents active professional activities initiated by nurses out of their awareness and understanding of individual and community health needs. Regarding philanthropic and environmental responsibility, the participants were mostly women living and studying within the Israeli culture. Previous studies indicate that women tend to support the ethical and philanthropic dimensions of social responsibility ([Van den Heuvel et al., 2014](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib124); [Larrán et al., 2018](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib82); [Schmidt & Cracau, 2018](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib109); Galvão et al., 2019), and cultural factors have been indicated as influencing the development of social responsibility (Talebi and Khoshbin, 2010; Jazi et al., 2019).

Negative significant correlations were found between students’ age and their perceived health activism and social responsibility. These findings are in accordance with previous studies among nursing students which found that younger students have stronger professional values ([Donmez and Ozsoy, 2016)](https://www.sciencedirect.com/science/article/pii/S0260691722002519%22%20%5Cl%20%22bb0120).

Israeli non-Jewish studentsreported higher scores than Israeli Jewish students on perceived health activism (t = -3.86, p < .001), social responsibility (t = -4.79, p < .001), philanthropic responsibility (t = -4.45, p < .001), environmental responsibility (t = -3.86, p < .001), and ethical responsibility (t = -3.76, p < .001). These differences are in accordance with earlier findings indicating that, within every community, social and cultural factors such as ethnicity and religion can influence the development of social responsibility (Talebi and Khoshbin, 2010; Jazi et al., 2019). In addition, the majority of the participants in the present study were women. Previous studies ([Van den Heuvel et al., 2014](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib124); [Larrán et al., 2018](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib82); [Schmidt & Cracau, 2018](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib109); Galvão et al., 2019) in various contexts (e.g., students, consumers, employees, and entrepreneurs) have found that female participants are more strongly oriented toward ethics and philanthropy, and this may have influenced the findings in the current study. Additionally, religious orientation plays an important role in the cognitive structure of individuals; this factor has a strong influence on respondents’ social behavior and contributes to greater concern about social issues ([Cornwell et al., 2005](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib34); [Verma & Singh, 2016](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib126)). Studies conducted among participants from various religions (Catholicism, Islam, and Hinduism) have concluded that individuals with a religious orientation have a stronger philanthropic and ethical orientation ([Sheikh & Beise-Zee, 2015](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib112); [Verma & Singh, 2016](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib126); Galvão et al., 2019). This may explain the differences found among the participants in the current study.

In relation to voluntary activity, students who reported volunteering scored significantly higher on the philanthropic responsibility dimension than those who reported that they did not volunteer. At the same time, students who reported that they did not volunteer scored significantly higher on the ethical responsibility scale than their volunteering counterparts. These findings are in line with the findings of previous studies among students that individuals who participate in volunteer activities and engage in community affairs have personal beliefs and attitudes that are more closely related to charity and sharing. Students who participate in volunteer activities are more concerned about issues underlying the philanthropic dimension than students who do not participate in volunteer initiatives. Students who do not participate in volunteer activities are more concerned about legal issues than are students who do participate in such activities. Notably, students reporting participation in volunteer activities were also more concerned about ethical issues connected to the ethical dimension of social responsibility ([Gillespie Finney et al., 2014](https://www.sciencedirect.com/science/article/pii/S0959652619300708#bib54); Galvão et al., 2019).

The current study found that social responsibility and being a non-Jewish student explains 25% of the health activism perception variance among these first-year nursing students. This result demonstrates the contributions of social responsibility and social-cultural factors to the development of health activism among nursing students. To date, these associations have been insufficiently explored; these new findings, however, provide evidence in support of promoting health activism by strengthening social responsibility and awareness of cultural differences. Undergraduate nursing education could be an opportunity for nurse educators to incorporate health policy courses into the curriculum, for nursing students to develop and strengthen professional values such as equity and social justice, and for nursing students to benefit from exposure and experience in learning and implementing health activism skills in their academic settings and practice placements (Laverack, 2013).

This study has two main limitations, which relate to the sampling technique and the instrument used. The use of convenience sampling to draw participants among first-year students at one university might limit the generalizability of the findings to the entire population of first-year nursing students in Israel. In future studies, it is recommended that participants be drawn from several universities in Israel and that the sample be expanded to include students in subsequent years of study. The second limitation relates to the questionnaire, which included only two short open-ended questions. Adding personal interviews with students and educators would have provided more information and a deeper insight into students’ perceptions and understanding of health activism and social responsibility.

CONCLUSIONS

Students’ perceptions regarding social responsibility are related to their perceptions of health activism. Therefore, it is important that nursing curricula promote the acquisition of knowledge on these subjects during all years of study, and that they create opportunities that allow students to experience activities for the community and society. Increased awareness and knowledge of activism practices provided through nursing undergraduate education could reduce the barriers to engaging in health activism (Terry and Bowman, 2020; Zauderer et al., 2008).

Cultural differences are associated with nursing students’ perceptions of social responsibility and health activism. It is therefore recommended that nursing educators facilitate and promote dialogue and discussion on these issues during their studies, both among students and between students and faculty, in order to assess the differences and the barriers to health activism. In future, it will be possible to develop learning programs and experiences that are tailored to students’ needs.

Finally, to date, research on social responsibility and health activism among nursing students has been limited. Additional studies in the field are required to explore the contents taught in the curricula in academic institutions around the world, as well as closer examination of the perceptions and understanding of these concepts among different populations of nursing students.

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