**ABSTRACT**

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

**Objectives:** To explore a) students’ perception of social responsibility and health activism b) the associations between students’ perception of social responsibility and health activism and c) the differences in students’ perception of social responsibility and health activism according to their personal characteristics.

**Design and Methods:** A cross-sectional survey design on a sample of 173 undergraduate first-year Israeli nursing students. Questions were uploaded in the format of a commercial internet survey provider (Qualtrics.com) and distributed through social media groups.

**Results:** Positive correlations were found between HA and SR and between HA to Philanthropic and Environmental responsibility. Significant differences were found in the research variables according to the student’s cultural group and their voluntary service. Cultural group and social responsibility explained 25% of students’ variance in health activism.

**Conclusions:** Faculty and nurse educators should promote and develop students’ knowledge acquisition in health activism and social responsibility during all study years. It is recommended that students be given the opportunity to experience meaningful opportunities to discuss, integrate and apply health activism with the help of role models in clinical practice. Moreover, academic settings should promote the value of social responsibility and support 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, as nursing is a human caring science, focusing also on the well-being of society and advocating for social change. Social responsibility relates directly to nursing’s professional values (Waite & Brooks, 2014) and has been suggested 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 nursing’s professional values, a component of nursing's social contract with humanity that contributes to nurses’ professional development as well as for the development of the profession and the quality of patient care (Florell, 2020; Mundie & Donelle, 2022; Topola & Miller, 2021). Yet, to date, there is limited published research on health activism among nurses and nursing students (Mundie & 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 preparedness within the nursing educational programs (Mundie & Donelle, 2022; Mahoney et al., 2020). There is a paucity of studies among nursing students that explored 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 refers to advocacy for the needs of others and the effects of personal or corporate behavior on social issues, affecting communities and societies (Tyer-Viola et al., 2009). Within nursing, social responsibility is viewed as a key concept in professional nursing, that relates directly to nursing values (Waite & Brooks, 2014) and 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, as early as the 19th and 20th centuries in the early works of nursing leaders like Florence Nightingale, Lillian Wald, and Lavinia Dock. According to these, nurses also have a professional role in social issues concerning their communities and society, behind their clinical role, as a human caring science that inspires to advance society (Tyer-Viola et al., 2009).

This approach continued to develop into modern day nursing and manifested by the ANA Social Policy Statement (2003), explaining 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 through the ICN (2006a) Code of Ethics stating 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, as one of the three main domains of the code. In this domain, nurses are committed to : 1) Work to promote public health 2) Initiate activities to empower individual and community and represent community opinions and needs 3) Reduce gaps in the availability and accessibility of health services in the various populations 4) Keep the environment 5) Inform the public about its rights by using diverse communication channels and to Initiate activities to promote tolerance and adjust services for diverse populations (The 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, done out of benevolent with no expected rewards in return. It is viewed as a process in the presence of factors such as learning in the family and society, as well as socio-economic status, ethnicity, religion, exposure to mass media and environmental factors within every community (Jazi et al., 2019).

Yet, reviewing the nursing literature has found no studies exploring this concept among nursing students in Israel and only a few studies that have explored this concept among nurses and nursing students worldwide.

Riley and Beal (2010) in their qualitative study among nurses in the USA, explored nurses’ views regarding the use of their professional knowledge in public services, outside their workplace. Findings indicated nurses perceived public services as part of their professional role as nurses, including clinical services, advocating social justice, and providing knowledge consultation to society. Similarly, a study conducted among nurses in Iranian hospitals (Faseleh-Jahromi, et al., 2014), found that Iranian nurses’ viewed social responsibility generally similar to what has been introduced earlier in the literature. Participants described socially responsible nurses as providing therapeutic services, professional consultation, health education, advocacy, and being a health representative for their communities, although the authors state that Iran nurses have little official and professional status in providing service to the community outside of the workplace. Among nursing students, this subject has been explored recently in association with the outbreak of the COVID-19 pandemic. A study conducted in Spain and explored nursing students’ perceptions as they volunteered during the early stages of the outbreak, indicated students acted out of social responsibility and professional pride. They perceived their voluntary work in hospitals during the pandemic, as a personal and professional challenge, and felt responsible due to their status as nursing students considering it an ethical and moral duty (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 emphasizing the active part of the nurse: ‘’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 & Donelle, 2022, p.3610). It is demonstrated by activities such as: 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 a dialogue on health and social issues (Laverack, 2013; Mundie & Donelle, 2022).

Weis and Schank (2017) developed an instrument assessing professional values, The Nurses Professional Values Scale-3 (NPVS-3). Activism, one of 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. Activism has been found in this tool, significantly related to professionalism and caring attributes.

The assessment of professional values in nursing is central to professional development as well as 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, suggesting that introducing students to health activism knowledge and skills during their formative years increased their awareness of activism as part of their scope of practice and increased their knowledge of how important public policy is to health (Wold et al., 2008; Zauderer et al., 2008; Mundie & Donelle, 2022; Laverack ,2013). Incorporating curriculum on health policy and opportunities to observe the impact of the collective voices of nurses improved students' awareness, confidence, skills and passion to embrace 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). Yet, studies conducted among nursing students, indicate students rated activism as the least important dimension of nursing values (Ayla et al., 2018; Feller, 2014; Larson, 2016; Posluszny & Hawley, 2017; Ye et al., 2018; McHan et al., 2022). Moreover, students have been found inadequately prepared to engage in health activism (Mundie & Donelle, 2022). A more recent study among Canadian nursing students revealed that although students believed nurses should demonstrate leadership within the healthcare system, they preferred someone else to do it, they were not prepared to personally engage in health activism as practice (Topola & Miller, 2021).

Barriers to engaging in health activism were mainly described among nurses and included: clinical workloads, feelings of powerlessness, lack of personal and organizational resources, limited awareness of political issues and the legislative process, burnout, fewer involvement with professional organizations, lack of role models and peer support, limited nursing education and training related to practice in this subject (Alhassan et al., 2020; Han, 2020; Jurns, 2019; Shariff, 2014; Terry & 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 the therapeutic interaction with the patients. It seems that they are close concepts, but the association between them has not yet been investigated to the best of the author's knowledge. Moreover, there is a gap in the subject, especially among nursing students at the beginning of their studies.

Based on the above, the aims of the current study were to explore: a) students’ perception of HA and SR b) the associations between students’ perception of HA and SR and c) the differences in students’ perception of HA and SR according to their personal characteristics.

**METHODS**

**Design and setting**

This study adopted a cross-sectional, descriptive design using self-administered questionnaires. A convenience sample was used comprising first-year undergraduate nursing students in a major university in central of Israel.

**Sample**

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

**Instrument**

A structured questionnaire written in Hebrew including three sections:

*A) The participants’ sociodemographic and personal data*

Sociodemographic data included age, gender and religion. Personal data consisted of three additional items regarding volunteerism in the community: 1) Participation in voluntary activity (yes / no); 2) Place of volunteerism (short open-ended question); and 3) If applicable, the number of weekly volunteering hours.

*B) Nursing activism:* This section was developed by the author based on the well validated and reliable tool for nurses: ‘’The Nurses Professional Values Scale-3 (NPVS-3) (Weis & Schank, 2017). The original tool is designed to measure nurses’ professional values and includes 28 Likert-scale items divided into three factors (Caring, Activism and Professionalism). The current tool developed by the author, based on the ‘’activism’’ factor of the original tool, assess participant perceptions regarding health activism in nursing. The author made linguistic and content adjustments to adapt the items to the Israeli Ethics code of nurses. Additionally, 4 items were added by the author.

The final tool consists of nine items on a 5-point Likert-scale from 1 (not important at all) to 5 (very important). Such as: ‘’ Take part in activities of social organizations in the country on health-related issues’’. The ccontent validity of the tool was established by two nurse educators, each one separately, who evaluated the tool for relevant content and clarity. Minor grammatical changes were made to the text following their advice.

An overall score was calculated according to the mean score of all items, where a higher mean indicates higher importance attributed to health activism. The Cronbach's alpha score in the present study 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 is heath activism (yes/no/ not sure) and if answered yes, to explain in a short answer.

*C) Social responsibility:* This section was adapted from the validated tool ‘’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. Items underwent wording amendments to fit the concept of "Social responsibility" in the Israeli culture. Two nursing educators reviewed the tool for content validity and clarity according to Johnston et al. (2014). The reviewers recommended deleting four items and making several linguistic corrections. Corrections were made according to their comments. The final questionnaire consists of 15 items describing four dimensions of social responsibility as described in the original tool (Philanthropic responsibility; Environmental responsibility; Ethical responsibility; and Legal responsibility). For example: ‘’ I dedicate effort and money to helping others’’ or ‘’ I do not buy products that potentially harm the environment’’. Respondents were asked to rank their agreement with each item, on a 7-point Liker-scale from 1 (Do not agree at all) to 7 (largely agree). In the original tool, Cronbach's alpha for the four dimensions of social responsibility ranged from 0.89 to 0.73. In the present study, Cronbach's alpha for the four dimensions of social responsibility ranged from 0.87 to 0.67.

**Procedure**

All first-year undergraduate nursing students were approached five weeks before the end of their first semester during December 2022-January 2023. The study was conducted using the format of a commercial internet survey provider (Qualtrics.com). The link to the online questionnaire appeared on a short explanatory page that explained the research purposes. The page was posted in social media groups of first-year students. Participants were assured that the questionnaires were anonymous and that their confidentiality would be maintained. Consent was assumed by submission of the questionnaire.

**Data analysis**

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

**Ethical considerations**

The 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 while the remainder identified as Muslim or other religions. About a fifth of the students (16.2%) reported they volunteer regularly in various organizations in the community with mean weekly hours of 11.35+ 8.65. Among the organizations, students 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 students’ knowledge of the meaning of the concept ‘’nursing activism’’, about a half of the sample (48.5%) reported and explained correctly the concept as it referred to the Israeli ethical code of nurses. The rest, 13.8% reported they don’t know the meaning and about a third 37.7% reported they are not sure of the meaning. Table 1 presents the socio-demographics and personal profile of the sample.

**The associations between the main research variables and students’ 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 the higher.

Additionally, significant positive moderate correlations were found between health activism to 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 students held positive attitudes toward social responsibility, philanthropic and environmental responsibilities the higher they scored on health activism perception.

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

**Differences in the main research variables according to cultural group and students’ volunteerism.** As shown inTable 3, significant differences were found in the research variables according to cultural group and volunteerism.Israeli Non-Jewish studentsreported higher scores than Israeli Jewish students on 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).

Regarding volunteerism, students that reported volunteering have a significantly higher score on the Philanthropic responsibility dimension than students who reported they didn’t volunteer (t=5.54, p<.001). Additionally, students who reported they didn’t volunteer have a significantly higher score on Ethical responsibility (t=-2.48, p<.05) than their classmates who volunteer.

**The relationship between the main research variables and students’ 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 showed that cultural group and social responsibility were related to health activism (R2 = 0.25 and adjusted R = 0.24). Accordingly, higher score in social responsibility and being a non-Jewish student were related to higher health activism. The results are presented in Table 4.

**DISCUSSION**

The current study aimed to explore Israeli first-year nursing students’ perceptions toward health activism and social responsibility within nursing. About half of the students reported they didn’t know or were not sure what is the meaning of health activism in nursing. This finding may be related to students’ early stage in studies, yet it is also in accordance with the findings described in the literature indicating students rated activism as the least important dimension of nursing values (Ayla et al., 2018; Abdullah & Chong, 2019 ‏; Larson, 2016; Posluszny & Hawley, 2017; McHan et al., 2022). This is a worrying finding which highlights the need to examine the undergraduate curricula and expand the acquired knowledge in 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 to philanthropic and environmental responsibility. A possible explanation for these findings may be related to the similar context of these two concepts: the social context in relation to health care. Social responsibility refers to the 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 to the societal level. Meaning, the two concepts are interrelated, as social responsibility might be perceived as the general tendency to social determinants in health care, while health activism represents active professional activities imitated by nurses out of awareness and understanding of individual and community health needs. Regarding philanthropic and environmental responsibility, the current sample consisted mostly of women within the Israeli culture. Previous studies indicated 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%22%20%5Cl%20%22bib82); [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 & Khoshbin,2010; Jazi et al., 2019).

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

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 social and cultural factors such as ethnicity, and religion, within every community can influence the development of social responsibility (Talebi & Khoshbin,2010; Jazi et al., 2019). In addition, the majority of our sample were females. 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%22%20%5Cl%20%22bib82); [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 females 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 individuals' cognitive structure, this factor has a strong influence on the 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 various religions (Catholic/ Islam / Hinduism) 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 differenced found in the current sample.

Regarding volunteerism, students that reported volunteering scored significantly higher on the philanthropic responsibility dimension than students who reported they didn’t volunteer. At the same time, students who reported they didn’t volunteer scored significantly higher on the Ethical responsibility scale than their classmates who volunteered. These findings are in accordance with previous studies among students indicating individuals who participate in volunteer activities and engage in community affairs have personal beliefs and attitudes 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 volunteer activities

Notably, students reporting participation in volunteer activities are 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 social responsibility and being a Non-Jewish student to explain 25% of the health activism perception variance among first-year nursing students. These findings demonstrate the contribution of social responsibility and social-cultural factors to the development of health activism among nursing students. To date, these associations have been poorly explored and these new findings can provide evidence for promoting health activism through strengthening social responsibility and awareness to cultural differences. The undergraduate nursing education could be an opportunity for nurse educators to incorporate health policy courses into the curriculum and for nursing students to develop and strength professional values as equity and social justice; exposure and experience in learning and implementing health activism skills in their academic settings and practice placements (Laverack,2013).

This study has two limitations related to the sampling and the instrument. The study employed a convenience sampling drawn from first-year students in one university. This might limit the generalizability of the findings to the entire population of first-year nursing students in Israel. In future, it is recommended to draw participants from several universities in Israel and expand the sample to include students from advanced years as well. The second 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 understanding of students' perceptions and understanding of health activism and social reponsibility.

**CONCLUSIONS**

Students’ perceptions regarding social responsibility are related to their perception of health activism. Therefore, it is important that the nursing curricula promote the acquisition of knowledge on these subjects during all the study years and, in addition, create opportunities for experiences that allow students to experience activities for the community and society.

An increased awareness and knowledge of activism practices provided through nursing undergraduate education could diminish barriers to engaging in health activism (Terry & Bowman, 2020; Zauderer et al., 2008).

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

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

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