

Healthy Lifestyle Behaviors

Nursing considerations for social determinants of health

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BACKGROUND: Nurses develop meaningful and deep connections with patients, making them particularly skilled to consider how social determinants of health (SDOH) affect patients. SDOH include one's neighborhood and built environment, health and health care, social and community context, education, and economic stability. Consideration of SDOH, in addition to individual factors, allows nurses to better support patient engagement in health behaviors.

OBJECTIVES: This article aims to explore how nurses consider SDOH when talking about health behaviors with patients and to provide case exemplars of how incorporation of the SDOH can be increased in holistic, patient-centered nursing care.

METHODS: A secondary data analysis was conducted to identify how practicing oncology nurses (N = 75) take SDOH into account when talking about physical activity with patients.

FINDINGS: Of the 124 considerations that nurses made when talking about physical activity with patients, most did not relate to SDOH.

KEYWORDS

social determinants of health; physical activity; barriers; oncology nursing

DIGITAL OBJECT IDENTIFIER

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NURSES ARE A TRUSTED CONTACT FOR PATIENTS within the healthcare system. Because of the frequent, sensitive, and personal conversations that nurses have with patients, nurses are uniquely positioned to develop a deep and holistic understanding of the circumstances in which patients live, work, play, and worship (Reinhart, 2020). The circumstances that people are born into and live in are referred to as social determinants of health (SDOH). SDOH are categorized into five domains: neighborhood and the built environment, health and health care, social and community context, education, and economic stability (U.S. Department of Health and Human Services, n.d.). The purpose of this article is to explore the extent to which nurses consider SDOH during interactions with patients and to provide case exemplars of how nurses can assess and apply SDOH as they relate to patient engagement in health behaviors.

Background

In the United States, cancer disproportionately affects several population groups, such as those defined by race and ethnicity, geographic location, income, national origin, gender identity, sex, and sexual orientation. These disparities are characterized by higher cancer incidence, prevalence, mortality, comorbidities, and financial burden and lower quality of life (National Cancer Institute, 2019). Many factors contribute to cancer disparities, many of which are SDOH, such as healthcare access, socioeconomic factors, and environmental exposures (National Cancer Institute, 2019). Ultimately, as proposed by the National Institute on Minority Health and Health Disparities (2018), a multilevel approach that intervenes on the level of SDOH is necessary to eradicate cancer disparities that exist between populations. One piece of this multilevel approach includes supporting cancer survivors to optimize health through diet and physical activity (PA) because health behaviors can contribute as much as 40% to health and premature death (Schroeder, 2007).

Efforts to reduce cancer disparities focused specifically on improving diet and PA may be particularly important. Diet and PA are associated with significant disparities in cancer, including prevalence, quality of life, and mortality (Hirschev, Nyrop, & Mayer, 2020; National Cancer Institute, 2019). The American Cancer Society recommends that cancer survivors avoid inactivity, engage in at least 150–300 minutes of weekly