

Social Accountability in Nursing Education: A Necessary Yet Neglected Issue

Mohammad Sharafkhani,¹ Mohammad Reza Armat,¹ and Amir Emami Zeydi^{1,*}

¹Student Research Committee, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, IR Iran

*Corresponding author: Amir Emami Zeydi, Student Research Committee, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, IR Iran. Tel: +98-9355952357, Fax: +98-5138591511, E-mail: emamizeydi@yahoo.com

Received 2015 April 21; Revised 2015 June 14; Accepted 2015 July 2.

Keywords: Social Responsibility, Social Obligation, Education, Nursing

Dear Editor,

Increasing size of populations and changes in disease patterns, along with expected health priorities necessitate revisions in medical education program (1). Such revisions have put forward a new concept, "social accountability of medical universities," both in developed and developing countries (2, 3). In line with this, The World Health Organization (WHO) has defined social accountability as the commitment to coordinate university activities in education, research, and service delivery fields to meet local and national health related needs, as well as establishing social health priorities; so that graduates could accomplish their professional goals (1). In fact, social accountability as a philosophical approach in higher education has a focus on responsibilities of universities to train and educate students to be accountable for authentic societal needs (4).

WHO has introduced underpinning values for social accountability. These values include relevance, quality, cost-effectiveness, and equity (5, 6).

The content and framework of all medical universities activities must be consistent with the societal needs. To achieve this relevance, critical attention should be devoted to the prevalent diseases, vulnerable groups of individuals, and the situations that can be managed by using local or national resources and facilities (1). Furthermore, to deliver quality care, evidence-based activities and appropriate technology should be utilized. Cost-effectiveness can be attained by making attempts with the greatest impact and efficiency within the health system at any resource level. Last but not least, all activities have to be equally available for all society members, especially at risk population (6).

The aforementioned values must be kept in mind from planning to implementation of all activities in education, research, and service delivery. In fact, any educational institute should evaluate its overall impact on the society by assessing the extent to which their activities

correspond with the values discussed for social accountability (6). Since 3 decades ago, the excessive efforts to establish social accountability standards (7) have changed the health profession education systems (8). Contrary to medical schools, only few studies have evaluated these changes in nursing schools so far. Nurses, as the largest group in health care settings, who have key role in improving health status, and actively deliver care in different settings such as hospitals and community (9, 10), are expected to orient themselves to social accountability, along with the health professional disciplines (1, 6). Despite the importance of the topic, only few studies in Iran have demonstrated the knowledge deficit regarding social accountability (11). Hence, for establishing social accountability in nursing, more concerted efforts are warranted.

Social accountability in education could be achieved through developing, implementing, and evaluating the goals and content of nursing educational curriculum, according to the authentic needs of the society. Using both formative and summative approach, curriculum evaluation must be based on proper feedbacks. Also, educational systems must help nursing students to acquire professional competencies through understanding tangible needs of individual and society. Moreover, educational resources and facilities should be fairly distributed among educational systems.

To achieve social accountability in the research area, nursing educational systems should train students as competent researchers; research budgets must be commensurate with real social needs and priorities, allocating with the emphasis on primary prevention; and audit system should be established for research expenses, outcomes, and profitability.

In service area, social accountability in nursing can be achieved through delivering high quality and evidence-based health care services in all levels of prevention, es-

pecially primary prevention. Also, these services should be equally available for all members of the society, especially vulnerable groups and finally the client satisfaction should be continuously evaluated.

Overall, to overcome this negligence regarding social accountability in nursing education, devoting more attention is recommended.

Footnotes

Authors' Contribution:All authors have equally contributed in writing the manuscript.

Financial Disclosure:We declared no financial interests related to the material in the manuscript.

Funding/Support:This study did not receive any financial support.

References

1. Rezaeian M, Pocock L. Social accountability-a challenge for global medical schools. *Middle East J Fam Med*. 2011;7(10):16.
2. Entezari A, Momtazmanesh N, Khojasteh A, Einollahi B. Toward social accountability of medical education in Iran. *Iran J Public Health*. 2009;38(Suppl. 1):27-8.
3. Woollard RF. Caring for a common future: medical schools' social accountability. *Med Educ*. 2006;40(4):301-13. doi:10.1111/j.1365-2929.2006.02416.x. [PubMed:16573665]
4. Ahmady S, Akbari Lakeh M. Exploring the practical themes for medical education social accountability in Iran. *Gastroenterol Hepatol Bed Bench*. 2015;8(1):28-32. [PubMed:25584173]
5. Boelen C. Building a socially accountable health professions school: towards unity for health. *Educ Health (Abingdon)*. 2004;17(2):223-31. doi: 10.1080/13576280410001711049. [PubMed:15763765]
6. Boelen C, Woollard B. Social accountability and accreditation: a new frontier for educational institutions. *Med Educ*. 2009;43(9):887-94. doi:10.1111/j.1365-2923.2009.03413.x. [PubMed:19709014]
7. Hosny S, Ghaly M, Boelen C. Is our medical school socially accountable? The case of Faculty of Medicine, Suez Canal University. *Med Teach*. 2015;37Suppl1:S47-55. doi:10.3109/0142159x.2015.1006600. [PubMed:25649104]
8. Larkins SL, Preston R, Matte MC, Lindemann IC, Samson R, Tandino FD, et al. Measuring social accountability in health professional education: development and international pilot testing of an evaluation framework. *Med Teach*. 2013;35(1):32-45. doi: 10.3109/0142159X.2012.731106. [PubMed:23102162]
9. Shahshahani MS, Salehi S, Rastegari M, Rezayi A. The study of optimal nursing position in health care delivery system in Iran. *Iran J Nurs Midwifery Res*. 2010;15(4):150-4. [PubMed:21589788]
10. Adib-Hajbaghery M. Nurses Role in the Community. *Nurs Midwifery Stud*. 2013;2(2):169-70. [PubMed:25414853]
11. Ghoushkhaneh H, Afshari R, Marouzi P. Knowledge of Social Accountability in Medical Education among Faculty Members at Medical Sciences of Mashhad University. *Future Med Educ J*. 2013;3(3):20-3.