Influence of Social Determinants of Health on Students in a Rural Community

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Abstract

Purpose: This study explores the experiences of prelicensure nursing students participating in a community-engaged learning (CEL) activity designed to enhance their understanding of social determinants of health (SDOH) and their impact on residents in a southern rural community.

Sample: The sample consisted of junior-level baccalaureate nursing students enrolled in a "Health Assessment for Professional Nursing" course across three semesters in 2023, with a total participant pool of 286 students.

Method: A qualitative approach was employed, guided by Moustaka's phenomenological framework. Data were collected through reflective journaling, with 352 responses received from 61.5% of the sample population. From these, 40% (n=140) were randomly selected for data analysis. Thematic analysis was conducted using open coding, categorization, and identification of core and peripheral themes. Trustworthiness was ensured through member checking and peer review.

Findings: The analysis revealed three main themes: "Interacting with Others:" Participants appreciated the personal stories shared by residents, which fostered empathy and a deeper understanding of aging and community life. "Strategies for Sparking Conversations and Relating to Residents:" Students adapted their communication styles to connect with residents, recognizing the importance of patience and empathy. "Challenging Stereotypes and Biases:" Participants confronted and reshaped their biases through meaningful interactions, highlighting the importance of respect and dignity in healthcare practice.

Conclusion: Participation in the CEL activity significantly enhanced students' understanding of SDOH, fostering empathy and awareness that can translate into improved care for rural residents. The study underscores the importance of experiential learning in nursing education to prepare students for the complexities of real-world healthcare environments. However, the findings are specific to this context and may not be broadly applicable. Future research should include community member perspectives and explore broader applicability.

Keywords: Social determinants of health, Nursing education

Influence of Social Determinants of Health on Students in a Rural Community

There is a clear association between health inequities and the social determinants of health, particularly in rural areas (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). In the United States, 13.8% (46 million) of people live in rural areas (Davis et al., 2023). This population experiences increased barriers to health, stemming from lower rates of health insurance and increased poverty rates (U.S. Department of Agriculture [USDA], n.d.-b; U.S. Department of Labor [USDOL], n.d.). Moreover, rural areas often face a shortage of healthcare providers (National Rural Healthcare Association, n.d.). To address the needs of rural populations, nurses must understand the unique context of these communities (NASEM, 2021). Establishing community-engaged learning (CEL) experiences within rural communities can equip future nurses with the necessary skills to engage effectively with rural populations. This, in turn, fosters the potential for the next generation of nurses to enhance the quality of nursing care and contribute to improving the health outcomes of rural communities.

Community-engaged learning is a teaching strategy that offers students the opportunity to apply theoretical knowledge in real-world settings. With this approach, students gain insight into the needs of community members while developing a reciprocal relationship (Comeau et al., 2019; Horning et al., 2020). Many members of rural communities are negatively impacted by social determinants of health (SDOH), including increased poverty, limited access to quality education and healthcare, social and community barriers, and disparities in access to safe neighborhoods and the built environment (Office of Disease Prevention and Health Promotion, n.d.; World Health Organization [WHO], n.d.). Rural CEL experiences focusing on SDOH can help nursing students develop the ability to serve people from all backgrounds equitably (NASEM, 2021).

The SDOH cause a multitude of negative impacts on members of rural communities across the U.S. In 2019, rural areas had higher poverty rates (15.4%) compared to urban areas (11.9%; USDA, n.d.-a) Financial instability, frequently experienced by rural community members, triggers a negative cascade of SDOH, resulting in health inequities. Residents in underserved, rural communities experiencing poverty have diminished access to high-quality living conditions, healthcare, and education (Baffour, 2017; Ziller, 2014). Poor housing environments experienced by impoverished individuals increase the incidence of physical and mental illness, familial violence and neglect, and decreased learning capacity. Rural populations have less access to health insurance: In states that did not expand Medicaid, 14.9% of people living in rural counties did not have health insurance, and in states that did expand Medicaid, 7.6% of people in rural areas did not have health insurance (USDOL, n.d.). Rural individuals with health insurance experience higher transportation costs due to distance, increased cost of care relative to urban communities, lack of healthcare providers in rural medical centers, and medical center closures (Baffour, 2017; Kaufman et al., 2016).

The *Future of Nursing 2020-2030* report calls on nursing education to incorporate SDOH into curricula (Ea et al., 2023; NASEM, 2021). However, health profession programs that have primarily focused on incorporating SDOH in didactic coursework have not been effective in creating substantial change in patient outcomes and SDOH-sensitive care when translated to clinical experiences (Thornton & Persaud, 2018). Through CEL experiences, students may gain the skill set and confidence necessary to effectively care for patients from rural communities (Thornton & Persaud, 2018). Despite this potential, there is a scarcity of literature demonstrating the effects of incorporating SDOH and CEL curriculum in nursing schools in the United States (Breen & Robinson, 2019; Budhai & Grant, 2018; Lee & Willson, 2020). This qualitative study

explored the experiences of prelicensure nursing students who participated in a CEL activity. The activity was designed to cultivate a foundational awareness of SDOH and their influences on the daily lives of residents within a southern, rural community in the United States.

Theoretical Framework

This CEL activity emerged from an established partnership between a prelicensure nursing program and community resource center, guided by the principles of the Connected Community Approach (CCA; Gloger et al., 2019). The CCA framework, which builds on community development theories, emphasizes the role of a "community backbone organization" (Gloger et al., 2019, p. 3). This framework is structured around eight foundational principles (Table 1), guiding the community partnership in creating a space for shared learning and inspiration. This space serves to convene people and organizations, foster a connected community, and facilitate cross-sector collaboration that enhances the exchange of ideas, talents, and resources (Gloger et al., 2019, pp. 3-6). The resulting learning activity embodies the essence of the CCA and intends to stimulate shared learning experiences and collaborative initiatives among participants.

Table 1

Connected Community Approach Foundational Principles and Practices

1.	CCA celebrates the uniqueness of each community.
2.	No community improvement activity acts in isolation.
3.	Meaningful community work offers a sense of belonging, accomplishment, inclusivity, and mutual recognition of everyone.
4.	CCA encourages collaboration as a normative way of organizing.
5.	Residents must be key players.
6.	Local organizations, businesses and institutions have responsibilities for that community.
7.	The focus is on what a community can build on, rather than what is wrong or lacking.
8.	Learning comes from a wide range of sources, people, and experiences.

Connected Community Approach (CCA; Gloger et al., 2019; 2020)

Methods

Design

The overarching research question framing this qualitative study was, "How does participation in a CEL activity impact prelicensure nursing students' awareness of SDOH in a southern rural community?" The study aimed to a) explore how the designed activity enhanced awareness among nursing students regarding the influence of SDOH on the daily lives of residents in a southern rural community and b) identify thematic changes in knowledge, skills, and attitudes of prelicensure nursing students as a result of participating in the community-engaged learning imitative. Moustakas' (1994) phenomenological approach served as a framework, affording prelicensure nursing students the opportunity to reflect on and offer clear descriptions of their experiences with the learning activity. Embedded in this design is the acknowledgment that diverse realities exist not only for participants of this learning activity but also for the researchers and readers of its final report (Creswell & Poth, 2018; Moustakas, 1994). Consequently, the essential practice of bracketing the researchers' personal experiences was incorporated into this design.

Community Population and Partnership

For the past 8 years, faculty in the College of Nursing have forged a vital partnership with a rural community resource center situated 57 miles southwest of the university. This partnership holds particular significance due to the underserved nature of this rural population. Nestled within a total area of 1.3 square miles, the community comprises 2,107 people and 699 total households (U.S. Census Bureau, n.d.). Within this population, 90.8% identify as Black or African American, with 24.5% falling under the age of 18 years, and an additional 14.6% age 65 years or older (U.S. Census Bureau, n.d.). The average median household income is $24,355 and a significant 59.5% of the community's population lives at or below 149% of the federal poverty level (U.S. Census

Bureau, n.d.). The county is designated as a low-income/low-access food area, in which a significant share of residents are more than 10 miles from the nearest food store (USDA, n.d.-b), is a federally recognized rural medically underserved area, and a designated Health Professional Shortage Area (Health Resources & Services Administration, n.d.).

Regarding the rurality of the county housing this community, 100% of the population lives in a low population density area, defined as 500 or fewer people per square mile and less than 2,500 people (County Health Rankings & Roadmaps [CHRR], n.d.). The county is among the poorest in the state, holding the 66th position out of 67 in terms of health outcomes and factors and the 65th position in terms of social and economic factors (CHRR, n.d.). In 2021, the leading causes of death for adults under the age of 75 years ($n = 160$ deaths) included major cardiovascular diseases ($n = 57$), coronavirus ($n = 21$), malignant neoplasms ($n = 17$), and other unspecified infectious or parasitic diseases ($n = 22$; Alabama Public Health, 2021, pp. 213-215). These statistics highlight the critical need for healthcare and educational initiatives in this rural and underserved community.

The partnering agency is a nonprofit resource organization serving as the central "community backbone" hub for charitable and education resources in this rural community. Aligned with the CCA framework, the mission of this resource organization emphasizes collaborative partnerships to ensure all residents (but with a specific focus on youth) have access to quality programs, activities, and services across six key focus areas: 1) workforce development, 2) mentoring, 3) education, 4) cultural arts, 5) health and wellness, and 6) athletics and recreation. Run primarily by volunteers, the organization receives operational oversight from the full-time founder and acting chief executive officer. Additionally, the organization hosts a full-time member of the AmeriCorps VISTA program, a one-year service position for nonprofit organizations. This VISTA

member plays a crucial role in assisting the resource center to effectively secure private sector resources, promote volunteer service at the local level, and empower individuals within the community (AmeriCorps, n.d.).

Nursing Student Population and Basis for the Learning Activity

The College of Nursing collaborator in this partnership is driven by a longstanding mission to foster health and well-being of people through nursing education, research, scholarship, and service. This mission is not only timely but also relevant, aligning seamlessly with the needs of the established partnership within the rural and underserved community. In establishing this partnership, the faculty recognized a notable variability—and subsequently, and opportunity— between the demographics of the student population and those of the rural community members serviced through this partnership. The prelicensure nursing student population ($n = 451$) primarily consists of traditional baccalaureate students, the majority of whom are non-Hispanic (90%) and white females (91%), the majority (85-90%) coming from out of state. Both faculty and community partnership leaders acknowledged that such demographic variability poses challenges to student learning outcomes, especially when student access to patient care experiences is limited to just a few clinical hours per week. During these limited direct-care hours, the focus of clinical time tends to be on addressing basic care and comfort, pharmacological therapies, and recognizing and responding to physiological adaptation. To address this challenge, this CEL activity was developed as part of our partnership as an intentional strategy to expose prelicensure nursing students to diverse socioeconomic and demographic perspectives. The goal was to cultivate students' foundational awareness of knowledge, skills, and attitudes related to SDOH and their influence on the daily lives of residents within a southern rural community.

Participants

Junior-level baccalaureate students, enrolled in an upper-division "Health Assessment for Professional Nursing" course, comprised the convenience sample of participants for this CEL activity. The health assessment course is offered in the first semester of the five-semester program of study. It is worth noting that these students have not yet been introduced to a clinical nursing course; instead, the first semester is a foundational "pre-clinical" one in which students are concurrently enrolled in didactic health assessment, pathophysiology, medication calculation, and conceptual foundations. These prerequisites are essential before students engage in clinical activities, which commence during the subsequent semester. This course is offered every spring, summer, and fall semester, with a different cohort for each term. Data collection for this study took place during all three semesters of the 2023 calendar year, resulting in a participant pool of 286 students across three different cohorts.

Description of the Community-Engaged Learning Activity

The CEL activity was collaboratively developed with the rural community resource center to engage students in activities addressing community needs and fostering interaction with residents. The goal was for students to gain firsthand awareness of SDOH and their impact on residents' daily lives.

On select days throughout the semester, groups of six students arrived at the community resource center, received an introduction and tour, and chose from a list of tailored activities. Examples include leading health education events, serving as "reading buddies" to elementary school children, assisting with community garden cleanup, mentoring older adults in computer-literacy courses, assisting with food distribution events, and serving as mathematics coaches during the high school's summer learning program. All activities were conveniently walkable

within the small town. Students also completed a community windshield survey to observe local conditions and trends affecting health.

Each clinical day lasted about 4 hours and concluded with a shared meal supporting the community's sole restaurant. Students were encouraged to mingle with residents, fostering connections beyond their own group. To facilitate conversation and help alleviate the potential for social anxiety, students were provided with a few conversational prompts as encouragement.

Upon completion of the day's clinical activities, students wrote a 300–500-word reflective journal post, choosing from 2 of 8 provided prompts. These prompts were adapted from the literature (Liebel, 2018) and carefully tailored to reflect a phenomenological lens, ensuring relevance to the clinical activity while also acknowledging the diverse realities of participants (Moustakas, 1994). The prompts were designed to encourage critical thinking and self-reflection on their experiences, observations, emotions, challenges, lessons learned, and potential areas for growth. This exercise aimed to deepen their understanding of SDOH and enhance their ability to provide holistic and culturally sensitive care in their future nursing practice.

Ethical Considerations

Before implementing the CEL activity, the university's Institutional Review Board (IRB) approved the study to ensure participants' rights were protected. At the semester's start, the first author explained the study's purpose and procedures. Given that the CEL and reflective journal assignments were required coursework, the IRB granted a waiver for written consent. Participants could opt out of having their journal entries included in data analysis via a yes/no question embedded in the assignment. Data was stored on a password-protected, encrypted cloud platform accessible only to the research team. The Standards for Reporting Qualitative Research (SRQR; O'Brien et al., 2014) were followed to ensure transparency and rigor.

Data Collection and Analysis

The research team employed a qualitative approach to explore the experiences of prelicensure nursing students in a rural CEL activity focused on understanding the daily influences of SDOH. All students in each cohort participated in the required CEL activity and reflective journaling, with an option to opt-out of having their journals included in data analysis. A total of 352 guided responses were received from 61.5% (*n*=176) of the sample population, with 40% (*n*=140) randomly selected for data analysis.

Data analysis followed Marshall et al.'s (2022) qualitative procedures. First, transcripts were organized by journaling prompts and thoroughly reviewed. Initial open coding generated categories and themes based on participants' language, using in vivo codes for feelings and expectations about the CEL activity. These were then sorted and compared, leading to the development of core and peripheral categories. Negative cases were identified and considered, with theoretical saturation occurring halfway through the analysis. The entire data set was included to ensure a comprehensive understanding of participants' experiences. Analytic memos and category definitions were documented to track the analytic process (Marshall et al., 2022).

To enhance trustworthiness and credibility (Creswell & Poth, 2018; O'Brien et al., 2014), researcher bias was acknowledged and reflected upon during research planning and throughout the study procedures. An external support group provided peer review, debriefing, and auditing to identify potential biases. Discrepancies among team members were resolved through meetings, data re-immersion, and consensus on codes, categories, or themes. Member checking was conducted by emailing student cohorts and inviting volunteers to review and comment on themes. Feedback from this process confirmed that the themes accurately reflected participants' experiences.

Results

The findings of this study provide insights into the experiences of prelicensure nursing students in CEL activities focused on understanding SDOH and their impact on residents in a southern rural community. These results are specific to the study participants' and may not be broadly applicable. These findings are organized into three themes: "Interacting with Others," "Strategies for Sparking Conversations and Relating to Residents," and "Challenging Stereotypes and Biases."

Interacting with Others

This theme encapsulates the varied experiences and reflections of the participants as they engaged with residents in the rural community, especially the older population. Participants expressed a profound appreciation for the stories shared by residents, often drawing parallels between the residents and their own family members. This connection prompted them to approach conversations with empathy, gaining insights into the challenges and experiences associated with aging. Following their participation in a computer class for older adults, one participant reflected:

> I found myself talking to [the resident] like I used to talk to my grandmother. I used to have to teach my grandmother how to use her new iPhone and computer, so I am pretty familiar with the 65+ year old age group… So, when talking to the resident I knew to be patient…that she would need to take more time to think through and solve her own problems before I helped.

Participants found joy in conversing and connecting with the residents on a personal level, particularly through shared laughter and mutual appreciation. They were drawn to the residents' unique perspectives, dialects, and phrases used during conversation. Engaging with the rural and older populations allowed them to learn from the residents' life experiences and gain insights into

different cultures, backgrounds, and challenges faced by rural communities. Another participant reflected:

> These conversations were so intriguing. Listening to them share stories about their long, unique lives was so interesting. Most of the residents that I talked to hadn't lived in [the rural community] their whole life, but rather had lived in places [out of state] and worked many unique jobs. I also noticed a difference in language. I think this comes from age, social, economic, and cultural differences. I had assumed this can create a boundary when talking to other people, but I honestly didn't notice a huge difficulty with this during my time there.

Overall, participants' experiences underscored the importance of approaching interactions with an open mind and willingness to connect on a personal level. Through genuine conversations, they gained a deeper appreciation for the diverse backgrounds and life stories of the residents, ultimately fostering a sense of empathy and mutual trust.

Strategies for Sparking Conversations and Relating to Residents

Participants adjusted their communication styles to better connect with residents, considering potential hearing or cognitive challenges in older residents and shyness in younger children. Some utilized therapeutic communication skills from their classes, while others responded spontaneously. Reflecting on past encounters, participants recognized the value of patience and empathy in fostering meaningful conversations. One participant reflected:

> I tried to converse with the residents as if I have known them my whole life or like family because it allowed for a more personal discussion and allowed comfortability on their behalf. I also tried to mention topics and information they could relate to. Some of them shared their personal stories and how they grew up. Some residents stated that they grew up in a big family with more than 10 kids. Some residents stated they didn't know how to

read in full sentences or could not pronounce certain basic words. This made me realize

that the environment you are raised in can impact your whole life.

Many participants expressed a desire for more extensive practice in interacting with individuals from different backgrounds. They acknowledged confronting and reshaping their biases and stereotypes through meaningful interactions with community residents. Participants shared their approaches to fostering open dialogue, including speaking slower and louder, employing "Southern manners" like "sir" and "ma'am" for elders, and demonstrating patience and compassion. One participant wrote:

Talking with people who are older can be a challenge sometimes, especially when it comes

to relatability. Finding a common ground makes conversation smoother and even reminds

me that I can have things in common with those in many different generations and age

groups… today really opened my eyes that we really do have a lot in common with other

people, even if our unconscious biases and stereotypes tell us otherwise.

Participants also encountered unexpected communication barriers with non-verbal or shy residents, particularly young children. These challenges underscored the importance of flexibility in communication techniques and prompted self-reflection. One participant shared:

When my group interacted with the children, some of them appeared to be shy and didn't

talk much. The youngest, maybe 3 years old, was mute the entire time we were around. There

were moments where we would try to make her laugh or smile but we were unsuccessful.

She probably was just a little shy, but maybe there was an actual cognitive or educational

barrier present in her life. This made me really think about what I could do as a nurse when

I am presented with a patient who does not communicate back with me.

Challenging Stereotypes and Biases

Several participants admitted to having preconceived notions and biases about the community before attending the CEL activity, such as assuming residents lacked education, intelligence, or resources due to their age or economic standing. However, upon engaging with the residents, they discovered the richness within the complexity and diversity of the residents' experiences. Participants were quickly drawn to the residents' warmth, intelligence, resilience, and willingness to learn, which challenged their initial stereotypes. One participant stated:

> I did not realize how many stereotypes I had in my head until I was there. I saw the homes that people live in, the cars they drive, and how they carry themselves… It opened my eyes and helped me put myself in their shoes. Talking with the residents gave me a whole different feel and view of the community… their personalities and kindness exceeded the surface-level run down look of the community that they live in. The people I engaged with today deserve to be shown love just as much as anyone else in this world.

Another wrote:
> As we were driving into [the community], seeing all the rundown business and houses, I thought the residents of this county were uneducated. This was not the case at all. The women in the computer class were so smart. They had been coming for weeks practicing and taking notes to do well on the assignments. If they didn't understand something, they were quick to ask and then they took notes to know for next time. If I didn't have the chance to interact with these women, I would have stereotyped them like I did when driving into town, thinking that these women were uneducated just because they lived in a poor community. I enjoyed [the CEL activity] and learning about the differences that each community has to offer.

Participants realized the importance of patience, empathy, and respect when engaging with the residents, regardless of age or background. They recognized the need to confront their biases

and approach each person with an open mind, acknowledging the diversity within the community and the importance of treating everyone with respect and dignity. Another wrote:

I have not grown up around many elderly, so that likely had an impact on my communication barrier with them. I now realize many issues I have come from my underlying stereotypes. Since I am not around elderly much, stereotypes such as elderly not liking younger generations or thinking that we are ignorant come to my mind when I try talking to them. This experience has challenged those stereotypes and helped me understand them better. I not sure I see myself working in geriatrics, but I can see myself growing the skills to better communicate with people of any age.

Participation in this CEL activity forced some participants to reflect on their own privileges and the importance of sensitivity when discussing topics like socioeconomic status and personal experiences. They expressed a sense of cautiousness and heightened awareness to avoid offending or making assumptions based on attributes or demographics observed within the residents. One participant reflected on an interaction with a teenage resident:

I worked mostly with a teenage girl who very quiet and seemed shy. We were cleaning out a resource closet and needed to print labels. I found myself unsure of what to say as she just stood there and watched me trying to figure out the printer. I felt like there may have been some assumptions made about both groups involved: me, as a nursing student and her, as a local resident. I wondered what she was thinking about me—I'm a different ethnicity than her, a student at a large university, and more outgoing socially. I began to observe her reactions to my questions. She seemed to guard herself with shorter sentences no longer than 4-5 words. I realized I may have come across as aggressive in our first interaction. I wish I could meet her again and tell her a little more about my story. I wish she knew that I am not

from a prestigious background, but actually am from a small town similar to hers. I wish I could ask her about her family and connect with her over something small. Through all this, though, I wish that we could be friends, even though we seem so different at first glance.

Discussion

Overall, the findings of this study highlight a compassionate approach for prelicensure nursing participants' desire to understand and address the needs of a southern rural community, with a focus on building meaningful connections, advocating for positive change, and fostering community well-being.

Personal Reflections

The study's findings highlight the importance of empathy and understanding in nursing practice. Participants' reflections revealed a deeper awareness of their own biases and a greater appreciation for the diverse backgrounds of rural residents. They emphasized treating all individuals with respect and dignity, underscoring the need for healthcare providers to cultivate a culture of inclusivity and sensitivity. While explicit bias has decreased, implicit bias persists in the healthcare system, making it essential for healthcare professionals to address this issue (Vela et al., 2022).

Participants also expressed a strong desire to deepen their understanding of rural communities, including residents' daily lives and challenges. Such insights are crucial for tailoring care approaches to provide meaningful support. By recognizing the unique dynamics and needs of rural settings, healthcare providers can enhance the quality and relevance of their services. Nursing students often wish to provide culturally competent care but lack the confidence to do so. Adapting nursing education can provide the competence and confidence needed to support individuals in rural settings (O'Brien et al., 2021).

Additionally, participants expressed the need for acquiring specific skills to better serve rural populations, particularly effective communication, which is crucial for establishing trust and addressing health concerns comprehensively. They also emphasized the importance of community development and collaboration with local community members to implement sustainable healthcare initiatives. Recognizing mental health issues as a significant concern in rural areas (Smalley & Warren, 2012; WHO, 2012; 2016), participants expressed a desire to learn techniques for supporting individuals with mental health challenges.

Overall, these reflections mirror the evolving role of nurses in rural settings and the need for enhanced education and skill development to meet diverse community needs. Participants are eager to embrace empathy, cultural competence, and continuous learning to make a positive impact and foster health and well-being in rural communities.

Impact of Power Structures on Interactions

One notable finding from participants is the perception among nursing students of the demeanor of youth and adult residents in rural communities during interactions. Many participants described residents as shy or hesitant. Closer examination suggests this perceived shyness may indicate deeper social issues, including power imbalances influenced by status, culture, gender, age, socioeconomic status, and geographic differences (Cené et al., 2010; Zangerle, 2016; WHO, 2016). These deeper social issues, including injustices and structural racism, may contribute to a distrust of "outsiders" in the community.

These perceptions highlight the importance of raising awareness among nursing students about these dynamics (Allen et al., 2019). Nurse educators should incorporate critical pedagogy into nursing education curricula to help students recognize and critically assess power dynamics. This involves encouraging critical thinking skills to question social norms and power structures

and examining their own assumptions and interpretations of patient behavior. Exposure to diverse perspectives through coursework can broaden students' understanding of SDOH and their impact on health outcomes (Baffour & Chonody, 2012). Reflective practices provide a structured framework for processing clinical experiences to meet the needs of diverse populations (NASEM, 2016).

CEL activities, such as those facilitated in this study, allow students to engage with others, reflect on their experiences, and understand power structures (Mann & Schroeder, 2019). Post-CEL discussions can offer new perspectives on the student's experience (Bryant-Moore et al., 2018). Additional CEL practice opportunities are necessary to allow continued practice, refinement of communication skills and techniques, and constant self-awareness of power structures (NASEM, 2016).

Desire to "Take Action"

The findings of this study reiterate the proactive nature of Generation Z individuals in addressing community health concerns (O'Brien et al., 2021; Mann & Schroeder, 2019), evidenced by their suggestions for improving residents' quality of life in the rural community. Participants proposed providing healthier food options, improving access to resources, and supporting community initiatives like gardening, reflecting their desire to make tangible improvements. These findings align with the literature, which suggests Generation Z is motivated by a desire to help others and advocate for systemic changes (Kaylor et al., 2022).

However, while these suggestions offer valuable insights, a deeper understanding of the rural community's socioeconomic challenges is essential for effective intervention planning (Zangerle, 2016). Factors such as limited access to grocery stores, mental health support, and other resources warrant further attention to develop comprehensive strategies addressing the root causes of health

disparities. Reflective and exploratory practices through CELs can better equip Generation Z to harness their motivation for social change while implementing effective, skilled interventions (Zeydani et al., 2021).

In addition to holistic assessments, simple patient assessment skills, including vital signs, should not be overlooked as they provide valuable insights into the community's health status and potential areas for intervention (Rozendo et al., 2017; Samuels-Dennis et al., 2016). Honing these skills in communities with known structural racism and power dynamics is crucial for nursing students (Zeydani, et al., 2021). CELs that promote these skills in communities historically distrustful of health professionals are valuable for nursing education.

The CEL in a rural community underscores the need for continuous learning and development in providing holistic assessments, implementing interventions, and evaluating outcomes (Rozendo et al., 2017; Mann & Schroeder, 2019; Samuels-Dennis et al., 2016). By fostering a culture of continued learning among nursing students and healthcare providers, nurse educators can ensure they are equipped with the knowledge and skills to address the unique of rural communities and evoke impactful changes.

Making Connections: Community Observations and Social Determinants of Health

Reflections from participants actively highlighted connections between their experiences and SDOH domains. The community windshield survey revealed a stark absence of job opportunities, economic hardships, and social isolation among residents, possibly due to long commutes for work and healthcare access. Participants also noted a lack of recreational facilities, medical facilities, and public transportation, which sparked curiosity about the residents' quality of life. The absence of healthy food options, linked to grocery store closures, further illustrated these challenges.

Engagement with elementary school-aged residents shaped participants' understanding of educational access and quality issues. Observations revealed disparities in attention and support for struggling students, highlighting educational inequalities. Participants also recognized that schools can serve as a refuge for children from difficult home situations, emphasizing the critical role of education in providing stability and support for vulnerable populations, and influencing overall health and well-being.

These observations illustrate the intersectionality of SDOH domains (WHO, n.d.). The CEL experience reinforced the importance of empathy and understanding, enhancing participants' ability to provide effective care for rural residents in healthcare settings outside their community. Many participants expressed a newfound recognition of the need to advocate for rural residents' well-being and to approach each patient with compassion and empathy, regardless of circumstances.

Conclusion

This qualitative study sheds light on the experiences of prelicensure nursing students who participated in a CEL activity within a southern rural community. The primary aim was to cultivate awareness of SDOH and their influence on residents' daily lives. The findings reveal that participation in the CEL activity significantly enhanced students' understanding of SDOH, fostering empathy and awareness that can translate into improved care for rural residents in various healthcare settings. These results emphasize the importance of incorporating experiential learning opportunities in nursing education to prepare students for the complexities of real-world healthcare environments.

While this study provides valuable insights, several limitations should be acknowledged. The findings are based on the experiences of a specific group of prelicensure nursing students within a

southern rural community, which may not be broadly applicable to other nursing programs, communities, or settings. The unique socioeconomic and cultural context of the study area may influence the students' experiences and perceptions in ways that are not generalizable to other regions. Secondly, the use of convenience sampling may introduce selection bias, as the students involved may have unique characteristics or motivations not representative of the broader nursing student population. The study relies on self-reported data from students' reflections, which may also be subject to bias. Participants might have presented their experiences in a more positive light or aligned their responses with perceived expectations.

The CEL activities were limited to approximately four hours on select days throughout the semester, which may not provide sufficient time for students to fully engage with the community and develop a deep understanding of the SDOH. The variety of activities available to students during the CEL experience may also have led to different levels of engagement and learning, resulting in variability in the depth and quality of students' reflections. Lastly, the study focuses on the nursing students' experiences and perceptions without incorporating the perspectives of the community members themselves.

Addressing these limitations in future research can enhance the robustness and applicability of the findings. Future research should include gathering perspectives from community members through focus groups or interviews to gain a more comprehensive understanding. Additionally, forming a Community Advisory Board could help guide future CEL activities and ensure they meet community needs. Nurse educators should be intentional in developing opportunities for students to engage with rural communities. By fostering meaningful interactions and collaborations, educators can help students gain a deeper understanding of the unique challenges

and strengths of rural populations, ultimately enhancing their ability to provide culturally competent and empathetic care.

Conflicts of Interest

The authors have no conflicts of interest to declare.

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