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THEMES AND DEBATES

Social Nursing: A Conceptual Reflection

Enfermería social: una reflexión conceptual

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Abstract

This article proposes a conceptual reflection on *social nursing*, aiming to explore its foundations, define its main dimensions, and understand what differentiates it from other areas of the discipline, particularly community nursing. Based on a qualitative literature review that included academic, institutional, and professional sources selected using criteria of thematic relevance, temporality (the last 15 years, with earlier texts included for an evolutionary analysis of the field of study), and methodological quality, tools such as conceptual mapping, interpretative hermeneutics, and the complementary use of generative artificial intelligence were employed to identify patterns of meaning and articulate key content. The analysis allowed for the establishment of six essential dimensions of *social nursing*: an ethical-political foundation centered on equity and human rights; attention to the social determinants of health; intervention in unconventional contexts; work with vulnerable populations; the development of clinical, social, and cultural competencies; and a distinct relationship with community nursing. Through these core elements, it is argued that *social nursing* is not a simple variant of community nursing, but rather a specific form of professional practice committed to social justice. It positions its actions on the margins of the system and in defense of the right to dignified and equitable care for all individuals.

Key Words (DeCS): Social Determinants of Health, nursing, role, Concept Formation

Resumen

Este artículo propone una reflexión conceptual sobre la *enfermería social*, con el objetivo de explorar sus fundamentos, delimitar sus principales dimensiones y comprender qué la diferencia de otras áreas de la disciplina, especialmente de la enfermería comunitaria. A partir de una revisión documental cualitativa que incluyó fuentes académicas, institucionales y profesionales seleccionadas mediante criterios de pertinencia temática, temporalidad (últimos 15 años con textos anteriores para análisis evolutivo del campo de estudio) y calidad metodológica, se emplearon herramientas como la cartografía conceptual, la hermenéutica interpretativa y el uso complementario de inteligencia artificial generativa para identificar patrones de sentido y articular los contenidos clave. El análisis permitió establecer seis dimensiones esenciales de la *enfermería social*: un fundamento ético-político centrado en la equidad y los derechos humanos; la atención a los determinantes sociales de la salud; la intervención en contextos no convencionales; el trabajo con poblaciones en situación de vulnerabilidad; el desarrollo de competencias clínicas, sociales y culturales; y una relación diferenciada con la enfermería comunitaria. A través de estas claves, se argumenta que la *enfermería social* no es una simple variante de la enfermería comunitaria, si no una forma específica de práctica profesional comprometida con la justicia social, que sitúa su acción en los márgenes del sistema y en defensa del derecho a un cuidado digno y equitativo para todas las personas.

Palabras clave (DeCS): Determinantes Sociales de la Salud, enfermería, rol, Formación de Concepto

Introduction

In recent years, interest has grown across various healthcare contexts in a nursing practice centered on the effects that social determinants exert on health.[1,2] Under different names, this approach to care responds to the need to attend to individuals in situations of vulnerability or social exclusion, whose living conditions often fall outside the scope of traditional clinical boundaries. Within this context, the concept of "social nursing" has begun to gain visibility—a practice that remains largely unsystematized, yet seeks to address these complex realities from an ethical, human, and committed perspective. [3]

Social nursing does not yet possess a clear theoretical definition or an established systematization within the scientific literature. It is an emerging notion, still under construction, that integrates elements inherent to nursing care with an ethical and political commitment aimed at reducing health inequalities. Unlike other fields such as social psychology, social pedagogy, healthcare social work, or social medicine, which do have consolidated theoretical frameworks and greater academic development, social nursing has been shaped primarily by concrete practical experiences and a critical reflection on the role of the profession in contexts marked by social injustice .[3]

This paper proposes a reflective approach to the concept of social nursing, aiming to explore its foundations, its specificity compared to other areas of the discipline, and its transformative potential within healthcare systems. Far from offering a closed definition, the goal here is to provide elements for its understanding, positioning it as a necessary practice to guarantee the right to care under conditions of equity and dignity.

Method

This work falls within a reflective and critical qualitative perspective, oriented toward the conceptual exploration of the term *social nursing*. To establish the analytical dimensions that structure this reflection, conceptual mapping was applied to map, organize, and represent relationships between key ideas.[4] Interpretative hermeneutics was also utilized to facilitate the understanding of meanings through a critical and contextual reading.[5,6] Interpretative credibility was sustained by a circular analysis process that integrated multiple, cross-referenced readings of documentary sources of varying nature and origin (empirical studies, theoretical reviews, institutional positionings), making it possible to identify conceptual convergences, discursive tensions, and recurrent patterns of meaning within the field of study.

The procedure consisted of three phases:

Phase 1: Exploratory literature review: An open and flexible search was conducted for academic texts, professional documents, and institutional experiences (both national and international) related to community nursing, social determinants of health, and care in contexts of social exclusion. The inclusion criteria were: (a) publications addressing broader social dimensions of nursing care, social justice, health equity, or vulnerable populations; (b) empirical, theoretical, or review studies published preferably within the last 15 years, including select earlier texts considered fundamental to understanding the historical development and conceptual evolution of the field; (c) institutional documents from recognized organizations (WHO, International Council of Nurses [ICN]); and (d) texts in Spanish, English, or Portuguese. Publications lacking obvious methodological rigor, popular science texts without academic backing, and duplicate documents were excluded. Quality assessment was carried out based on: (a) journal indexing in recognized databases; (b) methodological clarity in empirical studies; (c) theoretical grounding and bibliographic currency in conceptual texts; and (d) institutional authority in positioning documents.

Phase 2: Identification of recurrent themes: With the support of the generative artificial intelligence Manus[a] an inductive thematic coding of the selected texts was carried out to identify common nodes of meaning—that is, recurring and contrasted ideas, values, problems, and approaches across the different texts. These nodes were grouped into preliminary analytical axes.

Manus is an autonomous artificial intelligence agent specialized in research support. In this study, Manus was specifically employed to: (a) perform the initial inductive thematic coding of the reviewed texts; (b) identify semantic patterns and conceptual recurrences through natural language analysis; and (c) generate preliminary visual representations (conceptual maps) that facilitated the organization of the thematic nodes. Its use complemented, but did not replace, the hermeneutic analysis and critical synthesis carried out by the author. Source: Manus.

Table 1. Prioritized sources in the literature review.

Title	Authors	Year	Source	Type of Article
Nursing and Social Justice—A Scoping Review (7)	Anitha M. Tind et al.	2025	Public Health Nursing	Scoping review
Critical factors influencing Generation Z nurses' socialization (8)	Yvonne A. Patten	2025	Nurse Education Today	Qualitative study (grounded theory)
Social support for nursing students: A concept analysis study (9)	Mi-Young Choi et al.	2024	Nurse Education Today	Concept analysis
Social justice in nursing education (10)	Victor Abu et al.	2023	Nurse Education Today	Literature review
Inequidad en la salud, discriminación y el rol del personal de enfermería. Position Statement (11)	International Council of Nurses	2023	Consejo Internacional de enfermería (CIE)	Institutional position statement
An exploration of language: How nurses describe social factors that contribute to health (12)	Walton et al.	2023	Nursing Outlook	Scoping review
A conceptual model of nurses' workplace social capital (13)	Jiamin Xu et al.	2021	BMC Nursing	Theoretical synthesis / Conceptual model
Una mirada polièdrica a les desigualtats socials en salut (14)	Graells Sans & Insa Calderon	2021	Educació Social	Theoretical essay / Critical review
The Future of Nursing 2020–2030 (15)	National Academies	2021	National Academies Press	Institutional report / Outlook
"Social justice is a dream" (16)	Valderama-Wallace & Apesoa-Varano	2019	Public Health Nursing	Observational study
Social Nurses' Descriptions of Nursing (3)	Dideriksen et al.	2019	The Open Nursing Journal	Qualitative study
A social–ecological framework for ethical practice (17)	P. Davidson et al.	2018	Journal of Clinical Nursing	Theoretical review
Concept analysis of professional socialization in nursing (18)	M. Dinmohammadi et al.	2013	Nursing Forum	Concept analysis
Enfermería Social (19)	Palacios y Salvadores	2012	Síntesis	Book

Source: Prepared by the author.

Phase 3: Critical synthesis and delineation of dimensions: The axes were analyzed in depth through the lens of interpretative hermeneutics, considering the contemporary context of healthcare systems and the social role of nursing. This exercise made it possible to define a selection of key dimensions that structure the concept of *social nursing*.

This method does not pursue the classic objectivity of empirical studies, but rather a profound, reflective, and reasoned understanding of an emerging notion, recognizing both its complexity and its transformative potential.

Results

Phase 1: Prioritized sources in the review

The exploratory literature review process identified between 25 and 35 sources related to the object of study. Ultimately, 14 publications were selected based on their direct conceptual relevance and their capacity to articulate the key dimensions of the concept of *social nursing* [Table 1]. Although the concept of *social nursing* does not appear systematically defined in the academic literature, multiple contributions were identified that address key dimensions such as social justice, professional socialization, social capital, structural competence,

and health equity. These elements provide an indirect approach to the conceptual core of *social nursing*.

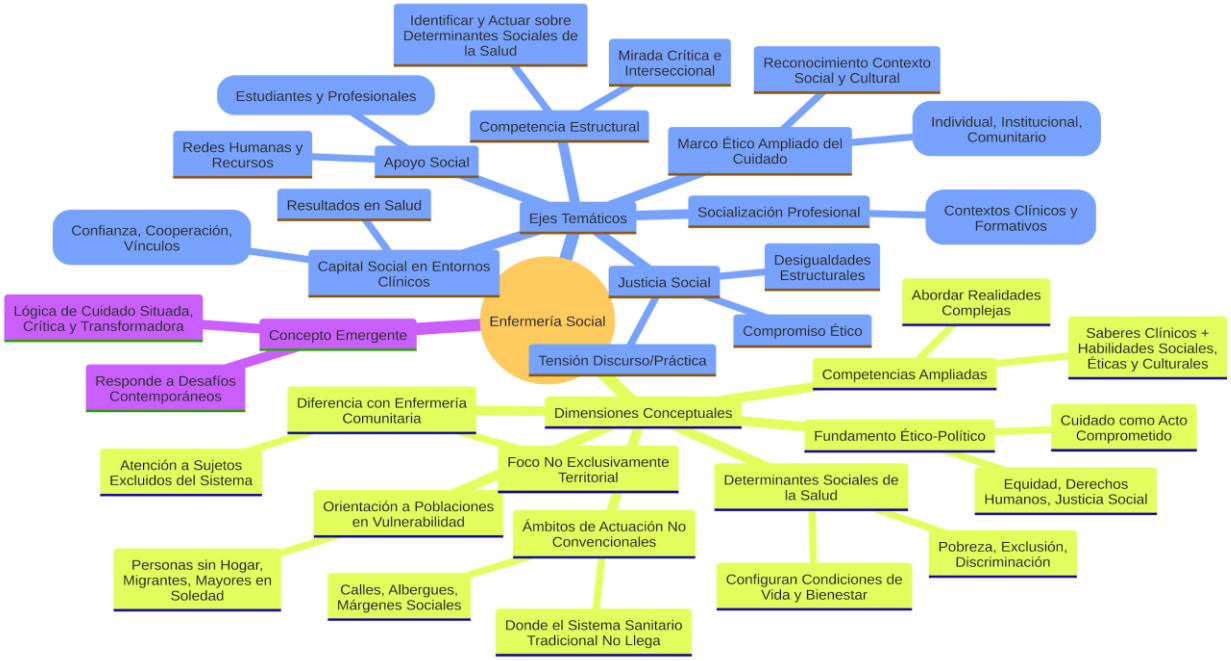
The following table summarizes the most relevant texts reviewed, specifying their origin, authors, year of publication, and type of methodological approach [Table 1].

Phase 2: Recurrent themes

Following the identification of thematic nodes by *Manus* [Figure 1], a series of recurrent themes were identified, reflecting shared concerns regarding the social dimensions of nursing care.

The generated visualization [Figure 1] displays a complex radial structure where the concept of "Social Nursing" occupies the center in orange. It connects via multiple lines to thematic nodes distributed around it, which are color-coded according to their conceptual nature: blue nodes group professional and institutional dimensions (professional socialization, structural competence, social capital, social support); yellow nodes bring together ethical-political and conceptual foundations (social determinants of health, equity, human rights, social justice, unconventional settings); green nodes concentrate operational and population-based elements (vulnerable populations, specific contexts of intervention, expanded competencies, clinical and social knowledge); and pink nodes refer to disciplinary boundaries (difference from community nursing, emerging concept, response to contemporary challenges). This network representation visually demonstrates both the central cores and peripheral ramifications, reflecting the multidimensional and interrelated nature of the studied phenomenon.

Figure 1. Thematic nodes identified in the preliminary analysis with *Manus*.



Source: Manus.

The identified themes allowed for the organization and grouping, through a critical synthesis guided by interpretative hermeneutics, of the most relevant conceptual contents within the literature sources for the construction of the concept of social nursing [Table 2].

Table 2. Recurrent themes identified in the literature analysis.

Theme	Key Elements	References
Social justice	Recognition of inequity as a structural problem; ethical commitment of nursing to equity; tensions between professional discourse and actual practice.	[3, 7, 10, 13, 16]
Professional socialization	The process through which nursing professionals acquire their professional identity through interaction, learning, and adaptation in clinical and educational contexts.	[8, 12]
Social support	Importance of having human networks and resources (emotional, educational, and practical) that promote the well-being and performance of nursing students and professionals.	[9]
Social capital in clinical settings	Relationship between the quality of the work environment (trust, cooperation, bonds) and health outcomes, both for the patient and for the staff.	[11]
Structural competence	Capacity of professionals to identify and address the social determinants of health from a critical and intersectional perspective.	[14, 15, 17, 18]
Expanded ethical framework of care	Integration of ethical values at all levels of care (individual, institutional, community), considering the social and cultural context of each person.	[14, 15, 19]

Source: Prepared by the author.

Phase 3: Delineation of conceptual dimensions

Table 3. General dimensions of social nursing.

Dimension	Brief Description
1. Ethical-political foundation	Care is understood as an ethical act, committed to equity, human rights, and social justice.
2. Consideration of social determinants	Recognizes structural factors (poverty, exclusion, discrimination) as central elements that condition health.
3. Unconventional areas of practice	Intervenes in contexts where the traditional system does not reach: the streets, shelters, closed institutions, social margins.
4. Vulnerable populations	Its action is directed toward individuals excluded from the healthcare system, such as migrants, unhoused people, isolated older adults, etc.
5. Expanded competencies	Combines clinical knowledge with social, ethical, cultural, and interdisciplinary skills to address complex realities.
6. Relationship with community nursing	Differentiates itself by focusing on social exclusion rather than on territory or the organized community.

Source: Prepared by the author.

Based on the critical analysis of the identified themes, it was possible to delineate a series of conceptual dimensions that structure and give meaning to the emerging field of social nursing. These dimensions allow for an understanding of its specificity, scope, and differentiation compared to other forms of nursing practice [Table 3].

Proposed Definition of Social Nursing

In light of the above, and considering the insights identified in the literature review, the recurrent themes, and the delineated conceptual dimensions, it is proposed to define *social nursing* as a professional care practice with a clear ethical and political foundation, oriented toward the defense of equity, human rights, and social justice within the health sphere.

This form of nursing fundamentally recognizes the social determinants of health—such as poverty, exclusion, or discrimination—and understands that these structural conditions not only affect individuals' well-being but also shape their actual possibilities of accessing, navigating, and completing healthcare processes.

Social nursing, while transversal to any sphere of care, operates primarily in unconventional settings where the healthcare system is typically absent or proves insufficient: the streets, shelters, closed institutions, or the margins of the health system. Its intervention is specifically directed toward vulnerable populations, such as unhoused people, migrants, older adults experiencing loneliness, or those facing multiple or intersectional exclusion.

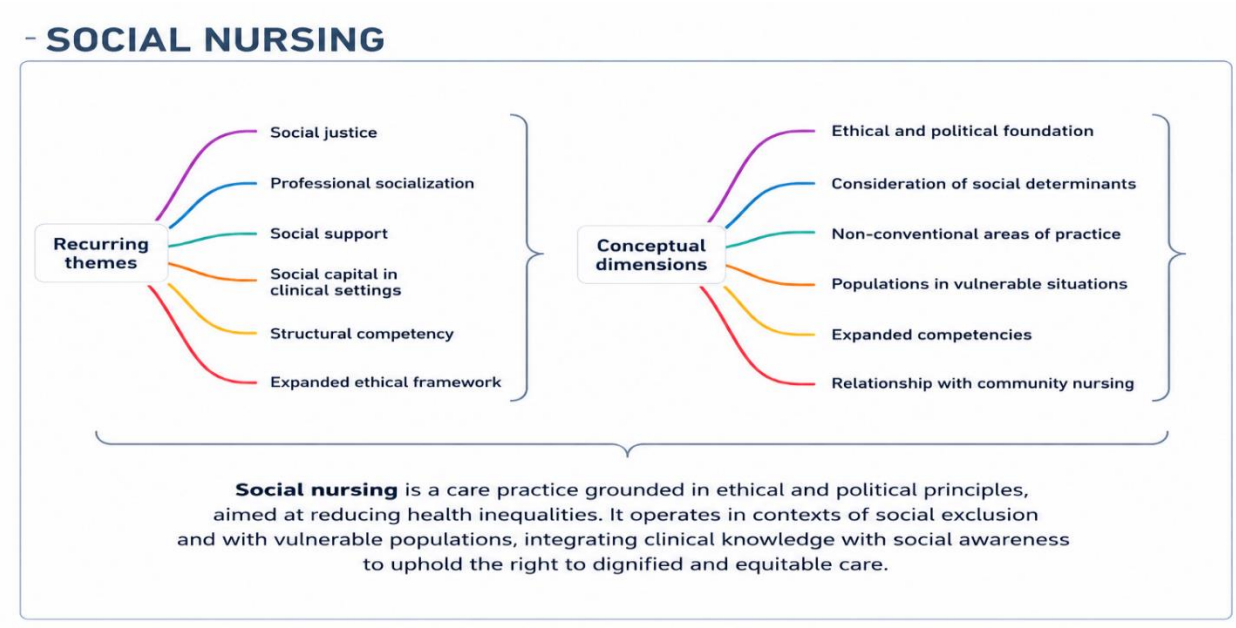
To achieve this requires the development of expanded competencies that integrate clinical knowledge with social, cultural, ethical, and interdisciplinary skills, enabling the nursing professional to respond to complex situations in a contextualized, reflective, and human manner.

Although it shares an orientation toward the collective with community nursing, *social nursing* distinguishes itself by not necessarily focusing on a geographic territory or organized communities, but rather on individuals and groups who have precisely fallen outside those structures of participation and access.

In this sense, social nursing does not merely respond to individual needs; it embodies the ethical mandate of the profession: to reduce health inequalities, guarantee the right to care, and actively contribute to social transformation through practice.

The following figure displays the conceptual mapping resulting from the analysis [Figure 1].

Figure 1. Synthesized conceptual mapping.



Source: prepared by the author with *Whimsical*

Discussion

The findings of this analysis confirm that, although the concept of *social nursing* still lacks a clear theoretical definition in the scientific literature, there is a growing body of knowledge, practices, and experiences that support it and make it operationally recognizable. The literature review reveals significant alignment around key categories such as social justice, social support, professional socialization, and social capital, which together shape a common interpretative framework for equity-oriented nursing practices. [7,9,13,16,20]

However, it is striking that, despite the presence of social dimensions across multiple studies, only one empirical article [3] and one book published in 2012[19] have been identified that explicitly and systematically address social nursing as a distinct disciplinary field and an autonomous professional role. This gap contrasts sharply with what occurs in related disciplines such as social psychology, social pedagogy, healthcare social work, or social medicine, where consolidated theoretical frameworks, defined educational pathways, and institutional recognition of the social approach do exist. This conceptual asymmetry suggests that, within nursing, the social dimension has tended to remain subsumed under the broader umbrella of community nursing, which has hindered its visibility as a specific area of practice.

In relation to the above, it is vital to outline the difference between *social nursing* and *community nursing*. Although both share an orientation toward collective health and the promotion of equity, community nursing is deployed within defined territories, based on institutional programs and organized community participation. In contrast, social nursing is directed toward individuals and groups outside these structures, such as unhoused people, migrants, institutionalized individuals, or those in situations of abandonment. In other words, it intervenes precisely where community frameworks do not reach or have ceased to function. However, it is important to clarify that social nursing is not proposed exclusively as a professional sphere of action or a clinical specialty, although it can have practical expressions within specific contexts. Its core premise is that of a particular field of study and critical reflection, from which to analyze how social determinants, structural inequalities, and cultural factors shape actual health and care conditions. This distinction does not imply mutual exclusion, but rather a necessary complementarity, which demands the formal recognition of social nursing as a specific field with its own theoretical frameworks, professional profiles, and educational programs.[3,21]

Within this context, *structural competence*[14] emerges as a central and distinctive dimension of social nursing. This involves not only recognizing the social determinants of health, but also understanding how social, cultural, and structural conditions affect health outcomes. This competence requires going beyond the mere identification of causes to analyze the complex mechanisms that produce illness—such as poverty, exclusion, or precarity—thereby making it possible to adapt care and denounce barriers that perpetuate inequality. Unlike the traditional clinical gaze, which tends to focus on individual symptoms and diagnoses, social nursing incorporates a critical perspective regarding social structures.

Furthermore, social nursing practice is frequently situated within shared arenas alongside other professionals from both social and health sectors, such as social workers, community psychologists, cultural mediators, or community health workers, highlighting the need for genuine and effective interprofessional coordination. As noted by Hussain et al.,[22] the challenges faced by individuals in situations of social vulnerability cannot be addressed by a single discipline. Nevertheless, for such coordination to be viable and efficient, it is essential to academically develop the field of social nursing, equipping it with clear definitions, its own theoretical frameworks, and systematized educational programs. Without this conceptual and pedagogical foundation, social nursing runs the risk of becoming diluted into fragmented clinical practices or remaining subordinate to more traditional approaches. Therefore, it is urgent to promote a robust and critical body of academic literature that allows for the articulation of its specificity and its added value within

interdisciplinary teams. Only in this way will it be possible to establish joint protocols, foster interprofessional education that is conscious of the social context, and build integrated action frameworks that do not merely aggregate disciplines, but rather generate a shared vision regarding care in contexts of social exclusion.

Likewise, several of the analyzed studies[3,7,13,15,17,19] consistently point out that healthcare professionals, and particularly nursing staff, often lack specific training regarding the real consequences of social exclusion, structural health determinants, and health inequalities. This lack of knowledge can lead to communication barriers, stigmatization, treatment abandonment, or simply decontextualized care. Consequently, social nursing—as a reflective and critical practice—demands not only technical skills but also cultural sensitivity, capacity for intersectoral coordination, and an ethical-political stance toward difference. [8,11,14,16]

As shown by Dideriksen et al.,[3] in the only study identified in the literature concerning the conceptualization of *social nursing*, this field is also built from experience: it is the result of years of direct contact with individuals in situations of marginality, of knowing how to read between the lines, and of interpreting silences, fears, rejections, and hardships. This experience, far from being merely empirical, is converted into valuable professional knowledge that allows for meaningful decision-making, rapid action in critical situations, and the generation of bonds of trust where the system has failed.

Finally, social nursing can be understood as a situated and transformative practice whose foundation is not based solely on empathy or vocation, but rather on an ethical-political commitment to equity. By integrating a critical perspective on the social determinants of health, *social nursing* not only provides care but also denounces, challenges, and proposes solutions. At a time when healthcare systems tend toward technification, segmentation, and a performance-driven logic, recognizing and strengthening this practice can be key to moving toward truly inclusive and humane care.

Choopoorian[23] warned nearly 40 years ago that:

> Nursing ideas lack an archaeology of the social, economic, and political worlds that influence both people's health and the perception that nurses have of their own role. In an attempt to determine its specific contribution to health care, the practice of nursing has been restricted to the physical and immediate environment of individuals. Care practice has not gone beyond that physical and immediate environment of a person situated within dominant social, economic, and political structures that produce behaviors associated with classist relations, power dynamics, political interests, economic policies, and ideologies such as sexism and racism, which influence the health status of individuals and are eventually causes of illness (p.41).

Faced with this situation, which remains ongoing, *social nursing* presents itself not only as a way to act within the margins of the system, but as a critical opportunity for a disciplinary re-reading. It is urgent, therefore, to consolidate it as a critical field of study capable of questioning, expanding, and transforming the epistemological foundation of the discipline.

This study offers an initial conceptual approach to the field of social nursing, representing both a challenge and an opportunity. The primary limitation lies in the dispersion and scarcity of literature that explicitly addresses the topic, which hinders a rigorous systematization. Furthermore, the analytical corpus was predominantly based on Anglo-Saxon and European literature; consequently, the integration of Latin American perspectives remains pending for future studies, which would enrich the understanding of the phenomenon from other cultural and contextual realities. Nevertheless, this situation also constitutes a strength, as it allows for the identification of relevant gaps, highlights existing practices, and contributes to the construction of an initial interpretative framework. The methodological combination employed, based on conceptual mapping and interpretative hermeneutics, proves particularly suitable for exploring emerging phenomena, providing a solid foundation for future research, professional training, and healthcare intervention from an ethical and social perspective.

Conclusions

This work has allowed for an initial approach to the concept of *social nursing* through a reflective and critical lens, identifying its primary characteristics and differentiating it from other areas of the discipline, such as community nursing. Based on the analysis of diverse academic, professional, and institutional sources, six key dimensions have been defined that enable its comprehension as a field of practice and study oriented toward health equity and centered on the care of individuals located at the margins of the system.

Rather than a closed model, social nursing presents itself as a field under construction, which articulates clinical knowledge with an ethical commitment and structural sensitivity toward the social determinants of health. Its potential lies in highlighting the inequalities that affect the bodies, life trajectories, and rights of individuals, and in proposing fairer, more humane, and contextualized forms of care.

Far from closing the debate, this article seeks to offer conceptual and analytical tools to continue developing the field. Recognizing social nursing as a specific area of study within the discipline can not only strengthen education and professional practice, but also contribute to the transformation of healthcare systems. This recognition promotes interprofessional collaboration among psychologists, pedagogues, educators, workers, and social physicians, as well as community agents, intercultural mediators, or healthcare facilitators, in order to respond more effectively and equitably to contemporary social realities.

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