

A Comprehensive Review; Addressing Social Determinants Of Health In Hospital Settings: A Collaborative Approach Among Administrators, Health Security Officers, Nurses, And Social Workers

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Abstract

Aim: To explore the collaborative roles of administrators, health security officers, nurses, and social workers in addressing social determinants of health (SDOH) in hospital settings and their impact on patient outcomes.

Addressing SDOH such as housing, food security, and access to care is essential for improving health equity and reducing disparities. Hospitals play a pivotal role, requiring interdisciplinary collaboration to integrate social care into clinical practice. Administrators allocate resources and establish policies, health security officers ensure inclusive environments, nurses identify and address social needs, and social workers connect patients to critical community resources. Overcoming barriers such as fragmented care and resource constraints through teamwork and integrated strategies is key to fostering equitable and holistic healthcare.

Introduction

The social determinants of health (SDOH)—the conditions in which individuals are born, grow, work, live, and age—are increasingly recognized as critical factors influencing health outcomes and health equity. These determinants, including socioeconomic status, education, housing, food

security, and access to healthcare, contribute significantly to an individual's overall health and well-being. In hospital settings, where patients often present with acute medical conditions, these underlying social factors can exacerbate health disparities, hinder recovery, and increase the likelihood of readmissions. Addressing SDOH is no longer optional but essential for delivering holistic, patient-centered care and achieving long-term health equity (1).

Hospitals are uniquely positioned to address SDOH due to their central role in healthcare systems and their ability to connect patients with resources beyond the clinical setting. However, the complexity of SDOH requires a multidisciplinary approach that integrates medical care with social support services. In particular, the collaborative efforts of administrators, health security officers, nurses, and social workers are vital. Each of these roles brings a distinct perspective and set of skills to the challenge, collectively forming a comprehensive response to the social and economic barriers patients face (2).

Administrators provide the strategic vision and allocate resources necessary for SDOH-focused programs, such as funding for social work staff, implementing screening tools, and fostering partnerships with community organizations. Health security officers, traditionally tasked with ensuring safety, play an often-overlooked role in creating an inclusive and welcoming hospital environment, particularly for vulnerable populations such as those experiencing homelessness or domestic violence. Nurses, as the primary caregivers and patient advocates, are ideally positioned to identify social needs during routine interactions and coordinate referrals to appropriate resources. Social workers, with their expertise in case management and resource navigation, are central to connecting patients with services that address housing instability, food insecurity, or mental health needs (3).

Despite the clear necessity of addressing SDOH in hospital settings, barriers persist. Fragmented care systems, limited resources, and a lack of standardized protocols often impede efforts to integrate social and medical care effectively. Additionally, the diverse nature of hospital teams, while a strength, can create challenges in communication and collaboration across disciplines. Overcoming these barriers requires a shift in both organizational priorities and culture, emphasizing the importance of teamwork, shared accountability, and the integration of social care into standard medical practice (3).

This review explores the collaborative roles of administrators, health security officers, nurses, and social workers in addressing SDOH within hospital settings. By examining how these professionals can work together to identify and respond to patients' social needs, the review highlights the importance of interdisciplinary approaches in improving health outcomes, reducing disparities, and fostering a more equitable healthcare system. Through this lens, the review underscores the necessity of creating hospital environments that not only treat acute medical issues but also address the broader social factors that shape patient health.

Review

1. The Role of Hospital Administrators

Hospital administrators are uniquely positioned to influence the structure, culture, and priorities of a healthcare institution, making them integral to addressing social determinants of health. Their capacity to shape organizational policies, allocate resources, and establish interdisciplinary teams enables them to integrate SDOH considerations into everyday clinical care and long-term strategic planning. Administrators can, for example, champion the adoption of screening tools for SDOH, ensuring that every patient's social needs are systematically identified during intake or discharge

planning. Beyond creating policies that mandate such screenings, they can fund dedicated social work positions, initiate community partnerships, and support staff education, all of which are essential steps toward a more holistic approach to patient well-being.

Administrators also play a critical role in building the necessary infrastructure to support SDOH-focused interventions. This may involve establishing formal collaborations with housing authorities, food banks, or transportation services to ensure that patients leaving the hospital have access to stable housing, adequate nutrition, and reliable means of attending follow-up appointments. From a quality improvement perspective, hospital administrators can incorporate SDOH metrics into performance evaluations, guiding the organization toward accountability and continuous improvement in addressing non-clinical factors influencing health. Overcoming barriers such as limited budgets or fragmented community networks requires innovative thinking and leadership commitment. Administrators who embrace a population health perspective help reposition the hospital as an active participant in community health, rather than a siloed entity focused solely on acute medical care (1,2).

2. The Role of Health Security Officers

Health security officers contribute to addressing SDOH by ensuring safe, inclusive, and accessible healthcare environments. While their primary mandate often revolves around safety and security, they can also play a nuanced role in mitigating social barriers. Patients who have experienced homelessness, violence, or discrimination may enter the hospital with mistrust or fear. Health security officers, by maintaining a respectful and culturally sensitive presence, help create a welcoming atmosphere that reduces these emotional and psychological barriers. For example, when a patient affected by domestic violence arrives at the hospital, a security officer trained in trauma-informed care can subtly facilitate a more private and supportive environment, allowing social workers and nurses to engage the patient effectively.

In addition, health security officers can collaborate with social workers to address social crises unfolding within the hospital. Suppose a patient's unstable housing situation leads to disruptive behavior due to stress or fear; a security officer who understands the patient's broader circumstances can de-escalate conflicts without resorting to punitive measures. This compassionate approach not only protects staff and patients but also ensures that vulnerable individuals are not deterred from seeking care in the future. The challenge lies in providing adequate training for security officers so they can recognize social stressors and coordinate with clinical staff, reinforcing a team-based approach to patient-centered, socially informed healthcare (3,4).

3. The Role of Nurses

Nurses are at the frontline of patient care and are often the first to witness how social determinants shape a patient's health status. Their frequent interactions with patients—performing assessments, administering medications, providing education—position them to identify non-medical issues that might hinder recovery or long-term health management. Through structured SDOH screening tools integrated into the electronic health record (EHR), nurses can uncover barriers such as food insecurity, transportation challenges, or caregiver strain. Recognizing these social factors enables nurses to make timely referrals to social workers or community-based resources, ensuring that patients receive comprehensive support.

In addition to identifying social needs, nurses have the capacity to engage patients in health education that addresses SDOH. For a patient with poorly controlled diabetes linked to a lack of nutritious food options, a nurse can offer tailored advice on healthier, low-cost meal planning, while also advocating for a referral to a food assistance program. This blend of clinical insight and empathy empowers patients to make informed decisions about their health in the context of their social realities. The complexity of this role, however, underscores the need for institutions to provide nurses with training, time, and resources to effectively incorporate SDOH considerations into their caregiving. Without administrative support, nurses may struggle to balance these responsibilities with their existing clinical duties (5,6).

4. The Role of Social Workers

Social workers serve as the linchpin in connecting patients to the social resources and interventions that address the underlying determinants of their health. Their specialized training in psychosocial assessment and resource coordination is crucial for bridging the gap between clinical care and the patient's broader life circumstances. For example, a patient recovering from surgery who is experiencing housing instability may require a transitional housing referral to avoid re-hospitalization. Social workers can negotiate with community agencies, complete necessary paperwork, and follow up to ensure that the patient's living conditions support their post-discharge recovery plan.

Moreover, social workers advocate for patients at both the individual and systemic levels. Individually, they may help a patient navigate insurance complexities, apply for financial assistance, or access mental health services. Systemically, they can provide feedback to administrators on the common social barriers patients face, informing policy changes or resource allocation decisions that target these areas. By maintaining a robust network of community contacts and staying updated on local resources, social workers ensure that hospitals do not operate in isolation but rather function as integrated hubs of social and medical support (7,8).

5. Barriers to Interdisciplinary Collaboration in Addressing SDOH

Despite the clear benefits of integrating SDOH considerations into patient care, barriers persist that hinder effective interdisciplinary collaboration. Organizational silos are a major obstacle; administrators, health security officers, nurses, and social workers may operate under separate chains of command, communication platforms, and priorities. Limited resources, whether financial or personnel-related, can constrain the scope of SDOH initiatives and lead to competing interests among departments. The complexity and variability of SDOH themselves, which differ dramatically across regions and patient populations, add to the challenge of developing standardized approaches.

Additionally, the current healthcare infrastructure often lacks the data-sharing capabilities and standardized documentation required for seamless interdisciplinary collaboration. Without an integrated EHR system that includes SDOH data fields accessible to all team members, the transfer of critical information may be slow or incomplete. Each professional group may also have distinct professional languages, workflows, and incentives that complicate collaborative efforts. Overcoming these barriers requires sustained leadership commitment, staff training, and investments in health information technology (9,10).

6. Strategies for Enhancing Collaborative Practices

To effectively address SDOH in hospital settings, strategies must promote collaboration among administrators, health security officers, nurses, and social workers:

1. **Interdisciplinary Training and Education:** Providing joint training sessions and workshops helps break down professional silos, fostering mutual understanding and respect. Such programs can include simulations where teams work through complex patient scenarios that highlight SDOH challenges (11).
2. **Integrated Care Models:** Embedding social workers within clinical units and establishing regular interdisciplinary care conferences ensures that discussions about patient needs routinely include social factors. This approach encourages real-time problem-solving and collective decision-making.
3. **Leveraging Health Information Technology:** Implementing EHR systems that capture SDOH data and make it visible to all team members improves the flow of information. Automated alerts, standardized screening tools, and shared care plans enhance coordination and responsiveness.
4. **Community Partnerships:** Collaborating with community-based organizations, public health agencies, and non-profits can extend the reach of hospital-based SDOH interventions. Administrators can formalize these partnerships through memoranda of understanding, while health security officers, nurses, and social workers connect patients to external resources (12).

Conclusion

Addressing social determinants of health in hospital settings demands a cohesive, interdisciplinary approach that integrates the expertise of administrators, health security officers, nurses, and social workers. By working collaboratively, these professionals can identify patients' social needs, provide tailored resources, and advocate for systemic changes that promote health equity. Though barriers exist, including resource constraints, organizational silos, and variability in patient populations, adopting strategies such as interdisciplinary training, integrated care models, and improved health information technology can enhance cooperation and impact. As healthcare systems strive to improve patient outcomes and reduce disparities, placing SDOH at the center of patient care and prioritizing interprofessional collaboration will be essential for achieving sustainable progress.

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