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 activates 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

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References