The Use of Team Management Methods to Design Socially Responsible Services—A Case Study

Anna Jakubczak , Małgorzata Gotowska *, Anna Andrzejewska and Aleksandra Tomasiewicz

Faculty of Management, Bydgoszcz University of Science and Technology, 85-796 Bydgoszcz, Poland
* Correspondence: malgorzata.gotowska@pbs.edu.pl

Abstract: The aim of the research was to present the provision of socially useful services as the expression of co-management and commitment to sustainable development. The case study was adopted as a research approach. The subject of the research was a group of students who implemented the project as part of student internships in 2020–2021. The next research group consisted of 346 respondents and was constituted as a result of messages with a link to the questionnaire sent and shared on social networks. Empirical data for research on a selected social problem were obtained by means of a direct online interview based on a questionnaire. The results show that the effects of the activities undertaken by a socially engaged group have an impact on the quality of life of the society. Thanks to this diagnosis, it has also been demonstrated that the applied approach proved advantageous as a result of the adequacy of activities in relation to the key needs of the stakeholders. A statistically significant relationship was established between some features and behaviors of young Polish people and their approach to cancer prevention.

Keywords: social responsibility; sustainable development; team management methods; socially responsible services; cancer prevention; young people

1. Introduction

Sustainable development is a goal that is general and attractive to everyone. Different actors have the opportunity to respond to the requirements of sustainability in their own way. It is important to involve as many of them as possible. Certain measures and participants of these activities are more specifically described in the literature and have been conducting their activities for years, e.g., in the business sector. However, the methods and activities of individual and group members of the community appear to be less developed.

A society, at all levels of its organization, i.e., families, local communities, organizations, municipalities, regions, countries, or continents, must be socially responsible. Skillful management, considered as a science and art, is the basic condition for the survival of a civilization [1].

Activities that are to serve such ambitious goals as sustainable development or social inclusion, etc., require the participation and cooperation of broadly understood social entities, i.e., scientists, citizens, and third-sector organizations. Thanks to this cooperation, it is possible to achieve a high degree of innovation which conditions the adaptation of developed solutions to the needs of the society. Additionally, development processes also gain greater favor from the social groups if they are designed with their acceptance and commitment [2]. It is necessary to involve the society in the design and decision-making processes in order to obtain longstanding effects of such development.

The concept of civil society organizations is not unambiguous, and there are many definitions of this phenomenon: e.g., "volunteering", "charities", "third sector", "self-help and consumer groups", etc. According to Hutter and O'Mahony [3] there are two features that define civil society organizations. Fundamentally, they are independent of the state and are determined to make a financial profit. Civil society is definitely a sphere of influence

beyond the state and business and represents groups deprived of their rights or with difficult access to those.

Social responsibility is based on the ability to consciously and voluntarily decide about one's own actions in relation to others. Each generation must take responsibility for its actions and their impact on sustainable development. The analysis and presentation of good practices of this aspect is essential for sustainable development, for example, in the field of the institutional policy of universities [4].

Many literature items indicate that pro-social behavior is influenced by a number of factors, such as social norms or economic conditions. Pro-social organizations are the basis of economic order. They shape the behavior of key economic entities: private persons, enterprises, and government organizations. Organizations operating in the field of the social economy ensure the coordination of economic activity of agents and harmonization of their interests, contribute to social development and economic efficiency, and ensure the well-being of people and society [5].

Two polar opposites can be distinguished among social-economy entities. The first concerns organizations that promote civic engagement and defend their rights, and they can be called the 'advocacy' organizations. They are political in nature; they mobilize the society and carry out lobbying activities. On the other extreme, there are social organizations that are oriented to reducing poverty, protecting the environment, and helping the excluded. They work on development programs and operate through education, training, material support, and other welfare issues [6]. Organized socially engaged activities take formalized and informal forms. They can also be considered as the implementation of civil responsibility. Forms of manifesting civil responsibility include the desire to personally participate in social changes for the benefit of one's nation and local community, emotional empathy for those who need social protection and support, and readiness to assume additional obligations towards society and specific individuals [7].

Social responsibility (SR) may take less formal forms, as an individual's willingness to take actions that benefit society. Other authors understand SR [8] to be a broader responsibility of the individual and a desire to contribute to collective efforts to strengthen the resilience of the community of which they are part [9]. Navarro (2006) stated that social responsibility must be practiced and defines it as a moral behavior. According to this author, socially responsible behaviors are those behaviors that can occur in different areas that have at their core an intention oriented to the good of all and that are practiced with a certain frequency [10].

Social participation in sustainable development can take various forms, ranging from individual and spontaneous actions, e.g., vaccination against COVID-19 [11] to organized, systematic actions, e.g., within formal social organizations. The literature often describes consumer social responsibility in the context of corporate social responsibility [12]. Both responsibilities are considered interdependent [10,13–15]. Consumer social responsibility is seen as an opportunity to support sustainable development [10,13,14,16,17]. Although many items of the literature include research on consumer social responsibility, research is also needed that includes SR multifacetedly, which includes human behavior as a whole, beyond consumption [18]. Research and social responsibility are indicated in the group of young people entering adult life, because it is they who will directly influence sustainable development in the near future [19,20].

Among the factors characterizing socially responsible behavior, there is an individual's desire to interact with other, like-minded people (neighbors, colleagues, friends, colleagues). The closer relationships are formed with a community, the more important the social norms of that community become and the greater the possible effect-of-social behavior [21]. Another feature of socially responsible behavior is impersonal social trust. The interaction of business entities should follow universal principles that do not depend on the individual characteristics of the person and participants in the relationship. Impersonal trust widens the boundaries of social networks and contributes to increasing social capital. The relationships that form between strangers are especially important in this context. These are the

so-called weak bonds. They become a "bridge" that ensures stable cooperation of various social groups, contributing to the expansion of the sphere of pro-social behavior [5].

Ramos et al. (2016) indicate several dimensions of social responsibility: social commitment determines personal fulfillment, is based on recognition and respect for the dignity of every person, activates the need to be open to others and focus on the common good, and contributes to sustainable development in the immediate vicinity through the actions taken [22].

Some authors indicate that social commitment has a multi-stage form and can be developed in the education process by providing information on norms and principles influencing the sharing of new values and increasing civic participation. Another element in shaping social responsibility is experience. In the environment of young people, experiences indicated as forming SR include, e.g., participation in projects for non-governmental organizations, work in the school or student council, one-year volunteer internship in a foreign non-profit organization, etc. [4,23–26].

In this study, we are dealing with a voluntary form of pro-social activity, which is a personal experience that something specific can be done to contribute to the improvement of society. As part of completing the student internship, the group independently identified and undertook to implement the goal of raising awareness in the area of cancer prevention in a peer group. The team has carried out several activities to achieve the goal: research, information quiz, and presentation of the results at an international conference.

The paper presents one of the ways a socially engaged group participates in pro-development management. As part of practical classes at their university, a team of young people (who are also representatives of the target group) carried out a pro-social project. It consisted of several elements and its effects were multifaceted. The scope of the project was limited to the local environment, but it could easily be implemented on a larger, even international, scale. Thanks to the product differentiation, the method based on the diagnosis, and the knowledge of the group of beneficiaries, the applied solution may bring significant social benefits.

The first chapter presents the methodological assumptions of own research conducted by the team as part of the preparation of a socially responsible product. The entire process is staged—from the formation of the team, through the subsequent phases of work, to the results obtained. The next part simultaneously introduces the research problem and the social problem, the solution to which was undertaken by the team in the form of manufactured products. The subsequent part describes the results, starting with the characteristics of the research and the target group. The paper ends with a discussion and summary.

2. Materials and Methods

2.1. From Pro Health Behaviour to Sustainability

The struggle with the implementation of sustainable development is ongoing, and many entities in various roles participate in this process. Mutual relations between these actors play an important supporting role. The government and supranational institutions build the organizational and legal framework [27], in which both business entities and NGOs and individual citizens can move. Other institutions, e.g., universities, are responsible for promoting social responsibility, thus creating opportunities for the development of future generations by bonding and building fairer and better communities [28]. Business within CSR supports the society directly or engages in partnerships with the third sector [29–31]. An important aspect supporting activities for the SD is individual social activity, which is based on the ability to choose one's own behavior to the public, deliberately, voluntarily, and without the expectation of reward in relation to the society. Each generation must be responsible for the impact of its actions and their impact on sustainable development 4. A social activist can also shape a positive influence in terms of their skills and abilities.

It has been assumed in the main research hypothesis (Hs) (Figure 1) that the implementation of social responsibility through social activity in the dimension of an informal group may be a factor of sustainable development. To support the hypothesis, an example was presented of an informal group that voluntarily and on its own initiative undertook activities in the field of social responsibility.

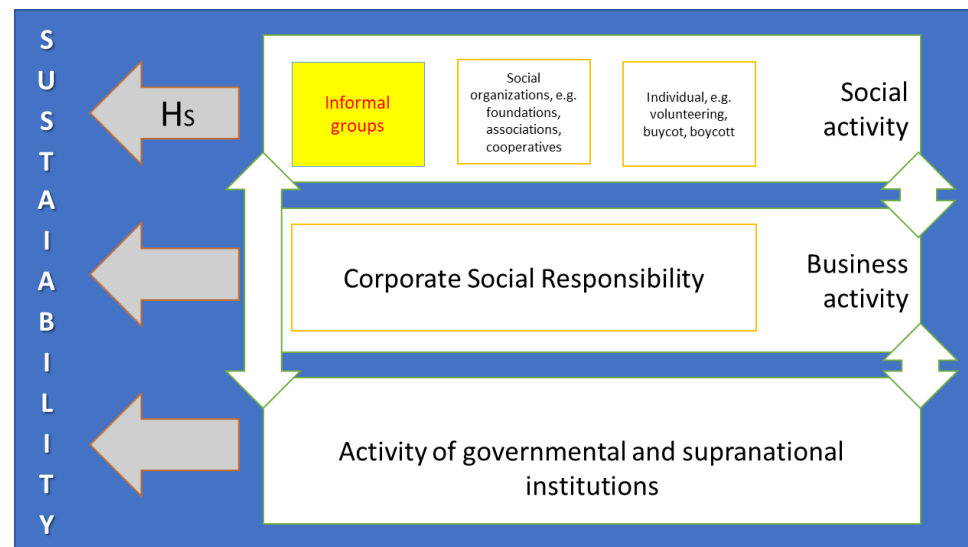



Figure 1. Research model. Social responsibility as a determinant of sustainable development by the subject. Source: Own research by Anna Jakubczak.

2.2. Methodological Assumptions

The aim of the research was to present how to provide socially useful services as an expression of co-management and commitment to sustainable development. The researchers formulated the following objectives: (1) identifying the advantages and challenges within the studied method of providing social services; (2) determining the groups of stakeholders of the activity; (3) determining the effects of influencing the target group and other stakeholders.

In the research model, it was assumed that informal groups, as was the case in the analyzed example, constitute one of the groups that can provide socially engaged activity, and therefore participate in and co-manage the process of achieving sustainable development. An interesting research area discussed in this study is the way in which these groups can participate in this important process for the whole society, its course, effectiveness, conditions, and possible methods (Figure 1).

In the initial phase of the research, the team was constituted in the form of a notarial deed, in which the members expressed their will to join the project, without specifying their roles at this stage. The rules of the team's functioning were established by stipulating them in the contract.

The company method was used by the team to carry out the project. This method enables the application of all management functions (Figure 2). The initial stage corresponds to the planning function. In this phase, the team worked on formulating the mission and setting a common goal to achieve. Tools for creative thinking (design thinking), including brainstorming, were used. The effect of the activities in the first stage was the selection of the main goal, setting the intermediate goals (tasks), and the development of tactical plans and individual plans.

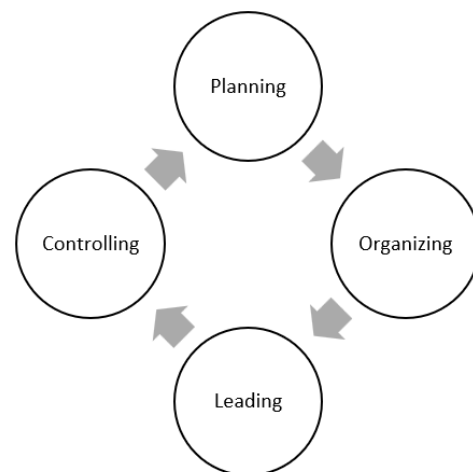



Figure 2. Stages of the management process in the company method. Source: own research.

The organizing stage mainly consisted in selecting the methods of achieving goals and determining the necessary resources. Organizational regulations were created, specifying, inter alia, the organizational structure and the scope of responsibilities and functions. Due to the fact that the process was carried out remotely, applications such as Trello, MS Teams, Mentimeter, and Messenger were used for synchronous and asynchronous teamwork. The frequency of meetings with the entire team was fairly regular and took place every 1–2 weeks. The team met according to the pre-established schedule: reminding participants of the main goal, checking the degree of implementation of activities in individual activities, recalling the principles important for the group, and establishing or correcting further proceedings. Between the main meetings, sub-teams worked on particular sub-targets according to their own schedules.

The functions of leading and controlling were performed at the level of the person managing the entire project, who acted as a facilitator without interfering with the substantive content of the undertaken activities. The most important substantive position was occupied by the main manager selected by the group, and the individual heads of departments. They adopted their own styles of managing the work of the subordinate teams in terms of motivation, conflict resolution, division of tasks, controlling, etc.

The work ended with an audit by the facilitator, the degree of achievement of the goal was audited, and the group's satisfaction with the level of achievement of the goals was announced. The participants were evaluated for their work by their superiors and appreciated the actions of their colleagues. Success factors, the role of documentation in the functioning of the team, and the level of cooperation in the group were discussed. The team achieved the main goal by producing three products: a survey using a survey questionnaire, a quiz, and an information poster. The results of the research are presented in the form of tabular summaries, figures, and graphs (Table 1).

Table 1. Elements and products of the project.

No.	Element Name	Specification
1.	Notarial deed and contract	Symbolic accession to the team, determination of the general rules of participation
2.	The Mission and main objective	Campaign to be tested regularly by men and women up to 30 years of age
3.	Intermediate goals (tasks)	Survey, poster, quiz
4.	Organizational regulations	Determination of the structure, division of duties
5.	Individual tactical plans	Scope of duties, lead time, responsibility, place to assess the supervisor
6.	Research survey	Diagnosis of the problem in the target group
7.	Poster and quiz	Tools for raising awareness of project beneficiaries

Source: own research.

Empirical data were analyzed using the classification trees method available in the Statistica program (v. 13.1, StatSoft Poland, Krakow), which made it possible to find links between variables.

The classification trees are a data-mining method, applied in the analysis of qualitative variables. The method consists in arranging objects into classes, based on a dependent variable. Classifications may be based on numerous explanatory variables. This makes it possible to use the method for predictive or descriptive purposes [32,33]., The application of classification trees enables researchers to present the structure of the analyzed population and to read from it previously hidden interdependencies, previously unknown to the researchers, which can then be explained in subsequent stages of the analysis. The fact that there are no requirements to determine a priori hypotheses results in broadening the possibilities for their formation on the basis of the results obtained. It is a method widely used in areas such as medicine, justice, and marketing due to its simplicity and intuitive interpretation [34,35]. Thanks to the use of classification trees, the significance and importance hierarchy of predictor variables as well as the structure of the studied population were established in terms of factors influencing the prevention of cancer diseases.

Some of the calculations were made in an Excel spreadsheet. To achieve the goal, methods were used to determine the statistical significance of data of a nominal nature: Chi-square independence test. After collecting the data and checking their completeness and suitability for the analysis using a non-parametric method of classification trees, dependent and independent variables were determined. Variables are collected in Table 2.

Table 2. Dependent and independent variables.

No.	Variable Symbol	Variable Specification
		Independent Variables
1.	X1	Gender
2.	X2	Age
3.	X3	Current status
4.	X4	Place of residence
5.	X5	Level of education
		Dependent Variables
6.	Y1	Knowledge of the concept of prevention
7.	Y2	Undertaking preventive examinations
8.	Y3	Reason for undergoing preventive examinations
9.	Y4	Reason for not undergoing preventive examinations
10.	Y5	Date of the last preventive examinations
11.	Y6	Sources of knowledge about preventive examinations and preparation for them
12.	Y7	Family history of chronic diseases
13.	Y8	Types of chronic diseases in the family
14.	Y9	Understanding the concept of health
15.	Y10	Ways of taking care of health
16.	Y11	Smoking cigarettes
17.	Y12	Frequency of doing sports
18.	Y13	Self-health assessment
19.	Y14	Knowledge of symptoms that may indicate cancer
20.	Y15	Knowledge of factors that increase the risk of cancer
21.	Y16	Date of last examination

Source: own research.

3. Cancer Prevention as a Social Problem

Cancer is the second only to heart disease as the most common cause of death in both men and women in many countries around the world [36,37].

Cancer treatment research is a multidisciplinary area of investigation that explores how social factors, funding systems, organizational structures and processes, health technologies,

and the behavior of healthcare providers and patients influence access to cancer care, its quality and cost of cancer care, and ultimately, the health and well-being of patients and survivors. It appears that a key challenge for the next decade is to bring together a variety of stakeholders, including patients, healthcare professionals, payers, healthcare organizations, and cancer non-profits, to accelerate behavioral healthcare innovation in cancer care and cancer control [38].

Cancer prevention, also known as oncological prevention, includes activities undertaken by patients who are potentially at risk, thanks to which it is possible to detect a given cancer disease and related changes and symptoms early. For example, among cancers of the female reproductive system, ovarian cancer became the second most common and is the fifth ranked cause of cancer-related mortalities in women in Europe and the United States [39]. Although our understanding of ovarian cancer has vastly improved, the etiology of the disease remains unknown. Moreover, even though surgical procedures have made great progress and new protocols of chemotherapy were introduced, the 5-year survival rate does not exceed 45%. The main reason for that is that most women with ovarian cancer present with the late stage of the disease, despite introducing new markers for the detection of ovarian cancer [40,41].

The authors of another publication describe prevention as maintaining and strengthening human health and ensuring natural environment systems [42]. Studies conducted in the USA and Europe indicate that the use of EBP, including broadly understood prevention, in the preventive actions and reduction of cancer risk can potentially lessen the overall cancer burden by 42–60% [43].

Preventative measures, depending on their nature, can also be divided into the following types:

- early prevention;
- primary prevention;
- indirect prevention;
- secondary prevention [42].

Depending on the specificity, early prevention was mentioned as the first one. It consists in promoting an appropriate lifestyle and encouraging people to reject a lifestyle that may adversely affect their condition.

Primary prevention was mentioned as the second one. In this case, measures are undertaken to reduce cancer mortality. It is then determined which factors affect the emergence of a given disease [44]. In order for the primary prevention to bring the best results, it is necessary to learn about the risk factors and the carcinogens that occur.

The last of the above is the indirect prevention. This type particularly focuses on the activities undertaken to shorten the duration of the patient's existing neoplastic disease.

The last of these is the secondary prevention. It is worth paying attention to how the mentioned secondary (early) detection is carried out. These activities include, but are not limited to:

- all activities contributing to a pro-health behavior;
- routine examinations carried out by specialized doctors [44].

It should be emphasized that secondary prevention takes place when a given patient has not yet experienced cancer symptoms. This is carried out in order to recognize a possible disease at an early stage, which gives a much better chance of a successful treatment.

Therefore, preventive measures include, inter alia, examinations that may enable the implementation of appropriate treatment in the early stages of cancer development. It should be noted that cancers are genetic diseases. The development of the disease is influenced by the following factors:

- chemical;
- physical;
- viral [45].

The chemical factors include all kinds of compounds, which can be divided into initiating and promoting ones. The physical factors include ionizing radiation, ultraviolet radiation, and radon. The viral agents include human papillomavirus (HPV), Epstein–Barr virus (EBV), and even hepatitis type B and C.

It is worth noting that all kinds of neoplastic diseases, immediately after cardiovascular diseases, contribute to a considerable number of deaths each year [46]. Moreover, the aforementioned cancer prevention and examinations related to it are appropriate for each type of cancer. Although it may not differ much in each type of cancer, general preventive recommendations have also been developed. An example of such recommendations is the recommendations created by the European Code Against Cancer, presented in Table 3.

Table 3. Recommendations by the European Code Against Cancer.

No.	Actions to Prevent Cancer [1]
1.	Do not smoke.
2.	Make your home smoke free.
3.	Take action to have a healthy body weight.
4.	Be physically active in everyday life.
5.	Have a healthy diet.
6.	If you drink alcohol of any type, limit your intake.
7.	Avoid excessive sun exposure.
8.	Protect yourself against carcinogenic substances in the workplace,.
9.	Pay attention to high radon levels in your surroundings..
10.	If possible, you can breastfeed your baby. Avoid hormone replacement therapy.
11.	Ensure that your children are vaccinated against: Hepatitis B and Human papillomavirus–HPV.
12.	Take part in cancer screening programs for: bowel cancer (men and women), breast cancer (women), cervical cancer (women).

[1] European Code of Fighting Cancer, Available online: www.kodekswalkizrakiem.pl (accessed on 9 September 2022), DOA: 03.05.2021.

Neoplasms, for which cancer (oncology) prevention is used, can be divided into the following types:

- gastrointestinal cancer;
- breast cancer;
- soft tissue sarcomas;
- bone tumors;
- skin cancer;
- lung cancer;
- cancers of the genitourinary system;
- cancers of the reproductive organs;
- cancer in pregnant women;
- tumors of the endocrine glands;
- tumor metastases to the bone;

In addition, on the basis of the available literature, the above-mentioned types of cancer are presented with some factors determining why Polish people do not use preventive services [42]. They have been collected and presented in Table 4.

Table 4. Examples of arguments Polish people mention not to carry out preventive examinations.

No.	Factors
1.	Low self-esteem
2.	Embarrassment
3.	Lack of interest in the examinations
4.	Hearing impairment
5.	Lack of faith in recovery
6.	Fear caused by stereotypes
7.	Difficult financial situation

Source: Gładczuk, Maksimowicz and Kleszczewska [42].

In terms of preventing behavior for cancer, it has been made clear that many people do not engage in these risk-reducing behaviors. Factors such as beliefs and limited health awareness and sociodemographic traits can challenge preventive behaviors [47]. Among the factors influencing the prevention of cancer are, for example, eating habits: eating fruits and vegetables, avoiding red meat; physical activity; smoking; length of exposure to the sun; and sexual activity. The literature indicates that these behaviors are influenced by different conditions during life and that they can be modified [47,48].

4. The Approach to Cancer Prevention among Young Poles

4.1. Methodological Assumptions of Data Analysis on Cancer Prevention

The main objective of this part of the empirical research was to find out the level of implementation of preventive examinations and selected conditions influencing this level among young people.

For this purpose, research hypotheses were formulated that the following factors are related to the level of cancer prevention in young people:

H_{A1}, H_{A2}, H_{A3}, H_{A4}, H_{A5}: Demographic Factors (X1–X5).

H_B: The level of preventive knowledge (Y1).

H_{C10}, H_{C11}, H_{C12}, H_{C13} H_{C16}: Pro-health attitude (early prevention) (Y10, Y11, Y12, Y13, Y16).

In the database of the Statistica v. 13 program, dependent (Yn) and independent (Xn) data were collected, which were then subjected to statistical analysis and supplemented with a substantive interpretation (Table 4).

After the initial substantive division of the variables and establishing their potential diagnostic role for the main objective, research hypotheses were established, and then the significance of the independent variables for the selected dependent variables was tested. Subsequently, the information capacity and the impact on the level of preventive examinations of dependent variables were analyzed, supplementing the profile of conditions for cancer prevention in the research group (Figure 3).

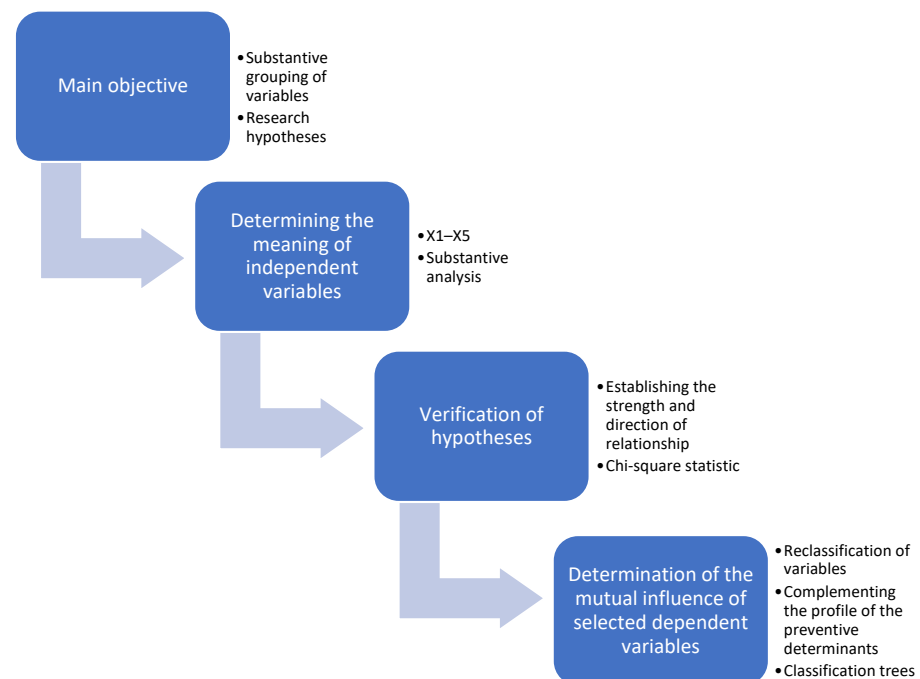



Figure 3. Research methods. Source: own research.

4.2. Characteristics of the Studied Population

A group of young people up to 30 years of age was the subject of the study. During the analysis, an attempt was made to determine whether young people undergo preventive examinations, why they undergo or forego such procedures, how they take care of their health, and which factors, in their opinion, increase the risk of cancer. An online survey was used to collect the data with the use of a measuring instrument in the form of a questionnaire which consisted of 20 questions subsequently divided into closed questions and a certificate. The study used a non-random sampling of a quota nature. The study was conducted from August 2020 to February 2021. The research group consisted of 326 people and was created as a result of using social networks for sending and sharing messages with a link to the questionnaire.

Individuals under 30 years of age were included in the study. Among them, 247 (75.8%) were people in the 18–24 age group, and the rest of the respondents (79 people) were 25–30 years old (24.2%). Most of the respondents were women—206 people (63.2%), while there were 120 men (36.8%). The respondents also answered the question about their current status, where they could select up to two options. University students constituted the largest group—186 people (57.1%), and there were 70 secondary school students (21.5%). There were 128 working people (39.3%) and solely 5 were unemployed (1.5%). 163 individuals (50%) lived in the city with the population over 50,000. The next group were people living in the countryside—89 (27.3%), the least numerous group constituted those living in a city with a population of up to 50,000—74 (22.7%). In the case of education, the largest number of respondents answered that their education is at the secondary level. This group consisted of 198 people (60.7%). The next group of 66 (20.2%), included the respondents with higher education, and finally, the smallest one included individuals with primary education: 62 respondents (19%).

4.3. Knowledge and Attitude to Cancer Prevention among Young Poles

Young people were asked to indicate whether they undergo preventive examinations. The difference between the groups was not substantial. Most indicated that they undergo such procedures: 194 (59.5%). However, 132 people (40.5%) did not undergo such examinations. The answers were checked with a breakdown into selected demographic characteristics (Table 5).

Table 5. Socio-demographic characteristics vs. undergoing preventive examinations (X^2).

Description	df	X^2	p
Y1	1	15.8846	0.00007 *
Y2	2	0.0487	0.72511
Y3	10	15.1906	0.12526
Y4	2	3.3920	0.18342
Y5	2	3.8711	0.14434

N—346, N (Y2 vs. X2)—330. * significant. Source: own research.

As indicated by the chi-square statistic result, women definitely more often undergo preventive examinations than men. The same test confirmed that in the examined group, the remaining demographic variables did not have any impact on the respondents' inclination to undergo preventive examinations (Table 5).

The above results provide grounds for the verification of the HA hypothesis: among the examined demographic characteristics, only gender determines the level of anti-cancer prevention in the studied population.

People who answered YES to the previous question were asked to indicate the reasons why they undergo preventive examinations. There was a choice of several themes. The responses are presented in Table 6.

Table 6. Motivations for undergoing preventive examinations.

Response	Number	% Share
Preventive examinations can prevent the disease	142	44.8
Preventive examinations are free of charge	68	21.4
A close person is/was sick	66	20.8
The media, campaigns and advertisements convince me to do so	37	11.7
Other	4	1.3

Source: own research.

The most frequently chosen motive was that preventive examinations can prevent disease, indicated by 142 people (44.8%). Among the responses, others also appeared:

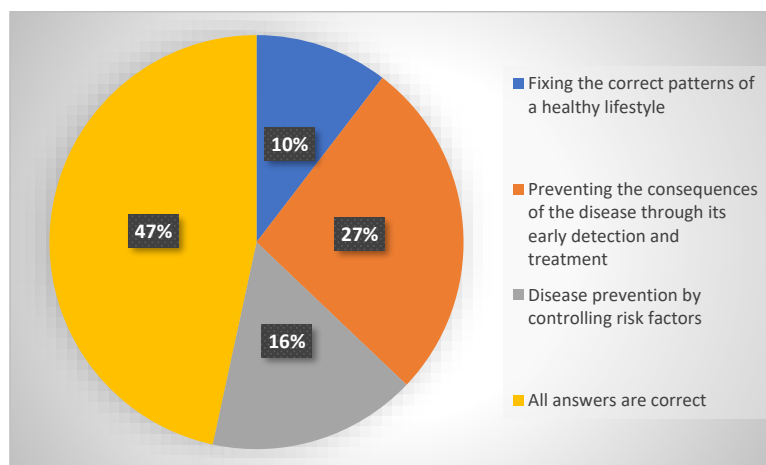
- I was sick myself;
- because I am at risk of developing the disease;
- I have a slight hypochondria;
- my job requires it.

People who indicated that they did not submit to preventive examinations were asked to indicate the reasons. There was a choice of several reasons. The answers are presented in Table 7.

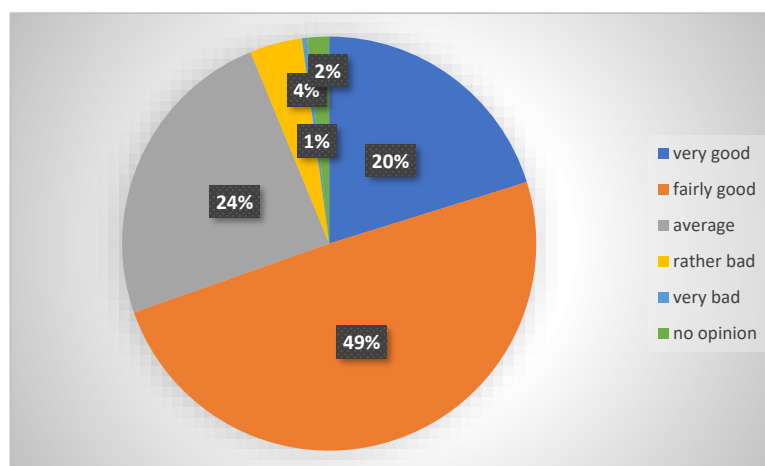
Table 7. Reasons for not performing preventive examinations.

Response	Number	% Share
I don't have time for it	64	31.2
I believe that it is unnecessary because I'm fine	45	21.9
I'm afraid of drawing blood	19	9.4
Examinations are too expensive, and I don't have the money for it	18	8.8
I am afraid that I will be diagnosed with some serious illness	14	6.8
I did not know that preventive examinations can be performed	14	6.8
None of the above	31	15.1

Source: own research.

The respondents were asked to indicate the meaning of the word 'prevention'. Only 34 people (10.4%) chose to maintain the correct patterns of a healthy lifestyle. Prevention of the consequences of the disease through its early detection and treatment was selected by 87 people (26.7%). Disease prevention by controlling risk factors was indicated by 53 people (16.3%). Most people believe that all the answers are correct—152 (46.6%). The data are presented in Scheme 1.

Scheme 1. The meanings of the word prevention. Source: own research.

The chi-squared test, performed to establish the relationship between the variables Y1 and Y2, indicated that the differences were insignificant. Therefore, the HB hypothesis was not confirmed, which suggests that the level of knowledge about cancer prevention does not contribute to the increase in cancer prevention activities.

The respondents were to assess their health with the use of the following scale: very good, fairly good, average, rather bad, and very bad. It was also possible to choose the answer: "I have no opinion". The answers are presented in Scheme 2.

Scheme 2. Health status of the respondents. Source: own research.

Young people taking part in the study were asked to indicate which of the given symptoms may be of a neoplastic disease. The respondents most often chose the answers: weight loss—216 people (66.3%); skin lesions—214 people (65.6%); and enlarged, painful lymph nodes—208 people (63.8%). The remaining answers are as follows:

- weakness—172 people (52.8%);
- headache—171 people (52.5%);
- hematuria—161 persons (49.4%);
- disorders in urination and stool—160 people (49.1%).

As a result of ordering the dependent variables, four variables (Y1, Y10, Y11, Y12) were selected and their predictive value was assessed in relation to the level of preventive examinations (Y2). This means that they potentially constitute factors that determine undergoing preventive examinations in the study group (Figure 4).

As a result of ordering by the method of classification trees, variable Y10 turned out to be the diagnostic variable.

After the chi-square test was performed, the negative correlation between smoking and the performance of preventive examinations was confirmed. The HC hypothesis was confirmed (Chi^2 (1, N = 346) = 20.1995, p = 0.00001).

In order to multi-dimensionally characterize the significance of factors influencing preventive examinations, the variable analysis was repeated using the classification tree method, including the variable Y10 in the group of independent variables.

The results indicate that young non-smoking women are the group that most frequently undergoes preventive examinations (Figure 5).

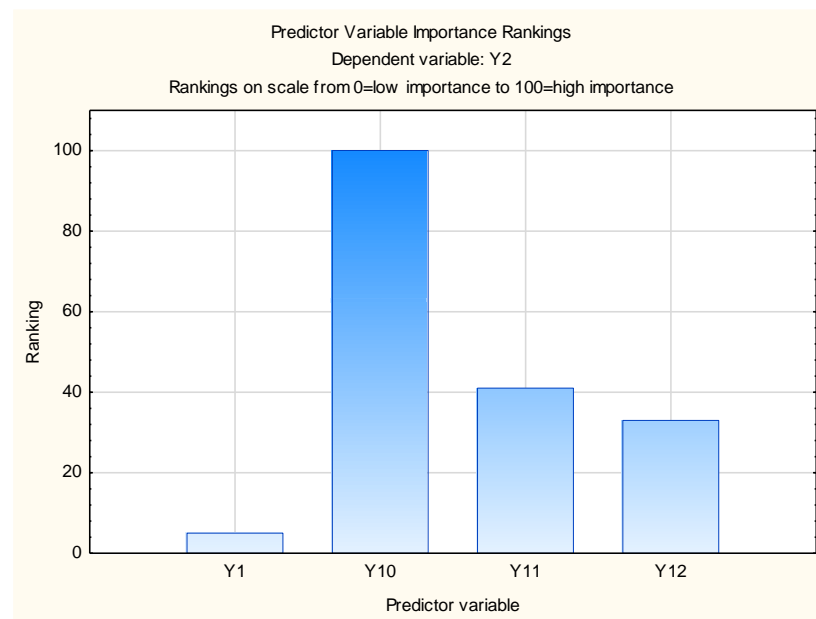



Figure 4. Ranking of diagnostic variables. Source: own research.

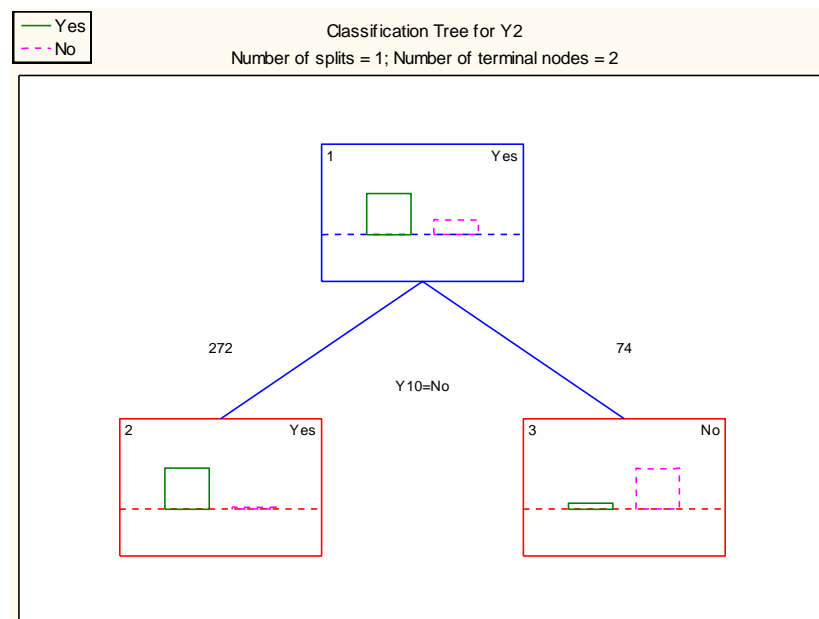



Figure 5. Classification tree.

5. Discussion the Results of Research on the Prevention of Cancer Diseases

Despite tremendous advances in medicine over the past few decades and a much better understanding of the symptoms and causes of various cancers, incidence rates continue to rise around the world [49]. To reduce cancer incidence, it is necessary to focus on promoting prevention strategies through a population-based approach to reducing exposure to modifiable risk factors, in addition to using newer drug interventions (chemoprevention) for prevention in high-risk populations.

The results of the research indicate that among the potentially modifiable prophylactic factors that play a key role in the incidence of numerous neoplastic diseases are, e.g., a healthy diet and increased physical activity, as well as abandoning tobacco smoking or excessive alcohol consumption [50]. A study by Weitzer et al. showed that for both pre- and postmenopausal women, exercise can reduce the risk of breast cancer by almost

20% [51]. High or low levels of physical activity during leisure time were associated with a lower risk of 13 cancers, which in the case of, for example, melanoma and prostate cancer, was associated with an increase in the incidence. The smoking status has modified the association with lung cancer, but not with other cancers associated with smoking [52]. The results of the research by Khan and others indicate that the fastest-growing preventive measures include doctor's advice on quitting smoking, testing and vaccination for HPV in relation to, e.g., screening for colorectal cancer, or performing mammography [53]. The results of the study also suggest that people with low levels of health awareness are more likely to have pessimistic beliefs about the effectiveness of taking preventive measures than people with higher health awareness. The lack of conviction to take action to prevent cancer was associated with lower consumption of fruits and vegetables and fewer days of physical activity. Health literacy was not an important predictor of preventive behavior [47].

Thanks to the cooperation of the team that was involved in work for the benefit of the local community, but also the wider society, empirical research was carried out in the field of cancer prevention among young Polish people. Its conclusions may have practical implications. An important factor influencing the success of the project was the affiliation of people participating in the activity in the target group. It concerned such aspects as the efficiency of the project implementation and its substantive quality. The results of the team's work are not only the results of the research but also the effect of disseminating the problem of preventive examinations in the target group through a designed and conducted questionnaire. The obtained results of research on the approach to cancer prevention in young people show that gender and a pro-health attitude may contribute to greater involvement in cancer prevention. In order to examine other implications of these results, the research area should be broadened and deepened, for example, in order to obtain an answer to the question: "What should be done to increase the interest in preventive examinations in young Polish males?".

6. Conclusions of the Case Study and Practical Implications

Social responsibility can be considered from many perspectives depending on the subject and scope of responsibility (Figure 1). There is social responsibility at the level of governmental and local authorities as well as international institutions and other institutions, for example, universities. Business also contributes to SD-CSR. Social activity can be divided into activities of individuals, for example, voluntary work; activities of non-governmental organizations [54–56]; and as in the case of the presented research, the activity of informal groups. Some of this type of activity has the characteristics of organized activities. The surveyed group met by chance and for a purpose not related to social suitability, that is, unlike, for example, an association that intentionally acts for a selected social problem. What is common for the organization and the informal group is the teamwork and some aspect of moderation that has occurred. On the other hand, the group independently selected the topic and the way of its implementation; the moderator's support consisted in keeping the organizational framework, establishing the rules, and settling accounts for achieving the goal. In connection with the obtained results, it can be noted that social responsibility can be realized on an occasion and in a natural way and can at the same time be effective. Findings [57] indicate that leaving the option to choose the form of pro-social activity, which is related to the personal moral and social attitudes of students, increases the attractiveness of pro-social experiences and to a greater extent affects their effectiveness and the development of the students [57]. Although the scope of the presented action and its impact on society in the selected problem of cancer prevention in young people is limited, this action has the potential of snowballing. The conducted study made it possible to establish several conditions for the effectiveness of such an action: it was necessary to moderate in a group and apply appropriate methods of working in a team; in order to increase the effectiveness, it was necessary to ensure that the action proposal was as feasible as possible, addressed to a group of beneficiaries that could be easily recognized by the team; the conditions that favored the effectiveness of this

activity was the choice of a social problem, the target group of which members were also the authors of the solution. This made it possible to recognize the needs of the beneficiaries well and reach a wider audience.

Implementing SR allows students to combine theory with practice, develop critical thinking, improve problem-solving skills, explore community resources, and develop professional and civic skills [58]. Gaining experience in social service education contributes to the development of leadership and interpersonal skills and the growth of social activism in the future working life [59,60].

Summing up, the most important practical implication of the mentioned findings is the observation that the voluntary involvement of an informal group in the dissemination of the problem of cancer prevention in young people, with the use of appropriate teamwork methods, can be an effective tool for the implementation of individual social responsibility, and thus an element building sustainable development. This implication is valuable for those who, for example, are responsible for the education of youths. They need to be encouraged by smart moderators to express their social responsibility. The detailed implications are indicated below:

- Socially responsible activity does not need organizational formalization; practically everyone can act for sustainable development, individually or in groups.
- The effectiveness of informal groups is strengthened by proper moderation, including the use of team management methods and the freedom to choose the social goal so that it suits the group as much as possible and at the same time enables a good recognition of the social need.
- Activities in the informal group for sustainable development benefit the participants: they enable and strengthen their comprehensive development, especially in the field of soft and social skills. This fact also has a motivating potential for participants in such groups. Achieving self-determined goals for social good releases positive energy in people and strengthens their sense of value and agency. Participants of such activities build their future professional and social potential on this experience.

Author Contributions: Conceptualization, A.J. and M.G.; Methodology, A.J.; Software, A.J.; Validation, A.J.; Formal Analysis, A.J.; Investigation, A.A. and A.T.; Resources, A.J.; Data Curation, A.A. and A.T.; Writing—Original Draft Preparation, A.J.; Writing—Review and Editing, M.G.; Visualization, A.J.; Supervision, M.G.; Project Administration, A.J.; Funding Acquisition, A.J. and M.G. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Ethical review and approval were waived for this study due to the research was conducted anonymously and the results were presented in aggregate or average form, the collected data do not concern clinical or sensitive data, but only the respondents' opinions.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: You might get the data by writing to ajakubczak@pbs.edu.pl.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Novak, J. A Socially Responsible Society in the Era of Globalization. In Proceedings of the 19th International Scientific Conference Globalization and Its Socio-Economic Consequences—Sustainability in the Global-Knowledge Economy, Rajecke Teplice, Slovakia, 9–10 October 2019.
2. Ahrweiler, P.; Gilbert, N.; Schrempf, B.; Grimpe, B.; Jirotka, M. The role of civil society organisations in European responsible research and innovation. *J. Responsible Innov.* **2019**, *6*, 25–49. [CrossRef]
3. Hutter, B.M.; O'Mahony, J. *Business Regulation: Reviewing the Regulatory Potential of Civil Society Organisations*; London School of Economics and Political Science: London, UK, 2004; Volume 26.
4. de Guevara, C.D.M.; Garcia-Ramos, J.M.; Alija, T.D.; Martinez, C.V. Synthetic indexes to measure university student social responsibility. *Educ. Policy Anal. Arch.* **2020**, *28*, 189. [CrossRef]

5.　Frolova, E.A.; Malanina, V.A. The Foundations of Human Pro-Social Behaviour: Some Economic Aspects. In Proceedings of the 2nd International Scientific Symposium on Lifelong Wellbeing in the World (WELLSO), Tomsk Polytechn University, Tomsk, Russia, 18–22 May 2015.

6.　Nugroho, Y. Opening the black box: The adoption of innovations in the voluntary sector—The case of Indonesian civil society organisations. *Res. Policy* **2011**, *40*, 761–777. [CrossRef]

7.　Savchenko, L.O.; Kiriukha, K.I.; Potapenko, O.B.; Dupak, N.V.; Krasiuk, I.A. The formation of a civil responsibility of high school students in the context of specialized training. *Rev. Tempos E Espaços Educ.* **2021**, *14*, e16104. [CrossRef]

8.　Soetanto, R.; Hermawan, F.; Drosou, N.; Bosher, L.; Hatmoko, J.U.D. Perceptions of Social Responsibility for Community Resilience to Flooding: A Comparison between Communities in Indonesia and the UK. *Water* **2022**, *14*, 433. [CrossRef]

9.　*ISO 26000*; Guidance on Social Responsibility. International Standard Organization: Geneva, Switzerland, 2010.

10.　Martí Noguera, J.J.; Martí-Vilar, M.; Almerich, G. Responsabilidad social universitaria: Influencia de valores y empatía en la autoatribución de comportamientos socialmente responsables. *Rev. Latinoam. Psicol.* **2014**, *46*, 160–168. [CrossRef]

11.　Yu, Y.; Luo, S.; Mo, P.K.-H.; Wang, S.; Zhao, J.; Zhang, G.; Li, L.; Li, L.; Lau, J.T.-F. Prosociality and Social Responsibility Were Associated With Intention of COVID-19 Vaccination Among University Students in China. *Int. J. Health Policy Manag.* **2021**, *11*, 1562–1569. [CrossRef] [PubMed]

12.　Camilleri, M.A. Measuring the corporate managers' attitudes towards ISO's social responsibility standard. *Total Qual. Manag. Bus. Excell.* **2019**, *30*, 1549–1561. [CrossRef]

13.　Spodarczyk, E. An attempt to determine the determinants of an effective impact of corporate social responsibility on consumer behaviour. A pilot study report. *Management* **2019**, *23*, 64–79. [CrossRef]

14.　Pigors, M.; Rockenbach, B. Consumer Social Responsibility. *Manag. Sci.* **2016**, *62*, 3123–3137. [CrossRef]

15.　Golob, U.; Podnar, K.; Koklic, M.K.; Zabkar, V. The importance of corporate social responsibility for responsible consumption: Exploring moral motivations of consumers. *Corp. Soc. Responsib. Environ. Manag.* **2019**, *26*, 416–423. [CrossRef]

16.　Palacios-González, M.M.; Chamorro-Mera, A. Analysis of the predictive variables of socially responsible consumption. *Bus. Strategy Dev.* **2021**, *5*, 187–196. [CrossRef]

17.　Dudziński, P.; Gotowska, M.; Hoppe, G.; Jakubczak, A.; Karaszewski, R. A method of measuring the social and environmental responsibility of consumers. *Sci. Work. Univ. Econ. Wrocław* **2012**, *274*, 9–18.

18.　Davis, S.L.; Rives, L.M.; Ruiz-de-Maya, S. Personal social responsibility: Scale development and validation. *Corp. Soc. Responsib. Environ. Manag.* **2021**, *28*, 763–775. [CrossRef]

19.　Nuchprasop, K.; Intarakamhang, U. A Causal Relationship Model of Students' Participatory Behavior towards University Social Responsibility. *Int. J. Behav. Sci.* **2018**, *13*, 15–26.

20.　Jakubczak, A. Social responsibility of young consumers. *Consum. Dev.* **2016**, *3*, 58–70.

21.　Bowles, S.; Hwang, S.-H. Social preferences and public economics: Mechanism design when social preferences depend on incentives. *J. Public Econ.* **2008**, *92*, 1811–1820. [CrossRef]

22.　Ramos, J.M.G.; Maldonado, C.D.; Martinez, M.C.V.; Alija, T.D. Toward construct validation of Social Responsability of University Student (RSEU). *Bordon-Rev. Pedagog.* **2016**, *68*, 41–58. [CrossRef]

23.　Robledo Ramón, P.; Fidalgo Redondo, R.; Arias Gundín, O.; Álvarez Fernández, L. Percepción de los estudiantes sobre el desarrollo de competencias a través de diferentes metodologías activas. *Rev. Investig. Educ.* **2015**, *33*, 369. [CrossRef]

24.　Drahomyretska, N.; Matvelenko, I. Civil Responsibility as a Reflection of the Development of Civil Society. Visnyk of NAPA under the President of Ukraine. 2009, Volume 1, pp. 257–268. Available online: https://scholar.google.com/scholar?hl=pl&as_sdt=0%2C5&q=Drahomyretska%2C+N.&btnG=, (accessed on 8 September 2022).

25.　García Cabrera, M.D.M.; González López, I.; Mérida Serrano, R. Validación del cuestionario de evaluación ACOES. Análisis del trabajo cooperativo en educación superior. *Rev. Investig. Educ.* **2011**, *30*, 87–109. [CrossRef]

26.　Jones, A.M. Assessing International Youth Service Programmes in Two Low Income Countries. *Volunt. Action J. Inst. Volunt. Res.* **2005**, *7*, 87–100.

27.　Jakubczak, A.; Gotowska, M.; Hoppe, G. The importance of the Legal Environment in Sustainable Development. Internal Trade, Market—Enterprise—Consumption—Marketing. Trends and Challenges of Sustainable Development in the 21st Century. 2012, Volume 3, pp. 305–312. Available online: http://www.wneiz.pl/katedry/kpsg/publikacje/handel_Szczecin_II_t3.pdf (accessed on 8 September 2022).

28.　Pegalajar Palomino, M.D.C.; Burgos García, A.; Martínez Valdivida, E. Educación para el Desarrollo Sostenible y Responsabilidad Social: Claves en la formación inicial del docente desde una revisión sistemática. *Rev. Investig. Educ.* **2022**, *40*, 421–437. [CrossRef]

29.　Camilleri, M.A. Corporate sustainability and responsibility: Creating value for business, society and the environment. *Asian J. Sustain. Soc. Responsib.* **2017**, *2*, 59–74. [CrossRef]

30.　Dahlin, P.; Ekman, P.; Röndell, J.; Pesämaa, O. Exploring the business logic behind CSR certifications. *J. Bus. Res.* **2020**, *112*, 521–530. [CrossRef]

31.　Jakubczak, A. *The Role of Non-Governmental Organizations in Socially Responsible Business. From Theory to Practice*; Kujawsko-Pomorski Ośrodek Wsparcia Ekonomii Społecznej: Bydgoszcz, Poland, 2017.

32.　Painsky, A.; Rosset, S. Cross-Validated Variable Selection in Tree-Based Methods Improves Predictive Performance. *IEEE Trans. Pattern Anal. Mach. Intell.* **2017**, *39*, 2142–2153. [CrossRef]

33. Breiman, L.L.; Friedman, J.H.; Olshen, R.A.; Stone, C.J. *Classification and Regression Trees*; Chapman and Hall/CRC: Boca Raton, FL, USA, 1984.

34. Luna, J.M.; Gennatas, E.D.; Ungar, L.H.; Eaton, E.; Diffenderfer, E.S.; Jensen, S.T.; Simone, C.B.; Friedman, J.H.; Solberg, T.D.; Valdes, G. Building more accurate decision trees with the additive tree. *Proc. Natl. Acad. Sci. USA* **2019**, *116*, 19887–19893. [CrossRef]

35. Jakubczak, A.; Gotowska, M. Application of the one of data mining methods for analyzing the quality of life. *Stud. Proc. Pol. Assoc. Knowl. Manag.* **2013**, *65*, 4–16.

36. Siegel, R.L.; Miller, K.D.; Jemal, A. Cancer Statistics, 2018. *CA Cancer J. Clin.* **2018**, *68*, 7–30. [CrossRef]

37. Wild, C.P.; Espina, C.; Bauld, L.; Bonanni, B.; Brenner, H.; Brown, K.; Dillner, J.; Forman, D.; Kampman, E.; Nilbert, M.; et al. Cancer Prevention Europe. *Mol. Oncol.* **2019**, *13*, 528–534. [CrossRef]

38. O'Malley, D.M.; Alfano, C.M.; Doose, M.; Kinney, A.Y.; Lee, S.J.C.; Nekhlyudov, L.; Duberstein, P.; Hudson, S.V. Cancer prevention, risk reduction, and control: Opportunities for the next decade of health care delivery research. *Transl. Behav. Med.* **2021**, *11*, 1989–1997. [CrossRef]

39. Toriola, A.T.; Surcel, H.M.; Calypse, A.; Grankvist, K.; Luostarinen, T.; Lukanova, A.; Pukkala, E.; Lehtinen, M. Independent and joint effects of serum 25-hydroxyvitamin D and calcium on ovarian cancer risk: A prospective nested case-control study. *Eur. J. Cancer* **2010**, *46*, 2799–2805. [CrossRef]

40. Walentowicz-Sadlecka, M.; Grabiec, M.; Sadlecki, P.; Gotowska, M.; Walentowicz, P.; Krintus, M.; Mankowska-Cyl, A.; Sypniewska, G. 25(OH)D3 in patients with ovarian cancer and its correlation with survival. *Clin. Biochem.* **2012**, *45*, 1568–1572. [CrossRef]

41. Toriola, A.T.; Surcel, H.M.; Agborsangaya, C.; Grankvist, K.; Tuohimaa, P.; Toniolo, P.; Lukanova, A.; Pukkala, E.; Lehtinen, M. Serum 25-hydroxyvitamin D and the risk of ovarian cancer. *Eur. J. Cancer* **2010**, *46*, 364–369. [CrossRef]

42. Gładczuk, J.; Maksimowicz, K.; Kleszczewska, E. Selected aspects of cancer prevention in Poland. Part I. Factors determining preventive behavior. *Hyg. Public Health* **2015**, *50*, 266–267.

43. Emmons, K.M.; Colditz, G.A. Realizing the Potential of Cancer Prevention—The Role of Implementation Science. *N. Engl. J. Med.* **2017**, *376*, 986–990. [CrossRef]

44. Hoffman, B.; Koper, K. *Prevention of Neoplastic Diseases*; PZWL Wydawnictwo Lekarskie: Warsaw, Poland, 2020.

45. Dyzman-Sroka, A.; Jędrzejczak, A.A.K.; Trojanowski, M. *Primary Prevention through a Healthy Diet*; Wielkopolskie Centrum Onkologii: Poznań, Poland, 2008.

46. Adamowicz, K.; Zaucha, J.; Majkowicz, M. Assessment of patients of the Breast Disease Prevention Clinic in the field of cancer prevention. *Tumors J. Oncol.* **2011**, *61*, 449–450.

47. Fleary, S.A.; Paasche-Orlow, M.K.; Joseph, P.; Freund, K.M. The Relationship Between Health Literacy, Cancer Prevention Beliefs, and Cancer Prevention Behaviors. *J. Cancer Educ.* **2019**, *34*, 958–965. [CrossRef]

48. Spring, B.; King, A.C.; Pagoto, S.L.; Van Horn, L.; Fisher, J.D. Fostering Multiple Healthy Lifestyle Behaviors for Primary Prevention of Cancer. *Am. Psychol.* **2015**, *70*, 75–90. [CrossRef]

49. Serrano, D.; Bonanni, B.; Brown, K. Therapeutic cancer prevention: Achievements and ongoing challenges—A focus on breast and colorectal cancer. *Mol. Oncol.* **2019**, *13*, 579–590. [CrossRef]

50. Islami, F.; Goding Sauer, A.; Miller, K.D.; Siegel, R.L.; Fedewa, S.A.; Jacobs, E.J.; McCullough, M.L.; Patel, A.V.; Ma, J.; Soerjomataram, I.; et al. Proportion and Number of Cancer Cases and Deaths Attributable to Potentially Modifiable Risk Factors in the United States. *CA Cancer J. Clin.* **2018**, *68*, 31–54. [CrossRef]

51. Weitzer, J.; Castaño-Vinyals, G.; Aragonés, N.; Gómez-Acebo, I.; Guevara, M.; Amiano, P.; Martín, V.; Molina-Barceló, A.; Alguacil, J.; Moreno, V.; et al. Effect of time of day of recreational and household physical activity on prostate and breast cancer risk (MCC-Spainstudy). *Int. J. Cancer* **2021**, *148*, 1360–1371. [CrossRef]

52. Moore, S.C.; Lee, I.M.; Weiderpass, E.; Campbell, P.T.; Sampson, J.N.; Kitahara, C.M.; Keadle, S.K.; Arem, H.; De Gonzalez, A.B.; Hartge, P.; et al. Association of Leisure-Time Physical Activity With Risk of 26 Types of Cancer in 1.44 Million Adults. *JAMA Intern. Med.* **2016**, *176*, 816–825. [CrossRef]

53. Khan, S.; Chambers, D.; Neta, G. Revisiting time to translation: Implementation of evidence-based practices (EBPs) in cancer control. *Cancer Causes Control* **2021**, *32*, 221–230. [CrossRef]

54. Fulawka, S.; Berry, T. The role of student-run organizations within global health promotion initiatives: Commentary and call for research. *Glob. Health Promot.* **2010**, *17*, 54–57. [CrossRef]

55. Astin, A.W.; Sax, L.J.; Avalos, J. Long-term effects of volunteerism during the undergraduate years. *Rev. High. Educ.* **1999**, *22*, 187.

56. Jakubczak, A.; Niedbalska, E. *Determinants of the Development of Civil Society in Rural Areas*, Brodziński, Z., Ed.; KSOW, FAPA: Olsztyn, Poland, 2013.

57. Hudson, T.D.; Brandenberger, J. College Students' Moral and Prosocial Responsibility: Associations with Community Engagement Experiences. *J. Exp. Educ.* **2022**, *1*, 10538259221090599. [CrossRef]

58. Capella-Peris, C.; Cosgrove, M.M.; Pallarès Piquer, M.; Santágueda-Villanueva, M. *Aprendizaje Servicio en la Formación Inicial Docente de Educación Física: Análisis de Una Propuesta en el Contexto Norteamericano*; Publicaciones de la Facultad de Educacion y Humanidades del Campus de Melilla: Melilla, Spain, 2019; Volume 49, pp. 49–67. [CrossRef]

59. Bowman, N.; Branderberger, J.; Lapsley, D.; Hill, P.; Quaranto, J. Serving in College, Flourishing in Adulthood: Does Community Engagement During the College Years Predict Adult Well-Being? *Appl. Psychol. Health Well-Being* **2010**, *2*, 14–34. [CrossRef]

60. Astin, A.W.; Vogelgesang, L.J.; Ikeda, E.K.; Yee, J.A. *How Service Learning Affects Students*; Higher Education Research Institute University of California: Los Angeles, CA, USA, 2000.