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Expanding Access to Sexual and Reproductive Health Services Through Nursing Education

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ABSTRACT

Thoughtful, unbiased, evidence-based content in nursing education is crucial for the development of confident and competent nurses who provide care in every setting. The purpose of this article is twofold: to provide evidence to show that comprehensive sexual and reproductive health care by nurses is informed by educational exposure to content and to provide recommendations for change at the individual, institutional, and structural levels to improve and expand sexual and reproductive health services.

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Thoughtful, unbiased, evidence-based content in nursing education is a crucial component for the development of confident and competent nurses who are equipped to provide evidence-based care, and they are more likely to provide sexual and reproductive health (SRH) care if they have been exposed to relevant content (Auerbach et al., 2012). Health service provision is directly affected by nurses' educational exposure, and a review of historical and current data shows that patients' access to SRH care can be improved with the inclusion of SRH content during nursing education. The purpose of this article is to provide evidence to show that the provision of comprehensive sexual and reproductive health care by nurses is informed by educational exposure to content and to provide recommendations for change at the individual, institutional, and structural levels.

Defining Sexual and Reproductive Health

Nurse educators have been tasked to provide the theoretical and clinical foundations for practice that are crucial for the development of novices to expert nurses (Benner, 1989). However, it is difficult to assess whether busy nurse educators are providing components of SRH content.

Throughout this article, we use the following working definition of SRH:

Sexual and reproductive health (SRH) care is sometimes thought of narrowly as maternal and child health care. However, to produce optimal health outcomes, many experts believe SRH care should include the reproductive health of men and women throughout their lifespan and adolescents of both sexes. Under this definition, a minimum package of SRH care accessible to all would include preconception care, contraception, pregnancy and unplanned pregnancy care, women's health/common gynecology care, genitourinary conditions of men, assessment of specialty gynecology problems including infertility, sexual health promotion, and coordination with public health and primary care services (Auerbach et al., 2012, p. 84).

Using this definition, we hope to provide suggestions and opportunities to embed SRH content into extant curricula.

Levels of Nursing Education

Nurses have long recognized and acknowledged the need for a well-educated workforce, and

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The provision of sexual and reproductive health care requires a solid educational foundation, and nurse educators are well positioned to provide this content.

many scholars, authors, and educators have shown the link between education, expert clinician status, and patient outcomes (Aiken, 2014; Benner, 1989; D’Antonio, 2004; Flood, 2013; Goldmark, 1923; Kutney-Lee, Sloane, & Aiken, 2013; Scheckel, 2009; University of Pennsylvania School of Nursing, n.d.). Taken together, the multiple pathways, degrees, and designations that are part of the evolution of nursing education in the United States provide a complicated view of exactly what content is fully integrated into nursing curricula (see Table 1). The movement that started with diploma nurses who were trained in an apprenticeship model and progressed to associate’s degree nurses and to bachelor’s prepared nurses has been well documented by several nurse historians (Flood, 2013; Scheckel, 2009; University of Pennsylvania School of Nursing, n.d.). The goal of pre-licensure nursing education is to provide students with a broad and thorough knowledge and skills base to practice as safe and competent generalist nurses (Benner, Leonard, Day, & Sutphen, 2009).

Four types of nurses fall into this category: licensed practical or vocational nurses (LPN/LVN), diploma nurses, associate’s degree nurses, and bachelor’s prepared nurses (see Table 1). The education preparation for an LPN/LVN is approximately 1 year, and each state determines scope of practice, which varies widely. Most LPN/LVNs must be supervised directly by a registered nurse (RN; D’Antonio, 2004; Scheckel, 2009). Students enrolled in LPN/LVN education receive

training in components of SRH, such as maternal and neonatal nursing; psychiatric and mental health; medication administration; and legal, ethical, cultural, and ethnic aspects of nursing. However, it is unclear how much of this content is provided in the classroom versus as on-the-job training. Nurses with LPN/LVN preparation have not historically been documented as a large component of the SRH workforce, although in the future, their full integration into clinical training programs should be encouraged.

Diploma nursing was historically described as hospital nursing because it was based on an apprenticeship model in which students lived and worked within the hospitals in which they were trained (D’Antonio, 1999; Scheckel, 2009). Associate’s degree nursing (ADN) programs were developed in 1949 as a response to the nursing shortage exacerbated by World War II (Scheckel, 2009). The development of expert RNs was not the original goal for these programs, although students could learn enough skills to provide safe nursing care (Montag & Gotkin, 1959). Currently in the United States, ADN programs educate half of the nurses in the country (Benner et al., 2009; Scheckel, 2009). Upon completion of the ADN program, nurses are eligible to take the National Council Licensure Examination.

Skills obtained by RNs enrolled in hospital-based diploma and ADN programs are usually institutionally specific, which has direct implications on whether SRH content is integrated into the curriculum. Currently, one in six hospital beds in the United States is owned by a religiously affiliated institution (Freedman & Stulberg, 2016), which often limits the provision of SRH services. Students who have clinical practicums at

Table 1: The Historical Evolution of Nursing Education Programs

Early 1900s	1920s–1930s	1940s–1950s	1960s–Present
Practical nursing	Practical nursing	Practical nursing	Practical nursing
Nightingale schools	Diploma schools	Diploma schools	Diploma schools
Diploma schools	BSN	BSN ADN	BSN ADN
Postgraduate education	Postgraduate education EdD for nurses	Master’s degree Doctorates for nurses	Master’s degree and CNL PhD, DNSc, ND, DNP

Note. ADN = Associate Degree in Nursing; BSN = Bachelor of Science in Nursing; CNL = clinical nurse leader; DNP = Doctor of Nursing Practice; DNSc = Doctor of Nursing Science; EdD = Doctor of Education; ND = Doctor of Nursing; PhD = Doctor of Philosophy. Adapted from “Nursing Education: Past, Present, Future,” by M. Scheckel, in *Issues and Trends in Nursing: Essential Knowledge for Today and Tomorrow*, edited by G. Roux and J. A. Halstead, 2009. Used with permission from Jones & Bartlett.

organizations that do not provide full scope SRH services will not be exposed to related content. Education in SRH at the ADN level is generally embedded in courses related to maternal-child health or childbearing families. However, 23 of the 50 states do not have core curricula for nursing education at the ADN level (National Council of State Boards of Nursing, 2010). Of the 14 states that do have core curricula, it is difficult to determine the quality of the SRH content.

Pre-licensure preparation of nurses at the bachelor's level has been rigorously studied and is associated with better patient outcomes (Aiken et al., 2003; Kutney-Lee et al., 2013) and the development of expert nurses (Benner, 1989; Benner et al., 2009). Bachelor's prepared nurses are also essential for health care organizations to receive Magnet status (American Nurses Credentialing Center, 2016). Regardless of basic educational preparation (diploma, ADN, or Bachelor of Science in Nursing degree), any nurse who wants to practice in the United States must pass the National Council Licensure Examination. Inconsistency in preparation for the same measurable outcome, that is, successful completion of the National Council Licensure Examination, is a barrier to ensuring a coherent approach to the provision of holistic nursing care (National Council of State Boards of Nursing, 2016). Obviously, because the lengths of nursing programs vary from 2 to 4 years, the amount and type of didactic and clinical content offered also varies. In 2013, the U.S. Department of Health and Human Services presented a

summary of the recent literature on women's health curricula across health professions, identified key strategies for interprofessional collaboration in women's health curricula, and suggested a plan to share findings and create greater awareness of women's health education needs.

Less variety exists in the pathways to complete Master of Science in Nursing and Doctor of Nursing Practice programs; however, some options include accelerated programs, traditional master's programs, and post-master's certification programs in specialty areas (LeFlore & Thomas, 2016). The advanced clinical education offered by Master of Science in Nursing and Doctor of Nursing Practice programs coexists with the distinctly different, research-focused education provided in Doctor of Philosophy in Nursing programs. Advanced nursing education has a long history of specialization, and advanced practice nurses (APNs) may be clinical nurse specialists, nurse practitioners (NPs), and/or certified nurse-midwives (see Table 2). APNs may specialize in clinical areas such as acute care, pediatrics, gerontology, oncology, or women's health to provide primary and specialty care to specific populations. Unlike pre-licensure educational goals, the purpose of advanced clinical nursing education is the development of a cadre of nurses with deep knowledge of specific conditions that affect specific populations (Institute of Medicine, 2010). All the advanced practice programs have associated certification examinations that must be successfully completed before state licensure.

Table 2: Comparison of Nurse Roles

Characteristics of Nursing	Registered Nurse	Advanced Practice Registered Nurse/Nurse Practitioner/Certified Nurse-Midwife
Minimum education	Diploma program or associate's degree	Master's degree
Prescriptive authority	No	Yes
Certification/registration	National certifying body	Multiple national certification boards Registration/certification by state
Typical duties	Patient monitoring Recording and maintaining patient records Ordering and interpreting diagnostic tests Administering medications Overview of other health care staff Patient/family education Clinic management	History and physical examinations Assessment, management, and treating within specialty Prescribing and monitoring medications Ordering, interpreting, and acting on laboratory test results Health promotion and disease prevention Clinic management

Educational exposure to SRH content is vastly different between pre-licensure education and advanced education in nursing. Because advanced education in nursing is mostly tied to specialization, competency development, and the requirements of professional organizations, SRH content is emphasized to a much greater degree than in pre-licensure nursing programs.

In 2015, essential educational competencies were developed for nurses at all levels related to the prevention of unintended pregnancy (Hewitt & Cappiello, 2015). More recently, SRH competencies were developed for use across all of the health professions (Cappiello, Levi, & Nothnagle, 2016), which provides an opportunity for greater inclusion of SRH content in competency-based nursing education. Despite these advances in nursing education, much of the core SRH content remains optional for pre-licensure students and is found primarily in courses centered in maternity nursing or nursing for childbearing families (McLemore, Levi, & James, 2015).

Most faculty members have levels of clinical expertise in SRH that range from novice to expert, and without adequate faculty to develop an SRH knowledge base, it will be difficult to ensure that students at any level will be exposed to SRH content. Without this exposure, students will have less understanding of the importance of SRH nursing care and may be less likely to participate in the provision of SRH services. Additionally, nurse-scientists should be encouraged to study SRH and to develop educational strategies that are most effective to provide SRH content. Research has been conducted on women's health and the transition to menopause (Berg, Shaver, Olshansky, Woods, & Taylor, 2013), urinary incontinence (Jones, Huang, Subak, Brown, & Lee, 2016), and other areas related to childbirth and pregnancy. However, implementation science approaches are warranted to determine the most effective ways to integrate SRH into primary care and how best to develop an adequate supply of well-trained clinicians and researchers.

Educational Exposure and the Provision of SRH Services

Sexual and reproductive health is an essential part of individual and community health and well-being (Faculty of Sexual & Reproductive Healthcare, 2008; United Nations, 1995). However, in the United States, patient-centered,

evidence-based SRH care has not been as adequately addressed as other essential services (Taylor, Levi, & Simmonds, 2010). The national health goals to reduce unintended pregnancies and sexually transmitted infections identified in Healthy People 2010 and Healthy People 2020 have not been met and have been adjusted because they have persisted without change during the last several decades (Taylor et al., 2010).

The lack of attention to SRH in the provision of primary care contributes to fragmented services and overall negligence of an essential aspect of health and well-being (Moos et al., 2008). Experts across professions have called for coordinated efforts to improve health service delivery in population-based and primary care systems, emphasizing preventive care and strengthening the interprofessional primary care clinician workforce (O'Neil & Pew Health Professions Commission, 1998). Many opportunities exist for nurses to provide SRH care, but without adequate educational exposure, they need to develop skills and expertise in the clinical setting. Students who receive this content in pre-licensure training may be more resilient and open to including SRH in current and future clinical practice.

Three studies on pre-licensure exposure to SRH concepts were published in the last decade specifically related to communication education (Grant & Jenkins, 2014), response to grief (Knight, Dailey, & Currie, 2015), and emotional competence (Waite & McKinney, 2016) for pre-licensure students. Each group of authors used SRH content as exemplars, simulation topics, and context to develop these competencies in nursing practice. These authors highlighted the need for dedicated space for nursing students to develop soft skills, such as emotional self-awareness, emotional self-control, and inspirational leadership (Waite & McKinney, 2016). However, they did not specifically address the competencies necessary for the provision of patient-centered SRH care, such as professional ethics, reproductive justice, intimate partner violence, or behavioral health skills (Cappiello et al., 2016).

Educational exposure to evidence-based SRH and abortion care is more comprehensive for APNs, particularly those in clinical subspecialties such as nurse-midwifery, family practice, pediatrics, and women's health (U.S. Department of Health and Human Services, 2002). Additionally,

professional organizations for practitioners in these subspecialties have developed educational and clinical competencies necessary for certification. Because of their clinical roles, clinical experiences related to family planning, contraception, and other services are fully integrated into training for APNs. However, access to content and training related to abortion are still not available nationwide because some state laws prohibit APNs from performing this procedure.

In a recent report from the Rand Corporation, [Auerbach et al. \(2012\)](#) showed that the need for comprehensive SRH services was projected to be greater than the current and pipeline supplies of NPs prepared to provide these services. The authors also described several barriers to increasing the number of NPs in SRH: limited exposure to SRH topics offered in pre-licensure RN programs, the shift of focus in nursing programs toward generalist education and training, a decline in the number of women's health NP programs, lack of standards for SRH core competencies and curricula, limited opportunities for clinical training in SRH, and the fragmented nature of SRH care delivery and its isolation from primary care.

Currently Available SRH Educational Resources for Nurses

Three entities have attempted to address the provision of SRH content in pre-licensure programs: [Provide \(2016\)](#), [Nursing Students for Sexual & Reproductive Health \(2016\)](#), and [Innovating Education in Reproductive Health \(2015\)](#). These entities have developed curricula to build capacity for referring people for SRH services, managing miscarriage, enhancing professionalism in SRH care, and clarifying values.

Provide

Provide (formerly the Abortion Access Project) is committed to partner with health and social service providers and agencies to better respond to women who experience unintended pregnancy. The Reproductive Options in Education program was started at Provide in 2006 specifically to build capacity within nursing by providing curricula (e.g., educational modules and competencies) in SRH and abortion care. These modules are available on the Reproductive Health in Nursing (RⁿN) Web site (RⁿN, 2017).

The six Reproductive Options in Education modules cover broad topics that span the subject

Barriers to the provision of sexual/reproductive health content include inadequate course time, lack of faculty preparation, and limited clinical practicums to complement didactic content.

areas necessary for competence in the provision of SRH care and abortion care: professional ethics, postpartum contraception, public health, options counseling, quality and safety, and global health. Nursing faculty members are encouraged to use these modules in existing courses, and evaluation tools have been added to ensure ease of integration into extant coursework and curricula. Each module ranges from 20 to 30 minutes and includes learning objectives and pre- and posttests.

Nursing Students for Sexual & Reproductive Health

Nursing Students for Sexual & Reproductive Health, formerly Nursing Students for Choice, is a nonprofit organization that was started by nursing students to provide connections and opportunities for those who work for abortion rights. The organization has sponsored an annual activist summit; online webinars; and SRH content to support students, alumni, and practicing nurses. The Abortion Care Education project, developed in 2014, provides students with skills in three key areas: information on how to change nursing curricula; activism, advocacy and networking; and hands-on education and training tools. The Abortion Care Education project has been implemented at seven campuses of the 24 Nursing Students for Sexual & Reproductive Health chapters in 18 states, and technical assistance, educational materials, supplies, and financial support are available to students who seek to implement the Abortion Care Education project on their campuses.

Innovating Education in Reproductive Health

Innovating Education in Reproductive Health is a digital hub for educational resources that is housed at the University of California, San Francisco. This interprofessional and multidisciplinary platform serves as a resource for reproductive educators across the world. This free, online repository includes video lectures, PowerPoint slides, teaching resources, and other materials for educators to provide SRH and abortion content. Much of the available material, including values clarification, professionalism in nursing,

New educational and curricular tools are available to support nurse educators to provide sexual and reproductive health content at all levels of nursing education.

and content to increase understanding of issues related to SRH care in the United States and globally, is relevant to pre-licensure nursing audiences.

Additional Resources

Several resources exist to expose students and clinicians to SRH content. The *Early Abortion Training Workbook (Training in Early Abortion for Comprehensive Healthcare, 2016)* is an all-inclusive interactive curriculum with tools to train new reproductive health providers. This resource is focused on several aspects of care, including navigation of the legal and regulatory environments and scope of practice issues associated with provision of evidence-based SRH and abortion care.

Contraceptive Technology (2017), now in its 20th edition, was among the first U.S. texts to provide comprehensive information on contraceptive and family planning. A related continuing education program for clinicians is offered several times each year. The evidence-based book and annual conference are sources of up-to-date information for all clinicians who provide SRH and abortion care. *Contraceptive Technology* is disseminated globally through the online platform Coursera (Makonnen, 2012).

Clinicians for Choice is a membership program of the National Abortion Federation that functions as a specific forum for RNs, APNs, and physician assistants who work in SRH and abortion care (National Abortion Federation, 2017). This professional organization provides continuing education, educational sessions, workshops in clinical skill and competence development, and opportunities for career development and networking. In 2016, the R^hN program was launched at the Clinicians for Choice meeting. The mission of R^hN is to champion and build the capacity of nurses to provide patient-centered SRH and abortion care. The organization will provide a digital hub and online home to all RNs who provide SRH and abortion care and will support and partner with other organizations that support these RNs. The formal launch of the R^hN Web site occurred in spring 2017, and members of the

leadership team are to provide a 3-hour session at the 2017 convention of the Association of Women's Health, Obstetric and Neonatal Nurses.

Discussion and Recommendations for Change

Educational exposure to SRH content is needed for nurses to understand the evidence regarding the range of SRH services for all individuals across the lifespan and to ensure appropriate access to these services in all patient settings. On an institutional level, this requires recognition that educational exposure and clinical opportunities in SRH and abortion care are important to nursing practice but are not readily available in all settings at this time (Cappiello et al., 2016; Lupi & Steinauer, 2015; McLemore, Kools, & Levi, 2015; McLemore, Levi, & James, 2015; Steinauer et al., 2013). Opportunities for clinical rotations in family planning clinics, early pregnancy management centers, and specialty practices that include sexual counseling and care need to be developed to increase student exposure in these areas. Access to essential skills in nursing such as history taking, active listening, and referral can be developed for students during these rotations to maximize the value of the clinical experience.

On a structural level, patient-centered care is improved by the inclusion of SRH competencies in nursing, and students are provided with the opportunity to develop professionalism across a variety of areas: communication, ethics, patient counseling and education, and continuity of care. This content may already be included in maternity or childbearing family clinical assignments; current content in these courses can also be more inclusive of broader SRH concerns, such as postpartum sexuality, contraception, and breastfeeding. Human sexuality transcends the childbearing cycle, and there are many opportunities to introduce SRH in oncology, adolescent medicine, and pharmacologic management.

APNs who provide a broad range of care to adolescents and adults, particularly women of childbearing age, should have access to the training required to provide contraception, aspiration abortion, medical abortion, and miscarriage management, inclusive of forensic/sexual assault nurse examiner training. The inclusion of SRH care in comprehensive primary care is necessary to ensure that all of a person's needs are being met.

Conclusion

Historically, SRH care has not been uniformly included in all areas of nursing education. At all educational levels, the inclusion of SRH care in the nursing curriculum requires a better understanding of core competencies, including those for unintended pregnancy care and management. Clinical opportunities for students exist in all areas of nursing practice but can be extended further with the use of clinical practicums in family planning clinics, early pregnancy management centers, and abortion care facilities. Many new curricular tools and educational materials for SRH are available to nurses through professional organizations, Web sites, and textbooks. To ensure that nurses are well equipped to meet all the needs of their patients in primary and acute care situations, exposure to SRH content during their educations is ideal; however, an abundance of SRH information is available through continuing education and other opportunities for professional development. All people should have their SRH needs met as part of holistic and comprehensive nursing care.



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