

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). 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 many scholars, authors, and educators have

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

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).

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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 2). 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 organizations that do not provide full scope SRH

Table 1: The Historical Evolution of Nursing Education Programs

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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	BSN
		ADN	ADN
Postgraduate education	Postgraduate education	Master's degree	Master's degree and CNL
	EdD for nurses	Doctorates for nurses	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.

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