

# A Systematic Review of Sexual and Reproductive Health Care Content in Nursing Curricula

Joyce Cappiello, Leah Coplon, and Holly Carpenter

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## Correspondence

Joyce Cappiello, PhD, FNP, FAANP, 4 Library Way, University of New Hampshire, Durham, NH 03824.  
[joyce.cappiello@unh.edu](mailto:joyce.cappiello@unh.edu)

## Keywords

nursing curriculum  
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## ABSTRACT

**Objective:** To examine whether and to what extent pre-licensure nursing programs include sexual and reproductive health (SRH) content in their curricula.

**Data Sources:** Electronic databases, including CINAHL, MEDLINE, PubMed, Web of Science, Science Direct, Google Scholar, ProQuest, and CAB Direct were searched for relevant literature. We also reviewed the reference lists of all studies, nursing organization Web sites, and the personal files of the authors.

**Study Selection:** Inclusion criteria were studies focused on SRH content in pre-licensure nursing education, written in English, and published between January 1990 and November 2016. We identified 632 articles, and of these, 22 met the inclusion criteria. Duplicates were discarded, and 13 articles were reviewed (9 quantitative descriptive, 2 modified Delphi, 2 mixed methods).

**Data Extraction:** Data extraction and subsequent analysis were guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Data were extracted and organized under the following headings: author and year to establish a historical timeline, study purpose and design, sample size, data collection methods, main study findings, and limitations.

**Data Synthesis:** We found the following: (a) most studies focused on baccalaureate education; if associated degree programs were reviewed, findings were not reported separately; (b) definitions were not consistent, which affected the scope of study results; (c) the SRH topics taught were similar; (d) there is a recent interest in sexual orientation and gender identity curriculum; (e) barriers to including content were time constraints, competing demands with other curriculum priorities, and a need for creative curriculum tools.

**Conclusion:** Documentation of SRH content in pre-licensure nursing education is limited. Faculty should conduct ongoing evaluation of their curricular strategies and clinical experiences and publish results in the literature.

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Joyce Cappiello, PhD, FNP, FAANP, is an assistant professor in the Department of Nursing, University of New Hampshire, Durham, NH.

Leah Coplon, MPH, MS, CNM, is the Director of Abortion Services, Maine Family Planning, Augusta, ME.

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Nurses in the United States are on the front lines of delivering health care that includes sexual and reproductive health (SRH) care and services. Sexual and reproductive health issues are present in many health care settings, and for almost all people, SRH is a concern at some point in their lifetimes. For instance, 99% of women in the United States have used a contraceptive method at some point in their lives and overall may spend 30 years using contraception (Guttmacher, 2016b). Unintended pregnancies represent 45% of total pregnancies (Guttmacher, 2016b), and close to half of all teenagers are sexually active (Guttmacher, 2016a). In 2016, the Centers for Disease Control and Prevention reported the greatest number of sexually

transmitted infections, including chlamydia, gonorrhea, and syphilis, ever recorded. Abortion rates remain close to 1 million per year (Guttmacher, 2017). Demand for sexual and reproductive health care services in the United States is expected to grow between 10% and 20% by 2020 (Auerbach et al., 2016).

Among hospitals, outpatient clinics, school-based health centers, in-home care, rehabilitation facilities, and other health care settings, almost all nurses will interface with individuals who have SRH concerns. Whether they are labor and birth nurses who counsel women on family planning options or school-based health center nurses who help teens access sexually

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transmitted infection screenings, nurses frequently deal with concerns related to SRH. Although ideally positioned to interact with women regarding sensitive health matters, nurses may not be well prepared to discuss sexual and reproductive health.

In this review, we examine the current state of SRH content in nursing education and current ways that pre-licensure nurses can gain experience in SRH care in clinical settings. We explore the National Council Licensure Examination (NCLEX) as a barometer for the content areas deemed important for entry-level nurses and recommendations to improve SRH content in pre-licensure nursing programs.

**Methods**

We reviewed the literature about whether and to what extent pre-licensure nursing programs in the United States include SRH content. Initially we reviewed accreditation standards that focused on broad concepts of education for clinical examples. The [National League for Nursing \(2010\)](#) publishes an educational competency model for all levels of nursing, including pre-licensure. Four competencies form the basis of all levels of nursing education, and these are addressed in greater depth for licensed practice nursing, pre-licensure nursing, graduate, and doctoral nursing education. We found that specific clinical topics are not addressed in the National League for Nursing competencies. In the *Essentials of Baccalaureate Education* ([American Association of Colleges of Nursing, 2008](#)), nine essentials of education are articulated in broad terms. However, specific clinical care issues are often given as examples of broad concepts. We found one reference to an SRH topic in the *Essentials of Baccalaureate Education* that illustrated a social justice issue. Sexual orientation is referenced as an example of fair treatment of patients. The review of accreditation standards did not yield significant data to inform our research question.

Q1

Holly Carpenter, MSN, CNM, is a clinician for Planned Parenthood of the Greater Northwest and the Hawaiian Islands and a member of the Board of Directors for Nursing Students for Sexual and Reproductive Health, Anchorage, AK.

**Design**

For this systematic review, we used the [World Health Organization \(2011\)](#) definition of SRH for women and men across the life span with an emphasis on wellness, not merely the absence of

disease. The review was based on guidelines articulated by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; [Moher et al., 2009](#)). We reviewed descriptive research, government reports, and conference proceedings to clearly understand the research question.

Our inclusion criteria were original research published in English in the United States from 1990 through 2016 that showed the historical evolution of the inclusion of SRH content in nursing curricula. We excluded studies that focused on continuing education or advanced practice nursing education. Electronic searches were conducted using Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, PubMed, Web of Science, ScienceDirect, Google Scholar, ProQuest, and CAB Direct for grey literature. We manually reviewed the reference lists of retrieved articles, personal files of the authors, and nursing education Web sites. We searched Google using the keywords and the term *government* and found a pertinent government document. Keywords included the following: *sexual health, reproductive health, nursing education, nursing curriculum, pre-licensure nursing education, and sexuality* plus MeSH terms of *sexual health, reproductive health, education nursing, and education nursing baccalaureate*. We used the term *United States* to help filter appropriate articles, but this term was not useful in other databases (see [Figure 1](#)). The literature includes many articles regarding clinical SRH topics, policies, and mandates, for example, Reproductive Life Planning ([Centers for Disease Control and Prevention, 2006](#)), preconception wellness ([Frayne et al., 2016](#)), and the five Ps for taking a sexual history ([Centers for Disease Control and Prevention, 2015](#)). In other articles, researchers focused on the need for practicing nurses to be skilled to address sexuality with specific populations, such as individuals with cancer. We excluded these articles and those in which the authors described specific strategies to incorporate SRH content into nursing education if the intervention was not evaluated. We identified 632 articles, and of these, 22 met the inclusion criteria. Duplicates were discarded, and 13 articles were reviewed.

**Results**

Thirteen studies met the inclusion criteria (see [Supplemental Table S1](#)), including nine quantitative descriptive, two mixed-methods, and

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