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## Course on Gender and Women's Health for Nurse Practitioner Students



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### A B S T R A C T

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A women's health nurse practitioner (WHNP) provides comprehensive care to women from menarche through senescence. Nurse practitioner curriculum prepares competent WHNPs by integrating both practice and clinical knowledge in the context of women's values. We developed a course that focused directly on how the social, cultural, and political context of women's lives, both past and present, has influenced women's health to provide students the opportunity to fully immerse into these issues. This article reports on the development of and student responses to a course focusing on gender and women's health issues as part of the curriculum for a WHNP program.

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### Introduction

A women's health nurse practitioner (WHNP) provides comprehensive primary care to women from menarche through senescence as well as reproductive health care for men. WHNPs focus on health promotion, conditions unique to women, common nongynecological problems with woman-specific presentations, reproductive care, and normal and high-risk prenatal and postpartum care, all within the context of women's sociocultural lives.<sup>1,2</sup> The curriculum for nurse practitioner (NP) students prepares WHNPs by integrating both practice and clinical knowledge with women's cultural, spiritual, values, and beliefs for their own health care.<sup>1</sup> According to the National Association of Nurse Practitioners in Women's Health, WHNP students must be able to consider "the interrelationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and sociopolitical power" to become advocates for the health of women.<sup>2</sup> This article reports on the development of and student responses to a course focusing on gender and women's health issues as part of the curriculum for a WHNP program.

### Background

Our curriculum provides content related to clinical diagnosis and management of women-specific health concerns based on sex assigned at birth; however, to provide WHNP students with an opportunity for a fully immersive experience of socially constructed gender roles that specifically addresses the National Organization of Nurse Practitioner Faculties (NONPF) competencies,<sup>1</sup> we developed a course that focuses directly on how the social, cultural, and political context of women's lives, both past and

present, has influenced their health. We chose the following major women's health topics in alignment with NONPF competencies<sup>1</sup>: (a) reproduction and contraception, (b) pregnancy and childbirth, (c) breast disease, (d) menopause, (e) chronic diseases, and (f) violence against women. We analyzed past and present social, political, and cultural influences, as well as the impact of gender norms, values, and inequalities as barriers to women's well-being. Our overarching goal was for students to identify opportunities for improving women's health (Table 1). The inclusion of context and relevance for women's health issues is logical and beneficial for faculty who teach future APRN providers who will care for women (and their families).

During the development of our WHNP curriculum, we referenced NONPF and Advanced Practice Registered Nurse (APRN) Core Competencies to ensure inclusion of the unique population focus on women's- and gender-related health.<sup>1</sup> Both the NP core competencies document and the population-focused NP competencies document were foundational, and the NPWH Guidelines for Practice and Education<sup>2</sup> further added to the curriculum structure.

The population focus of NP competencies includes foundational components of competencies related to independent practice inquiry as well as ethics and policy. The focus on women and the gender-related population is translated into curriculum by (a) addressing age-appropriate care for women across the lifespan, (b) recognizing unique needs of marginalized women, (c) including victims of violence and transgendered female clients, and (d) managing disease symptoms unique to women. Adding contextual relevance and cultural awareness to curriculum is important for the development of strong NPs who provide woman-centered health care.<sup>1-3</sup>

We modeled the course on the consciousness-raising strategy used by women activists engaged in the Women's Health

**Table 1**  
Gender and Women's Health Course Description and Objectives Alignment With National Organization of Nurse Practitioner Faculties Competencies<sup>1</sup>

Course Description	NONPF Competencies
This course will examine the contemporary issues of women's health care in United States in the context of societal, political, and cultural influences. It will explore the role of gender norms, values, and inequalities in health care as a barrier to well-being.	
<b>Course Objectives</b> 1. Demonstrate an understanding of the societal, political, and cultural impact on the care of women in the United States 2. Examine the role of gender on various aspects of health promotion and disease 3. Analyze a woman-centered approach to health care as a means for empowerment and justice.	1. Demonstrates knowledge of legal/ethical issues and regulatory agencies relevant to gender specific issues. 2. Approaches gender-specific developmental events, such as menarche, pregnancy, menopause and senescence, as normative transitions not disease states. 3. Recognizes unique health care needs of marginalized women. 4. Supports a woman's right to make her own decisions regarding her health and reproductive choices within the context of her belief system.

Movement (WHM) during the 1960s and 1970s.<sup>4</sup> Through grassroots efforts, these women shared experiences of childbirth, reproductive care, sexual harassment, and health care. Advocates increased women's consciousness of their reproductive rights and encouraged them to better know their bodies to assume greater control over their reproductive health.<sup>5</sup> The WHM challenged (a) the predominantly male practice of medicine, which stipulated men as authorities on disease and health; (b) the practice of medical care by male physicians, which was felt to be "condescending, paternalistic, judgmental, and non-informative;"<sup>6</sup> and (c) the necessity of medical interventions in female physiological processes, which were thought to be more harmful rather than beneficial. The medicalization of childbirth, menstruation, and menopause treated these normal life events as conditions requiring medical interventions.<sup>7-9</sup> Through women's collective sharing of their health experiences, the personal became political.<sup>10</sup> The WHM made women's health a social concern and supported a woman's right to make informed decisions regarding her health.<sup>4,9</sup>

### Course Design

Consciousness-raising as a pedagogical approach encourages students to reflect on social structures to reveal oppressive conditions.<sup>10</sup> In his influential work, *Pedagogy of the Oppressed*, Paulo Freire<sup>11</sup> wrote that through knowledge of structural oppression and dialogue with peers, students empower their voices and become agents of social change. We incorporated the history of women's health care in the United States from the 19th to the 21st century, as well as current events, into the content of the course as a method of sharing women's stories and experiences. Students engaged in peer dialogue through forum discussions to share personal experiences and reflections on the content. This praxis approach to nursing education, consisting of reflection, dialogue, and engagement, is designed to raise consciousness and to inform students' future nursing practice.<sup>12,13</sup>

The course is 2 credits delivered twice per year online as a graduate nursing course. It is required for WHNP students but was open to all undergraduate and graduate students at the university. The 6 modules address (1) the women's health agenda, (2) the medicalization of women's health, (3) reproductive health and issues of justice, (4) the politics of abortion, (5) violence against women, and (6) diseases beyond reproductive health (Table 2). Each module includes content from sources such as historical documents, video interviews, and current popular media. Learning activities include written responses to the readings and related content. Online asynchronous forum discussions encourage students to discuss their opinions and contribute additional resources on the topic being considered. For the final essay, students choose an issue related to women's health, discuss how the issue affects (or

is affected by) the current women's health agenda, and consider how it is influenced by the topics of gender and sex. Students are asked to appraise historical, cultural, political, racial, social, or other factors related to their chosen issue and to propose a woman-centered approach for addressing any challenges raised.

Two nursing faculty developed and taught the course using the same topics, resources, and learning activities. The majority of the students were graduate and undergraduate students at the Duke University School of Nursing enrolled in the doctor of nursing practice (DNP), master of science in nursing (MSN), or accelerated bachelor of science in nursing (ABSN) program.

### Evaluation Methods

To evaluate the student's experiences at the conclusion of the Gender and Women's Health Issues course, we performed a cross-sectional, retrospective analysis of course evaluations from 5 semesters. The study was classified as exempt from oversight by the university institutional review board.

Course evaluations were completed anonymously and electronically by students at the conclusion of the course. In alignment with university and school end of course evaluation practices, all students enrolled in the course were asked to complete a series of questions about the course content. All responses were recorded on a 4-point Likert scale (from *strongly agree*, *agree*, *disagree*, to *strongly disagree*) with the option of providing narrative feedback for each question. A concluding open-ended question solicited overall feedback on the course in narrative form. All responses are reported in aggregate and do not differentiate program or specialty to protect student anonymity.

Aggregate evaluations scores were analyzed using descriptive statistics. Krippendorff's<sup>14</sup> content analysis was used to organize and integrate data from the narrative course comments into themes or patterns, following 6 major steps: unitizing, sampling, recording/coding, reducing, inferring, and narrating.

### Findings

Of the 133 enrolled students, course evaluations were completed by 68 students (51.1%). The course was highly rated (3.88/4.0). Students strongly agreed that (a) the course improved their knowledge ( $m = 3.84$ ), (b) advanced critical thinking skills ( $m = 3.85$ ), (c) assignments were relevant ( $m = 3.84$ ), and (d) participation was encouraged ( $m = 3.89$ ).

Common themes were identified from the narrative responses, and 3 major themes emerged. The first was that students felt their knowledge about the social, political, and cultural aspects of women's health increased. One student stated that the course "opened my eyes to so many relevant issues on the women's health

**Table 2**  
Module Topics, Learning Objectives, and Assignment Prompts

Module Topics	Learning Objectives	Assignment Prompts
The Women's Health Agenda—Past and Present	<ol style="list-style-type: none"> <li>1. Analyze the history of women's health and redefining of the current women's health agenda.</li> <li>2. Examine the role of gender in today's political landscape and evaluate the extent gender influences the women's health agenda.</li> <li>3. Determine if the current women's health agenda has had a positive or negative effect on women's health.</li> </ol>	<ul style="list-style-type: none"> <li>• Analyze the role gender played in a key event in the history of women's health.</li> <li>• What did you find most surprising in the history of women's health?</li> </ul>
Medicalization of Women's Health	<ol style="list-style-type: none"> <li>1. Determine the historical and cultural influences on the medicalization of women's reproductive health care.</li> <li>2. Assess the power of gender in the context of the medicalization of women's reproductive health.</li> <li>3. Evaluate the impact of the medical and research arena on the testing/approval of drugs and the impact on the health of women.</li> </ol>	<ul style="list-style-type: none"> <li>• Discuss how gender, culture, and medicine have medicalized reproductive health in a positive and negative way.</li> <li>• Find an example of how society depicts women's reproductive health.</li> </ul>
Reproductive Health and Issues of Justice	<ol style="list-style-type: none"> <li>1. Assess the extent to which socioeconomic status influenced public opinion and political support to make available birth control/contraception and oppose family planning.</li> <li>2. Appraise the impact of the socioeconomics, demographics, and immigration on Title X of the Public Health Services Act of 1965 and current funding.</li> </ol>	<ul style="list-style-type: none"> <li>• How do gender and public policy support and oppose family planning?</li> <li>• How has modern contraception improved women's lives?</li> </ul>
Abortion—Society, Politics, and Medicine	<ol style="list-style-type: none"> <li>1. Determine how the historical and political landscape affects cultural attitudes about abortion in the United States.</li> <li>2. Assess the impact of politics, organizations (eg, the American Medical Association), religion, and cultural beliefs on access to abortion services.</li> <li>3. Determine the effect of socioeconomic status, geographic location, education, and other relevant social factors on abortion access.</li> <li>4. Determine the impact of social and political acceptability of abortion on medical training (nurses, physicians) in the provision of abortion care.</li> </ol>	<ul style="list-style-type: none"> <li>• Comment on the difference between legality and access to abortion.</li> <li>• Select a political, religious, or professional organization and assess its impact.</li> </ul>
Violence Against Women	<ol style="list-style-type: none"> <li>1. Assess the types and prevalence of violence in the lives of women and the effects of violence on physical and mental health.</li> <li>2. Appraise the historical, social, and cultural context of violence against women.</li> <li>3. Assess how traumatic memories are created and how they operate, especially with regard to somatization (body memory).</li> <li>4. Evaluate practice implications for providing health care to women who have survived violence.</li> </ol>	<ul style="list-style-type: none"> <li>• How would you approach the care of a woman who has experienced sexual violence?</li> <li>• How does violence against women reflect social attitudes toward women?</li> </ul>
Beyond Reproductive Health—Women and Disease	<ol style="list-style-type: none"> <li>1. Evaluate the recent history of research on women's health and the impact on women's health concerns.</li> <li>2. Analyze the different social and political variables that impact breast cancer's attention in the media and research versus other illness such as cardiovascular disease, lung cancer, Alzheimer's, and other cancers.</li> <li>3. Describe the experiences of women and cardiovascular disease, obesity, and AIDS.</li> </ol>	<ul style="list-style-type: none"> <li>• Highlight key differences on the social and political and media attention on breast cancer, cardiovascular disease, lung cancer, and Alzheimer's.</li> <li>• Do a search for information about breast, endometrial, and ovarian cancers. Which seems to be the greatest priority?</li> </ul>

agenda.” Some students reported that the course allowed for examination of unanticipated diverse perspectives on women's health care. They stated that the course “enlightened [them] about women's health,” challenged them to “think deeper about the issues,” and “exposed [them] to new concepts about women's health and gender.” Students reported that the course had motivated them to engage and think “deeper about the issues,” to “think outside the box,” and to feel “allowed . . . to be open about many perspectives . . . medically, . . . socially and politically.” Overall, students offered consistently positive feedback and reported that their understanding of the impact of medicine and society on women's health outcomes and that the role of policy in women's health was advanced by the course.

The second major theme was that knowledge acquired from the course would significantly benefit their future careers as health care providers for women in diverse settings. Students viewed the course content as helpful for their transition into NP roles, with one student stating that the content would “inform my practice as a women's health nurse practitioner” and another expressing that “[I] will be a more well-rounded practitioner.”

The final theme noted was that the content reflected the school's core values of diversity, with one student specifically stating that the course “embodies [the school's] values of inclusivity and diversity.” Some respondents felt that the course allowed students to reflect and consider new perspectives: “[the course] changed previous personal views.” It is important to note that no

themes emerged related to whether the students felt there was adequate integration of race and ethnicity with gender and sex in the course.

Based on student essays, faculty observed that by the end of the course, students realized that an understanding of the social context of women's health was important for their future practice; they recognized that forming a partnership with women, rather than being paternalistic providers of care, would promote women's agency in their own health.<sup>5</sup> Reflecting on the history of medicalization of childbirth and menopause, for example, encouraged students to examine normal life processes critically and to consider when intervention is warranted.<sup>7,8,15</sup> In their essays, students addressed topics such as women's experiences of childbirth and maternal mortality, breastfeeding, reproductive justice, abortion, inclusion of women in research, mental health, and violence against women. Such critical consideration of these topics increased their range in discussions about reproductive choice and supported their valuation of women as informed decision-makers in their own health (i.e., woman-centered care).<sup>3</sup>

Students also began to examine their values and biases. Education literature supports the need for students to wrestle with complex issues as they reconcile new data with their existing value system.<sup>16</sup> Reproductive rights, abortion, and funding for research on cancer and chronic diseases unique to women are issues open to political and moral debate. In a community that allowed for all opinions to be valued, students were able to discuss personal opinions freely and to respond respectfully as others shared different experiences and beliefs.<sup>17</sup> We observed through their discussion forum responses that they recognized the ways in which religion and personal experiences had shaped their beliefs as they developed understanding with regard to the relationships among gender, sex, and health, but they did not seem to make significant progress toward understanding the intersections of race, ethnicity, and other social factors with gender and sex.

## Discussion

Students who completed this course on gender and women's health demonstrated increased knowledge about the impact of society, politics, and culture on women's health in the United States. By exploring the medical history of contraception and childbirth, as well as the historical focus on reproduction as the single area involved in women's health care; students gained an understanding of how gender roles and the political environment have shaped women's health in the past and continue to do so.

Integration of gender and sex into the nurse practitioner curriculum beyond this course can be a challenge. One remedy would be to address sex-based biological differences specifically in the foundational pathophysiology and pharmacology courses that are taken earlier in the curriculum. In clinical courses, students could then progress to examining sex-based differences in incidence and presentation of diseases, including diseases exclusive to women, as part of their training in diagnostic reasoning.<sup>18,19</sup> Following the legacy of WHM activists, students can also critically reflect on the foundational research used to establish guidelines by questioning why certain populations were included in initial studies and why specific populations were excluded.<sup>4,7</sup> As our NP curricula progresses from introducing a large volume of disease-specific topics to adopting more concept-based learning, it is essential to include content related specifically to sex and gender to meet the unique health needs of women.

Productive discussions of gender as a social determinant of health require faculty to provide clear explanations of how society constructs norms and distributes power in institutions, government policies, and the broader society because gender is a

modifiable determinant of health within these systems.<sup>20</sup> Students must respond by reflecting on their personal beliefs and anticipated roles in society and in the health care system before they and the faculty evaluate the effects of societal norms, roles, and values on women's health and health care. For example, in this course faculty and students discussed gender-based disparities that significantly delay treatment-seeking for myocardial infarction in women, as well as the ways in which this behavior is reinforced by a health care system that does not adequately acknowledge women's experiences related to cardiac health. When health care providers believe and convey that women's health experiences are equally important, women are empowered to seek and use treatment as fully and successfully as do men.<sup>21</sup> To facilitate this shift in values, gender as a social determinate of health should be incorporated thoughtfully into health care curricula.

We hoped that students would apply knowledge regarding health and social disparities related to race and ethnicity into their discussions of gender and women's health. The course introduced the concept of intersectionality with regard to race and ethnicity and included a diversity of perspectives from socially marginalized women in the content. However, students did not comment on race and ethnicity in the narrative evaluations, nor did we observe the integration of race and ethnicity into their assignments. To address this finding and support understanding of the intersection of race and ethnicity, faculty created video summaries for each module to lead conversation toward, and challenge students to critically reflect on, these concepts. Our students were enthused throughout the semester and immersed themselves into the online discussion forums. Encouraged to unpeel the structural layers of gender power and privilege, they revealed their discontent with health care inadequacies, voiced plans to promote agency and shared decision-making in their future practice with women and expanded their discussions to include issues related to lesbian, gay, bisexual, transgender, and queer women.

As shown by our experience, history can be very instructive, so it is essential that marginalized voices and perspectives be included in studies of history. Based on comments from our students, knowledge of historical context was a vital step toward fully understanding gender and women's health. To facilitate learning that is transformative for future practice, courses focused on the intersections of race, ethnicity, and gender within their social, political, and cultural contexts should be a fundamental part of core nursing curricula, alongside pathophysiology and anatomy.

## Conclusions

Overall, feedback on the course was positive, and students felt they gained an understanding of gender, society, and women's health that would benefit their future practice. Survey data were limited as students were not asked to identify their gender, sex, or program of study. Topics did not specifically include content related to lesbian, gay, bisexual, transgender, and queer women in reproductive justice. This is an important area for further course development in terms of resources and content. As societal and health professional views on gender are shifting from a binary perspective to one that includes a spectrum of gender identities, the intersections of nonbinary and transgender identities should also be considered. A pre–post design measure of student knowledge and understanding of gender and women's health at the start and completion of the course would evaluate the course's effectiveness of consciousness-raising of students. Future studies will also evaluate the impact that a course on gender and women's health has on our graduates' practices and sensitivity to gender-related conditions during their early careers.

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