

# Essential Competencies in Nursing Education for Prevention and Care Related to Unintended Pregnancy

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## Keywords

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## ABSTRACT

**Objectives:** To identify the essential competencies for prevention and care related to unintended pregnancy to develop program outcomes for nursing curricula.

**Design:** Modified Delphi study.

**Setting:** National.

**Participants:** Eighty-five nurse experts, including academic faculty and advanced practice nurses providing sexual and reproductive health care in primary or specialty care settings.

**Methods:** Expert panelists completed a three-round Delphi study using an electronic survey.

**Results:** Eighty-five panelists completed the first round survey, and 72 panelists completed all three rounds. Twenty-seven items achieved consensus of at least 75% of the experts by the third round to comprise the educational competencies.

**Conclusion:** Through an iterative process, experts in prevention and care related to unintended pregnancy reached consensus on 27 core educational competencies for nursing education. The competencies provide a framework for curricular development in an important area of nursing education.

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Nurses encounter women with reproductive health needs and concerns in all practice settings and play an important role in caring for these women as integral members of the health care team. In the United States one half of pregnancies are unintended (Finer & Zolna, 2012), which includes mistimed (defined as occurring earlier than desired) and unwanted pregnancies (Mosher, Jones, & Abma, 2012). The most vulnerable populations, younger and poorer women, are at greatest risk for unintended pregnancy (Dehlendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010; Finer & Zolna, 2012). A decrease in the unintended pregnancy rate by 30% was promoted as one of the first Healthy People goals in 2000 (National Center for Health Statistics, 2001). The notable lack of progress in goal attainment resulted in a change to a more modest 7% reduction of the unintended pregnancy rate for 2020 (U.S. Department of Health & Human Services, 2013). However, with few national guidelines and

recommendations for guidance on how to achieve this goal, coordinated efforts for unintended pregnancy prevention and care (UPPC) remain elusive.

Health care initiatives are needed at all levels of education, practice, and policy to address national reproductive health priorities and to meet women's individual reproductive needs. The Health Resources and Services Administration (HRSA; 2013) and the Centers for Disease Control and Prevention and Office of Population Affairs (Gavin et al., 2014) have identified improvement in women's health education as a key priority for the coming decade. Nursing skill and capacity is developed and strengthened in formal education programs. Building women's health nursing curriculum on identified health care priorities and competencies strengthens nursing education in women's health (American Association of Colleges of Nursing, 2008).

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**Development of competencies for prevention and care related to unintended pregnancy has lagged behind development of competencies in other areas such as gerontology and genetics.**

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## Background

Competencies, as defined by the U.S. Department of Education (2002) are the domain or body of knowledge and skills that define a profession, guide training programs, provide employer expectations, and drive performance standards for credentialing institutions, certifying agencies, and accrediting organizations. Clinical competencies define *nursing practice* and form the basis for curriculum development, measurement of student and program outcomes, and program accreditation. Development of competencies for sexual and reproductive health in general and prevention of unintended pregnancy specifically has lagged behind development of competencies in other fields such as gerontology and genetics (American Association of Colleges of Nursing, 2010; National Coalition for Health Professional Education in Genetics, 2007). Currently there are no nationally recognized essential competencies for the prevention of unintended pregnancy. The lack of such competencies impedes comprehensive nursing education and practice in UPPC.

The lack of recognized competency statements results in curricula or educational programs that are devoid of or inconsistent regarding UPPC content. Results of two surveys in 1997 and 2008 confirmed that nursing programs are more likely to teach prenatal care than other reproductive health issues (Abortion Access Project, 1997; Foster, Simmonds, Jackson, & Martin, 2008). In a survey of medical, physician assistant, and advanced practice nursing education programs, Foster et al. (2006) also identified gaps in knowledge and clinical skills in many areas of women's health care, including UPPC. Across these studies, the most commonly cited barriers to inclusion of reproductive content in education programs were the perceptions that the issue was not a curricular priority, lack of appropriate clinical facilities, lack of qualified faculty, lack of appropriate didactic materials, lack of time, and fear of antichoice backlash or religious restrictions prohibiting instruction. Without a recognized set of educational competencies to define the essentials of UPPC education, nursing education program content varies based on the interest of the individual faculty member.

Two international competency models of a coordinated system of sexual and reproductive health (SRH) education and training can serve as models. The World Health Organization (WHO; 2011) and the Royal College of Nursing (RCN; 2009) have provided detailed competencies in sexual and reproductive health care education and practice. The WHO articulated primary care-based SRH competencies for all health care professionals, and RCN defined SRH competencies for nurses within primary, secondary, and community-based contexts. These sources provide guidance on how to develop and implement competencies within nursing education to build a coordinated approach to UPPC and were used as a basis to draft the initial set of competencies. The purpose of this study was to identify essential nursing competencies in the areas of pregnancy prevention, pregnancy planning, pregnancy choices, and care for unintended pregnancy.

## Methods

### Design

We identified a panel of expert nurses to participate in a three-round Delphi study to determine the nursing knowledge, attitudes, and skills essential for the provision of UPPC. We developed a draft survey of undergraduate nursing education competencies for UPPC based on the previous work of the RCN (2009, 2013), WHO (2011), and HRSA (2013). We developed a list of UPPC competencies within the domains of knowledge, attitudes, and skills. The draft survey was pilot tested for clarity by four public health and policy professionals with expertise in survey design and development.

The survey was distributed to an expert panel of nurses with appointments in schools or colleges of nursing and registered nurses or advanced practice nurses providing SRH care in primary or specialty care settings (panelists). The panelists were asked whether to include, include with edits, or drop each of the 37 items listed in the Round 1 survey. The decision to use these three specific scale terms was deliberate; wording of scale items provided clarity for panelists in that terms were directly relevant to the study context. Although more traditional summated agreement scale items (e.g., *strongly agree*, *somewhat agree*, *somewhat disagree*, *strongly disagree*) are often used in quantitative surveys, such language is vague and nonconstructive for purposes of competency development. The goal of competency development is to identify the most vital and necessary competencies, not to measure the strength of

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