

What is Included in the 24 Hour Women's Health Course for Nurses?

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Women's health has been regarded as one of the most important health topics of this decade. Within women's health, several topics including, breast cancer, postpartum depression, menopause, maternal health issues, chronic fatigue syndrome, sexually transmitted diseases, AIDS and others, have been well researched. However, curriculum planning in Chinese universities has overlooked this area. In contrast, Western scholars recognize the need for curriculum development in response to societal needs and the trends of women's illnesses. Some medical educators believe that women's health topics relevant to graduate clinical practice are pivotal when designing curriculum and responding to the learning needs of students.¹ A well-documented directory of residency and fellowship programs in women's health was written in 2005 that lists the comprehensive programs and practical skills which can be learned by applicants.² Students' perspectives should be valued in medical education.³ Medical students know best what knowledge and skills they lack in understanding various women's health issues, as they know best their own limitations. In terms of a woman's physical well-being, it is worthy to provide systematic training in pelvis examination, bimanual examination and pap smears. ⁴ These facts show that women's health is considered a significant arena for further development and advancement in medical education. However, there exist no guidelines of what should be included in a short women's health course for registered nurses in Chinese societies like Hong Kong.

Course Content

I have to plan and teach a short course composed of 12 two hour sessions on women's health for 20 registered nurses who work in public hospitals, private hospitals or specialty clinics. The post-registration clinic working experience of these nurses ranges from 1 to 26 years; some are front-line workers while others are managers, working as nursing officers or as the in-charge of medical or surgical units. This short course aims to introduce concepts and give examples of women's health issues in order to equip the nurses with effective stress management strategies. Apart from this primary course objective, I would like

to stimulate the nurses to revisit the following: (1) considering the socio-cultural contexts of women's health; (2) realizing how gender inequality shapes the ideologies of women's health; and (3) appreciating the contributions that can be made to women's health by alternative healing modalities. To fulfill these teaching missions, I structured the course in four stages.

In the first stage, the first lesson provides a historical review and background of women's health of Asian and Western countries. The second lesson defines some key terms like gender, identity, culture, and social perspectives and discusses how they are related to women's health issues such as depression, anorexia nervosa, and chronic fatigue syndrome. The third lesson invites the students to compare and contrast the similarities and differences between the biomedical model and socio-cultural perspectives in light of women's health issues. The biomedical model is more curative in nature and patient-focused. The socio-cultural model is more humanistic and seeks a contextual understanding of every woman as a unique entity. In brief, the first 3 lessons attempt to provide the foundation of women's health and challenge the students to examine their default approach to health and illness, expanding from the medical model to include social aspects.

The second stage includes Lesson Four to Lesson Six, and highlights theories of stress and coping skills. Lesson Four explains what stress is and what the predisposing factors for stress are. In particular, stress is related to gender roles in the family, workplace and society. The lesson discusses how cultural expectations of women act as stressors, like the expectation that women should be loyal and sacrifice themselves for their families, and be devoted to their nursing profession. Lesson Five is about how a body adapts to stress and what stress-induced discomforts are commonly found in women, such as low back pain, insomnia, loss of concentration, a sense of loneliness and so on. Lesson Six illustrates coping skills that can help prevent stress, like time management, improved social networks, and relaxation exercises and meditation.

The third stage of this course includes Lesson Seven to Lesson Nine. These lessons introduce and provide practice in alternative healing like yoga, foot reflexology, mental imagery, and counseling skills for depressed women. These three lessons are more loosely structured as they are more interactive and practice-oriented. Students' full participation and experiential learning are highly encouraged.

The final stage of this course includes Lesson Ten to Lesson Twelve, and empowers the students to consider their personal needs and listen to their inner voices for liberation. Lesson Ten explores the importance of assertiveness training in Chinese contexts, as Chinese women have been trained to be submissive and feel uneasy saying, "No", and expressing personal needs. Lesson Eleven is a reflective time for students to talk with their classmates about the following: (a) are there any changes in the ways they think about women's health since attending this course? (b) do they now identify stressors and handle stress differently? and (c) how do they evaluate their ability to conceptualize and implement women's health care? The last lesson serves to integrate all the learning and work done throughout the course, asking the students to critically reflect on women's health issues in a socio-cultural-gender sensitive manner in the future.

Most importantly, I want all my students to feel proud of themselves as women and nurses; I want them to be able to provide quality nursing care to their female patients without ever blaming them; and I hope they will integrate the essences of the medical model and the social theories of women's health in their work.

Reflection

In planning the course, I sought to provide students with the opportunity to share their feelings about, and clinical experiences with, any women's health issue in which they are interested. The course topics can be modified to respond to students' learning needs. A student-driven approach, fluidity, flexibility and a supportive learning atmosphere should always be encouraged. Finally, I hope that by sharing this course planning experience with you, you will have a better idea of what is happening in Hong Kong: a biopsychosocial view has been adopted for teaching women's health. I am looking forward to learning from your course-planning experiences as well.

References

1. Wayne DB, DaRosa, DA. Evaluating and enhancing a women's health curriculum in an internal medicine

residency program. *J Gen Intern Med.* 2004; 19:754-9.

2. Association of Academic Women's Health Programs. Directory of residency and fellowship programs in women's health, 2005. *J Womens Health.* 2005; 14: 541-79.
3. O'Hara BS, Saywell RM Jr, Zollinger TW, Wooldridge JS, Kelton GM, Ries JS, Burba JL. Students' experience with women's health care in a family medicine clerkship. *Med Educ.* 2002; 36:456-65.
4. Dixon JG, Bognar BA, Keyserling TC, DuPre CT, Xie SX, Wickstrom GC, Kolar MM. Teaching women's health skills: confidence, attitudes, and practice patterns of academic generalist physicians. *J Gen Intern Med.* 2003; 18:411-18.

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