

A STUDY OF COR COMPETENCE IN INTEGRATION OF GENDER MAINSTREAMING TO THE COMMUNITY HEALTH NURSING PRACTICE IN TAIWAN THROUGH FOCUS GROUP METHOD

Yueh-Chin Chung, Ph. D*

Department of Nursing, Central Taiwan University of Science and Technology, Taichung, Taiwan.

*Corresponding Author: Yueh-Chin Chung, Ph. D

Department of Nursing, Central Taiwan University of Science and Technology, Taichung, Taiwan.

Article Received on 30/06/2021

Article Revised on 19/07/2021

Article Accepted on 07/08/2021

ABSTRACT

Objectives: This study is the first in Taiwan that includes gender mainstreaming skills index in the community nursing practice course. The purpose of this study use to focus group method and correlation research design were adopted to develop core competence of integration of gender mainstreaming into community health care practice. **Methods:** This study referred to the World Health Organization (WHO) Gender Responsive Assessment Scale, a set of criteria for assessing programs and policies scale. Focus group method was used to invite 13 experts to come up with a common evaluation and draw up the framework of core competence for gender mainstreaming in the community nursing practice, which includes eight competence innovations and 29 ability guidance. This study was conducted on fourth year students from the fourth- and second-grade nursing department of a private science and technology university. A total of 100 cross-sectional survey questionnaires were sent out, and 100 were effective, resulting in a 100% response rate. **Results:** Overall ratings of student nurses and teachers in their gender mainstreaming competence were consistent with each other (mean value $4.07 \pm .42$ versus mean value $4.04 \pm .24$). No significant difference was observed between the practice of gender mainstreaming competence score of student nurses and that of teachers. Dimensions of student nurses and teachers in their core competence of integrating gender mainstreaming into the community nursing practice are listed from high to low as follows: diligence, concern, communication and cooperation, concept of gender mainstreaming, accomplishment of law and ethics, lifelong learning, general clinical nursing skills, critical thinking, and basic biomedical science. **Conclusions:** The feasibility scale of the gender mainstreaming competence index for community nursing practice of the intern students can be promoted to nursing courses in Taiwan.

KEYWORDS: Gender mainstreaming, competence indicator, community nursing practice, focus group method.

INTRODUCTION

In psychology, competence connotes cognition, emotion, skills, such as critical thinking, problem solving, and knowledge, value, belief, and attitude.^[1-2] Tzeng^[3] defines nursing competence as a general term of group competence and clinical competence developed through courses of professional nursing training and can also be taken as the method of course evaluation. The International Council of Nurses in 2003 proposes that nursing competence refers to when students complete their nursing education, they effectively, ethically, and lawfully apply the professional knowledge, skills, and judgment in nursing care and management, while also developing professionally. The purpose of nursing education is to cultivate core competence in students, such as knowledge, skills, and attitude in their professional workplace, individual development, and social experiences. In short, nursing core competence pertains to the professional knowledge and attitude displayed in nursing practice after professional

education. Nursing students who display critical thinking, ethical care, lifelong learning, and responsibility prove to be more competent in the increasingly complicated medical workplace and provide high-quality nursing care to patients.

Istomina et al.^[4] describes factors, such as educational background and individual experiences of the nursing staff as those that influence their competence in nursing. Khomeriran et al. posit that nursing competence differs because of individual experiences, environment, and personal traits, and strengthens over time, especially in individual experiences.^[5] The discusses core nursing competence expected by nursing administrators that graduates should possess.^[6] A total of 363 nursing administrators were surveyed, and results showed that in addition to professional knowledge and skills, the nursing staff are expected to seek changes and innovations, apply critical thinking, possess problem solving techniques, and effectively communicate with

group members. Liu et al. also find that incompetence in critical thinking among students was a widespread problem.^[7] Taiwan Nursing Education Evaluation Committee listed critical thinking competence as a basic professional core accomplishment that nursing graduates should possess, and the importance of this competence has been shown in previous studies.^[8,9]

According to statistics from the Ministry of Education, the percentage of universities and colleges offering courses on gender issues in the school year 2016 was 0.06% to 0.74%. Moreover, the percentage of courses offered on gender issues nationwide was 0.27% (1647/574, 252).^[10] The proportion of gender-related courses offered in medical schools nationwide was 0.06 to 1.21, indicating potential for growth. Although gender-related courses have been promoted gradually, its number remains too low to integrate gender awareness into the course content of the nursing major. Six tools of gender mainstreaming and gender culture force the point of view and situation of people with different genders to be understood through relevant education training, such as gender mainstreaming strategy and gender awareness. Individual pursuits can then be enhanced and gender equality implemented. Domestic scholars believe education is the most effective method to improve gender awareness,^[11-13] because people are central to nursing care. In terms of profession, the medical health industry is one of the industries that require gender consciousness the most.^[14] Integration of gender awareness into the curriculum is highly valued. Course design of nursing development education focuses on cultivation of nursing students' professional ability, and clinical practice is the optimal learning mode for students to improve their clinical skills and experiences.

However, few studies have been conducted on gender ideology and practice experience in nursing students. In 2012, the Industrial Development Bureau established six-tool questionnaires of gender mainstreaming.^[15] and the content of concept measurement scale of gender mainstreaming,^[16] but these materials were unable to generalize the connotation of integration of gender mainstreaming comprehensively to the practice of community nursing practice. This topic is worth exploring and discussing. At present, no development competence measuring indicator has been applied in the community health nursing practice curriculum. This study is the first to develop an application of gender mainstreaming competence indicator in the community health nursing practice curriculum. The purpose of the study is to understand the connotation and performance of college nursing students' competence in integrating gender mainstreaming into community nursing practice. The study also aims to analyze the competence factors that influence the integration of gender mainstreaming into community nursing practice.

MATERIALS AND METHODS

Research design

Focus group method and correlation research design were adopted to develop core competence the integration of gender mainstreaming into community health care practice.

Research object

This study conducted a purposive sampling on 100 fourth year students from the fourth- and second-grade nursing department of a private science and technology university in central Taiwan. After self-assessment of the students, the internship instructor also evaluated the competence evaluation of gender mainstreaming practice of the student nurses. In this study, 100 questionnaires were issued, and 100 effective questionnaires were received, resulting in a 100% response rate.

Research tools

This study referred to the World Health Organization (WHO) Gender Responsive Assessment Scale of 2017.^[17], which is a set of criteria for assessing programs and policies scale, drafting the framework of core competence of the integration of gender mainstreaming to the community health practice. Focus group method was used to invite 13 experts (11 female and 2 male) who had experience evaluating gender mainstreaming to construct the competence connotation. The focus group interview lasted for 2.5 hours in January 2018. A semi-structured interview guide was developed to explore content and guidelines of the competence project required for gender mainstreaming into residential nursing practice. Within 24 hours after the interview, the recording of the focus group interview was transcribed into a verbatim script and the classified title determined according to the discussion topic. The verbatim script was coded based on the meaning of words and sentences. Content was analyzed, and the concept, subject, and data type were summarized. After repeated discussions and classifying interview content, the content of the two coders were finally consistent with each other at .88.

The framework of the integration of gender mainstreaming to the community health nursing practice was divided into eight dimensions. A total of 29 competence indicators include basic biomedical science (four questions), general nursing clinical skills (four questions), gender mainstreaming concept, accomplishment of law and ethics (five questions), critical thinking competence (four questions), concern (three questions), communication and cooperation (three questions), diligence (three questions) and lifelong learning (three questions). Expert content validity verification and three-point scoring were adopted. A score of 1 point means "inappropriate," 2 points mean "needs to be modified," and 3 points means "appropriate." Content validity index was calculated according to expert scoring. Content validity of the scale was .82, and item content validity index (ICVI) was .80-.84, which is in accordance with the requirement that the

CVI should be 0.8 or above. The research tool for core competence of the integration of gender mainstreaming to the community health nursing practice was also prepared. Cronbach's α was .82. The Cronbach's α of the eight dimensions were 0.80–0.84, indicating good inner consistency of each dimension. The scale for the core competence of the integration of gender mainstreaming to the Taiwan community health nursing practice used a five-point Likert scale, which was categorized into "excellent competence" (5 points), "good" (4 points), "medium" (3 points), "poor" (2 points), and "can" (2 points). Overall score was 29–145 points, in which the higher self-assessment score indicated that the nurse had better core competence.

Research ethics

Through IRB (CRREC-106-107), this study contacted internship instructors of the internship unit where the research objects were connected. The purpose of the study was explained by the researcher to the practice unit at the appointed time. Once approved by the research objects and informed consent forms were signed, the research objects were given questionnaires to fill out and return.

Data analysis

SPSS 17.0 software was used to evaluate skills and analyze effective value, including frequency distribution, percentage, mean value, and t-test method.

RESULTS

Sample size was 100 individuals among which 85 are women (85%). A total of 59 individuals are 20–29 years old. A total of 41 individuals have four-year technical educational system (41%) for the most, and 3 received gender awareness courses and 2 had scores for credits and 36 hours of gender awareness course (3.0%) (Table 1).

Table 1: Personal Attributes.(N=100)

Variable	N(%)
Gender	
Male	15(15.0)
Female	85(85.0)
Age	
20–29 years old	59(59.0)
30–39 years old	37(37.0)
40–50 years old	4(4.0)
Educational system	
Two-year technical	13(13.0)
Two-year technical Night Division	21(21.0)
Four-year technical	25(25.0)
Four-year technical Night Division	41(41.0)
Whether received courses on gender awareness	
No	97(97.0)
Yes	3(3.0)
Score of course starting	
No	97(97.0)
2 scores	3(3.0)
Course hours on gender awareness	
36 hours	97(97.0)
None	3(3.0)

Project, connotation, and guidance of gender mainstreaming to the community nursing practice for the Department of Nursing

A total of eight items of gender mainstreaming competencies were used in the construction of Community health nursing practice of the nursing faculty. These items include basic biomedical and nursing knowledge, general clinical nursing skills, awareness of gender mainstreaming concept, accomplishment of laws and ethics, critical thinking competence, caring, communication and cooperation, diligence and sense of responsibility, critical thinking and lifelong learning, representing 29 competence indicators (Table 2).

Table 2: Items, connotation and guidance of the gender mainstreaming to the community nursing practice for the Department of Nursing.

Competence Items	Competence Connotation	Competence Indicators
1. Basic biomedical and nursing knowledge	A person working in the nursing profession should be equipped with gender mainstreaming concept in biomedical and care knowledge integration.	1.1 Be able to explain the anatomy and pathology of the diseases with different genders.
		1.2 Be able to realize the development of the mentality of different genders.
		1.3 Be able to explain the therapeutic strategies of diseases and the potential complications to individuals of different genders.
		1.4 Be able to explain the nursing and caring to the diseases of different genders.
2. General clinical	A person working in the nursing profession	2.1 Understand characteristics of the

nursing techniques	should be equipped with gender mainstreaming concept in biomedical and care knowledge integration.	<p>medical cases with different genders and develop the suitable caring and health educational skills.</p> <p>2.2 Learn interaction techniques with patients of both genders</p> <p>2.3 Be able to recognize the reaction and needs of cases when implementing nursing skills.</p> <p>2.4 Be able to implement correctly community health evaluation skills according to the multi-cultural situation of the community.</p>
3. Gender mainstreaming concept, understanding laws and ethics	Possess the knowledge on gender mainstreaming concepts and ethics; be able to respect life and ethics of individuals while providing safe and private medical nursing.	<p>3.1 Be able to recognize the types of sexual harassment, sexual abuse, and family violence.</p> <p>3.2 Discuss relevant topics on sexual harassment, sexual abuse, and family violence including prevention</p> <p>3.3 Understand the relevant resources and laws on gender equity.</p> <p>3.4 Be able to adopt the ethical principles in nursing.</p> <p>3.5 Respect the people who want to obtain independence.</p>
4. Critical thinking competence	Possess the ability to apply critical thinking by collecting information, evaluating, discovering and judging clinical situations and health problems, considering the uniqueness of the cases including families, groups and gender, and proposing the solution.	<p>4.1 Discuss the effects caused by social construction of gender inequality, gender blind, and gender stereotype.</p> <p>4.2 Be able to demonstrate gender sensitivity during interaction of case, family and group nursing.</p> <p>4.3 Reflect on gender interaction during case, family and group nursing and provide corresponding solutions.</p> <p>4.4 Discuss the implementation and influence of gender mainstreaming in health policy.</p>
5. Caring	Display caring and respect in the process of daily life and nursing while considering multicultural concerns.	<p>5.1 Show kindness and politeness to the individual, family and groups from different cultures.</p> <p>5.2 Respect the traits of individuals, families, and groups from different cultures.</p> <p>5.3 Be able to empathize and respect the opinions or decisions of individuals, families, and groups from different cultures.</p>
6. Communication and cooperation	Ability to express opinions, accept suggestions and respond effectively when communicating with either gender; Be able to cooperate with other individuals or groups and strive for a common objective.	<p>6.1 Respect the freedom of expression as a right of individuals, families and groups in the process of communication.</p> <p>6.2 Be able to respect the opinions and views of others during process of discussion and interaction.</p> <p>6.3 Be able to cooperate and interact with the members of the medical group and modestly accept their guidance.</p>
7. Diligence	Show dedication and active involvement on their	7.1 Regard self as a part of the medical

	roles and responsibilities in accordance with the professional nursing principles and gender mainstreaming.	group who fulfills their own responsibilities well.
		7.2 Accomplish the nursing tasks for the individual, families and groups with different genders.
		7.3 Be able to arrive and leave work on time for nursing duty to maintain professional image.
8. Lifelong learning	Maintain continuous self-learning to expand and strengthen the perspectives on the concept of gender mainstreaming.	8.1 Be able to gather knowledge actively about gender mainstreaming and utilize these resources in nursing at any time and actively share the new knowledge.
		8.2 Be able to prepare necessary materials before a discussion meeting.
		8.3 Be able to reflect on the advantages and disadvantages of nursing practice to the individual, family, and group as well as on the learning process and put forward the direction of efforts.

Table 3 shows the comparison of the competence indicator evaluation values of nursing students' and teachers' practice of gender mainstreaming. No significant difference was observed between the evaluation value of the nursing students (mean value 4.07 ± 0.42) and teachers (mean value 4.04 ± 0.24) on the practice of gender mainstreaming, which were evaluated between [excellent] and [good]. Nursing students and teachers evaluated gender mainstreaming core competence items, such as accomplishment of laws and ethics, diligence and sense of responsibility, caring, communication and cooperation, and lifelong learning between [excellent] and [good], while basic biomedical science, general nursing clinical skills, and critical thinking competence were evaluated between [good] and [medium].

For the basic biomedical nursing knowledge item, the nursing students' evaluation value had a mean score of 3.53 (0.47) and the competence of each sub-subject was between [good] and [medium] with mean value of 3.36–3.68; the teachers' mean value was 3.67 (0.45) and each sub-subject competence was between [good] and [medium] with a mean value of 3.59–3.75. The item with the lowest mean value for nursing students and teachers was [be able to state the anatomy and pathology of the individual with different genders] which had a mean value of 3.36 ± 0.56 and 3.59 ± 0.51 , respectively. The comparison of the students' and teachers' scores of two indicators [be able to state the anatomy and pathology of the individuals with different genders] ($t = -3.73$; $p < 0.001$), and [be able to state the treatment strategies to the individuals with different genders and the potential complications.] ($t = -2.88$; $p < 0.01$) and the total score of basic biomedical and caring knowledge item ($t = -2.88$; $p < 0.001$) showed that the teachers' gender mainstreaming

competence was significantly higher than that of the students.

For the general clinical nursing skills item, nurse students' evaluation value mean score was 3.92 (0.57) and the competence of each sub-subject was between [medium] and [excellent] with a mean value of 3.82–4.07; the teachers' mean score was 3.82 (0.57) and the competence of each sub-subject was between [good] and [medium] with a mean value of 3.79–3.94. The item with the highest mean value for both students and teachers was [be able to recognize the reactions and needs of the individuals in the implementation of nursing skills], with a mean value of 4.07 ± 0.59 and 3.94 ± 0.45 , respectively. The lowest value item among the nursing students was [be able to correctly implement the community health evaluation skills according to the multi-cultures of the community] with a mean value of 3.82 ± 0.72 . The lowest mean value item among the teachers was [be able to realize the traits of individuals with different genders and adopt the appropriate nursing and health educational skills] with a mean value 3.79 ± 0.48 . The comparison achievement of the students and teachers on the practice of gender mainstreaming with competence item [be able to notice the reaction and requirements of the individuals in the implementation of nursing skills] ($t = 2.68$; $p < 0.01$) showed that the nursing students' gender mainstreaming competence was significantly higher than that of the teachers.

For the item of gender mainstreaming concept, accomplishment of laws and ethics, the evaluation value of the nursing students had the mean score of 4.01 (0.47) and the competence of each sub-subject was between [medium] and [excellent] ($M = 3.76$ –4.39). The competence evaluation value of the teachers on the same item had a mean score of 4.01(0.31) and the sub-subject

was between [medium] and [excellent] ($M = 3.88-4.17$). The comparison achievement of the nursing students and teachers on the practice of gender mainstreaming on competence indicator [realize the relevant resources and laws of gender equality] ($t = -2.23$; $p < 0.05$) showed that the aspect of teachers' practice of gender mainstreaming competence was significantly higher than the students'. On the aspect of [respect people and yourself right of autonomy] ($t = 4.55$; $p < 0.01$), the gender mainstreaming competence evaluation value of the students was significantly higher than that of the teachers.

For the item of critical thinking competence, the nursing students' mean value was 3.82 (0.57) and the competence of each sub-subject was between [good] and [medium] with a mean value of 3.76-3.87. The item with the highest mean value was [learn to display the features of gender sensitivity in the nursing interaction with individuals, families and groups with different genders] (mean value 3.87 ± 0.87), while the item with the lowest mean score was [discuss the implementation and influence of the integration of gender mainstreaming to the health policy] (mean value 3.76 ± 0.87). The evaluation value of the teachers on the same item had a mean score of 3.90 (0.41) and each sub-subject competence was between [medium] and [excellent] (mean value 3.88-4.17). The highest mean value item was [to discuss the influence of the gender inequality, gender blind, and sexual stereotyping under the social construction] (mean value 4.17 ± 1.05) and the lowest mean value items were [learn to display the features of gender sensitivity in the nursing of individuals, families and groups with different genders] (mean value 3.87 ± 0.87), and [reflect on the nursing of individuals, families and groups and focus on the different gender interactions to put forward the solutions] (mean value 3.87 ± 0.99). From the comparison achievement of the students and

teachers on the practice of gender mainstreaming on competence indicator [the discussion on the implementation and influence of the gender mainstreaming integration to the health policy] ($t = -3.32$; $p < 0.01$), the score of the teachers on the practice of gender mainstreaming competence was significantly higher compared with the nursing students.

On the item of diligence, the competence evaluation value of the students' practice of gender mainstreaming had a mean value of 4.56 (0.49) and each sub-subject competence was between [good] and [excellent] ($M = 4.39-4.66$). The highest mean value item was [never be late and leave early and keep the professional image] (mean value 4.66 ± 0.52). The lowest mean value was [be able to accomplish the nursing tasks for individuals, families and group with different genders] (mean value 4.39 ± 0.63). As for the aspect of teachers' practice of gender mainstreaming competence evaluation value, the mean value was 4.35 (0.47), each sub-subject competence was between [good] and [excellent] ($M = 4.01-4.36$). The highest mean value was [accomplish the nursing tasks for individuals, families and groups with different genders] (mean value 4.36 ± 0.51), and the lowest mean value item was [be able to regard yourself as on part of the medical group and fulfill the responsibilities] (mean value 4.01 ± 0.52). From the indicator evaluation comparison results of the gender mainstreaming competence of nursing students and teachers, the following items had the highest evaluations: [Be able to see yourself as part of a medical team and fulfill your responsibilities] ($t = 4.40$; $p < 0.001$), [accomplish nursing tasks of individuals, families and groups of different genders] ($t = 1.83$; $p < 0.05$), [never be late or leave early, and keep the professional image] ($t = 4.79$; $p < 0.001$), and [total score of being diligent] ($t = 4.08$; $p < 0.001$).

Table 3: Indicator evaluation analysis table of nursing students' and teachers' gender mainstreaming competence on practice in the community.

Evaluation Items	Indicator	Pratice of the Gender Mainstreaming Competence of Nursing Students Mean Value (Standard Deviation)	The Practice of Gender Mainstreaming Competence of Teachers Mean Value (Standard Deviation)	t-Value
1. Basic biomedical and nursing knowledge	1.1 Be able to explain the anatomy and pathology of the case of diseases to patients of different genders.	3.36(0.56)	3.59(0.51)	-3.73***
	1.2 Realize the mental development of individuals with different genders.	3.63(0.63)	3.70(0.61)	-1.19
	1.3 Be able to state the treatment strategies of diseases of different genders and the potential complications.	3.44(0.61)	3.62(0.55)	-2.88**
	1.4 Be able to state the health status to individuals with different genders.	3.68(0.62)	3.75(0.52)	-1.30
Total Mean Value (Standard Deviation)		3.53(0.47)	3.67(0.45)	-2.83***

2.General clinical nursing techniques	2.1 Understand the traits of the individuals with different genders and adopt suitable caring and health educational skills.	3.86(0.67)	3.79(0.48)	1.41
	2.2 Learn the skills of interacting equally with individuals of different genders.	3.96(0.53)	3.86(0.47)	1.85
	2.3 Be able to recognize the responses and needs of the individuals when implementing the nursing skills.	4.07(0.59)	3.94(0.45)	2.68**
	2.4 Be able to implement the health evaluation skill according to the multi-culture of the community.	3.82(0.72)	3.82(0.38)	.000
Total Mean Value (Standard Deviation)		3.92(0.57)	3.82 (0.57)	1.68
3.Gender mainstreaming concept, and understanding laws and ethics	3.1 Recognize the types of sexual harassment, sexual abuse, and family violence.	4.02(0.59)	4.05(0.44)	-.58
	3.2 Discuss the relevant topics of sexual harassment, sexual abuse, and family violence including prevention.	3.89(0.62)	3.99(0.43)	-1.73
	3.3 Understand the relevant resources and laws of the gender equity.	3.76(0.55)	3.88(0.43)	-2.23*
	3. 4 Be able to adopt the ethical principles in nursing.	4.00(0.62)	3.97(0.44)	.62
	3.5 Respect the people who want to obtain the autonomy	4.39(0.55)	4.17(0.43)	4.55**
Total Mean Value (Standard Deviation)		4.01(0.47)	4.01(0.31)	.000
4Critical thinking competence	4.1 Discuss the effects caused by social construction of gender inequality, gender blind, and gender stereotype.	3.86(1.05)	4.17(1.05)	-.35
	4.2 Learn to demonstrate gender sensitivity during interaction with individual, family and group nursing.	3.87(0.87)	3.87(0.87)	.000
	4.3 Reflect on gender interaction with individual, family and group nursing and provide corresponding solutions.	3.80(0.99)	3.87(0.99)	-1.30
	4.4 Discuss the implementation and influence of the gender mainstreaming on health policy.	3.76(0.87)	3.96(0.87)	-3.32**
Total Mean Value (Standard Deviation)		3.82(0.57)	3.90(0.41)	-1.44
5.Caring	5.1 Show kindness and politeness to the individuals, families and groups from different cultures.	4.52(0.56)	4.47(0.64)	.74
	5.2 Respect the traits of individuals, families and groups from different cultures.	4.52(0.56)	4.44(0.64)	1.11
	5.3 Be able to empathize and respect the opinions or decisions of individuals, families and groups from different cultures.	4.50(0.61)	4.43(0.87)	.94
Total Mean Value (Standard Deviation)		4.51(0.56)	4.45(0.61)	.99
6.Communication and Cooperation	6.1 Respect the freedom of expression as a right of the individual, families and groups in the process of communication.	4.54 (0.52)	4.42(0.59)	2.03**
	6.2 Be able to respect the opinions and views of others during process of discussion and interaction.	4.54 (0.52)	4.43(0.59)	2.01**
	6. 3 Be able to cooperate and interact with the members of medical group and modestly accept their guidance.	4.51(0.54)	4.24(0.55)	3.86***
Total Mean Value (Standard Deviation)		4.50(0.53)	4.31(0.51)	3.16***

7. Diligence	7. 1 Regard self as a part of the medical group who fulfill their own responsibilities well.	4.64(0.52)	4.01(0.52)	4.40***
	7.2 Accomplish the nursing tasks for the individual, families and groups with different genders.	4.39(0.63)	4.36(0.51)	1.83*
	7. 3 Be able to arrive and leave work on time for nursing duty to maintain the professional image.	4.66(0.52)	4.24(0.52)	4.79***
Total Mean Value (Standard Deviation)		4.56(0.49)	4.35(0.47)	4.08***
8 Lifelong learning	8.1 Be able to gather knowledge on gender mainstreaming concepts and utilize these resources at any time and actively share the new knowledge.	3.99(0.61)	4.05(0.46)	- .93
	8.2 Be able to earnestly prepare the necessary materials before a discussion meeting.	3.99(0.61)	4.06(0.51)	-1.12
	8.3 Be able to reflect on the advantages and disadvantages of nursing practice to the individual, family, and group as well as on the learning process and put forward the direction of efforts.	4.09(0.68)	4.12(0.48)	- .44
Total Mean Value (Standard Deviation)		4.02(0.59)	4.08(0.43)	- .91
Total Mean Value (Standard Deviation)		4.07(0.42)	4.04(0.24)	.89

DISCUSSION

This research study showed that the dimension scores of the nursing students' practice on the gender mainstreaming competence from highest to lowest were: diligence, concern, communication and cooperation, concept of gender mainstreaming, accomplishment of law and ethics, lifelong learning, general clinical nursing skills, critical thinking, and the basic biomedical science. The core competence dimensions of nursing students and teachers on diligence, caring, communication and cooperation, gender mainstreaming concept, accomplishment of laws and ethics, and lifelong learning were higher than the general clinical competences, critical thinking, and basic biomedical science, i.e. the [affection] and [attitude] of the nursing students and teachers were better than their [knowledge] and [skills].

Presumably, the reason for this was because nursing schools in Taiwan had fixed the course of nursing ethics as one of the professional core subjects and the nursing education courses were trying to place less emphasis on biomedical operational trainings. The schools began to focus on respecting the freedom of expression of the individuals, families and groups with different genders in the communication process and the value and dignity of the people. Nursing schools also focused on training the students to maintain their professional image by avoiding coming to work late or leaving.^[18-19] Guo et al.^[20] also mentioned care quality as the professional humanistic quality for nursing students. In recent years, nursing school had integrated humanistic care into the professional field to let students feel caring. However, in

the eight dimensions of core competences, the basic biomedical science was rated to be the weakest. For example, nursing students and teachers had the lowest mean value in the aspect of [be able to explain to the anatomy and pathology of the diseases of individuals with different genders] (mean value 3.36 ± 0.56 vs. mean value 3.59 ± 0.51) ($t = -3.73$; $p < 0.001$). This result was similar with that of Whyte et al.^[21] where the biomedical science score of the nursing students ranked the lowest in all the subjects. The core competence of nursing students had considered professional knowledge, skills, attitude and sense of responsibility, employment-friendly attitude and personality traits, and reflect these on the core competence learned.^[22] In the individual aspect, the nursing staff should possess the basic nursing knowledge and skills, and should regard the safety of the individual, sufficient interaction, and communication when implementing any skills, which was the important indicator of the nursing quality.^[23] Research results of Lin et al.^[24] also mentioned that based from the graduates of nursing department, the curriculum of nursing practice and basic biomedical was the most helpful course for clinical competence. Therefore, in the process of nursing practice, the gender sensitivity of the students had to be cultivated to distinguish the different needs of the individuals based on gender and the kind of attitude when showing respect to individuals, families, and groups from different cultures.

The research results also showed that the nursing students had insufficient critical thinking competence in the aspect of [implementation and influence of gender

mainstreaming integration into the health policy], and the lowest score of the teachers were in the aspects of [learning to display the gender sensitivity features in the interaction with the individuals, families, and group] and [put forward the corresponding solutions for the reflection of interactions with different with males and females].^[7] Lack of independent thinking and judgment were common problems among students. Taiwan Nursing Education Evaluation Committee.^[8] has listed critical thinking competence as the basic professional core accomplishment that the nursing graduates should possess and this can be seen as an important competence. At present, the education mode of the school lacks the training ability to solve clinical problems, which leads to the lack of independent judgment and innovative thinking ability of graduates, thus increasing serious career adjustment difficulties in employment.^[9] Training provided practical nursing manpower for critical thinking and this had been a top concern in the workplace.^[25]

CONCLUSIONS

With the total score of the nurse students' practice of gender mainstreaming competence (mean value 4.07 ± 0.42) and the total score of the teachers' practice of gender mainstreaming competence (mean value 4.04 ± 0.24), there was no significant difference between the nurse students' competence of gender mainstreaming and that of the teachers. The top 3 scores in each dimension of the practice competence of nursing students and teachers were: diligence, caring, and communication and cooperation.

ACKNOWLEDGMENTS

This study was supported by a grant from the Central Taiwan University of Science and Technology (CTU107-P-01).

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