EJPMR, 2026, 13(3), 372-379 **Review Article** **Impact Factor 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211
ISSN (P): 3051-2573
Coden USA: EJPMAG

THE EFFECTIVENESS OF INTEGRATING GENDER AWARENESS INTO CURRICULUM LEARNING OF KIRKPATRICK'S MODEL

Yueh-Chin Chung, Ph.D.*

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

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

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

DOI: https://doi.org/10.5281/zenodo.18875209

How to cite this Article: Yueh-Chin Chung, Ph.D.* (2026). The Effectiveness Of Integrating Gender Awareness Into Curriculum Learning Of Kirkpatrick's Model. European Journal of Pharmaceutical and Medical Research, 13(3), 372–379.

Article Received on 04/02/2026 **Article Revised on 25/02/2026** **Article Published on 01/03/2026**

ABSTRACT

Background: This study aims to investigate The Effectiveness of Integrating Gender Awareness into Curriculum Learning of Kirkpatrick's Model. **Research Purposes:** A questionnaire survey method were employed in this study. Kirkpatrick's model was used to analyze the learning effects of 46 grade three students of the Department of Nursing of a university. SPSS 22.0 was used to analyze the data. The contents include percentage, average, correlation, t-test method. **Results:** (1) A total of 80.4% of the 46 samples were female (37), with ages ranging from 20 to 24 years. Among them, 8 (17.4%) took the gender awareness curriculum; 2 (4.3%) obtained 1 or 2 credits, and, 6 (13.0%) obtained 1–2 credit hours for the gender awareness curriculum. (2) The average scores before and after the gender awareness curriculum were 3.55 (0.59) and 3.62 (0.55), respectively. The latter was significantly higher than the former. (3) An average score of 4.16 (0.27) was obtained after evaluating the effects of education and training. Reaction dimension, Learning dimension, Action dimension, and Result dimension in order. (4) Objects were significantly different in the Learning dimension as an effect of gender ($t = 2.20$; $p < 0.05$). Males scored higher compared with females in the Learning dimension. Age also had an effect on the Learning dimension ($t = 2.64$; $p < 0.05$). Individuals more than 25 years of age scored higher compared with those 20 to 24 years of age in the Learning dimension. (5) Reaction, Learning, Action, and Result dimensions showed positive correlations. **Conclusions:** This study analyzes the effects of education and training range from moderate to high. The degree of satisfaction with intervention is high. The results provide a reference for teaching of community health nursing in the future.

KEYWORDS: Gender awareness; Integrated course; Kirkpatrick's Model for evaluating; Effectiveness.

INTRODUCTION

The United Nations (UN) put forward the concept of and a policy framework for gender mainstreaming in women's health for the first time at the Third World Conference on Women in 1985. The UN sought to clarify the concepts of physiological sex (sex) and social sex (gender) and health relations. Women need substantial health resources and good quality of life for reproduction and birth. The unequal division of labor because of gender, economic, family, institutional, and other unfairness as well as discrimination has an impact on women's health. Furthermore, impacts, such as violence, isolation, neglect, and prejudice, cause women to be mentally and physically unhealthy. The World Health Organization mentioned health equity in the 21st Century National Health Plan along with gender, race, poverty, and other issues.[1] Stipulating the Gender Equality Education Act in Taiwan in June, 2004 actively promoted gender mainstreaming in 2005. The act regarded gender statistics, budget, impact assessment, analysis, awareness training, and equality project group operations as the main driving tools. These tool will help all ministries gradually promote gender mainstreaming policies by stages, train public servants on gender sensitivity, and embed gender perspectives in the pursuit of gender equality as part of planning or reviewing policies and laws.[2]

A four-level training evaluation model raised by Kirkpatrick (1996)[3] is the most widely used and cited training evaluation criterion, characterized by its simplicity, completeness, ease in understanding and

implementing, as well as high availability. With the use of Kirkpatrick's four-level training evaluation model, learning effectiveness is divided into four levels, from the lowest to the highest, namely, Reaction, Learning, Behavior, and Results. In certain enterprises and schools, Kirkpatrick's model is also used to evaluate the effectiveness of employee training.[4-8] Kirkpatrick (1996b)[3] proposed that the model is gradual. The first level must be effective. Effectiveness, behavior, and results are denoted in the second, third, and fourth levels, respectively. The four evaluation steps are correlated such that Reaction affects Learning, Learning affects Behavior, and Behavior affects Results.

This study adopts a practice-oriented research approach. The four steps of action research method, namely, planning, action, observation, and thinking, are used in the study. Identifying as well as solving problems, verifying facts, and seeking progress help develop feasible integrated teaching activities and integrate gender awareness into the curriculum for community health nursing. Taiwanese scholars.[9-10] believe that education is the most effective approach in improving the current gender awareness. Currently, Taiwan has not integrated gender awareness into flipped curriculum teaching programs and activities in community health nursing. Accordingly, this issue is worth exploring.

MATERIALS AND METHODS

Objectives

1. To discuss the impact of integrating gender awareness on the cognition of students.
2. To discuss the effectiveness of students to the curriculum.

This study designed a teaching program that integrates gender awareness into the community health nursing curriculum. We also implemented, modified, and formulated teaching programs through action research. Learners will be evaluated through a series of pre- and post-tests, file data shared among community health nursing teachers, feedback from observers, and reactions from the researchers.

1. Among the invited community health nursing teachers from universities, and practitioners (physicians in clinics, nurses for public health), 12 people responded.
2. The community health nursing course has 46 junior students.

Research tools

1. Questionnaire on knowledge of and attitude toward the integration of gender awareness into the community health nursing curriculum

(1) Demographics

Gender, age, participation in a gender awareness course, and the number of credits for the course. The main research variables and grouping are as follows: (1) gender: male and female; (2) age: below 19, 20–29, 30–39, 40–49, and 50 above; (3) participation in a gender awareness course; (4) credits: nil, 1, 2, and 3 points; as well as (5) gender awareness course hours.

(2) Cognition toward gender awareness

Questionnaire: refers to the gender awareness development scale by Yang Renhong et al.[11], Cronbach's α of 0.79 for reliability, and the Nijmegen Gender Awareness in Medicine Scale by Verdonk et al. A total of 14 and 52 questions were posted for the cognition and attitude scales, respectively. A. Cognition: a five-point Likert-type scale is used for measurement, which includes Right, Don't know, Wrong, scored as 1, 0, and 0, respectively. B. Attitude: the general concept of gender awareness in nursing cases and curriculum, with a five-point Likert-type scale used for measurement, with 1-Very disagree, 2-Disagree, 3-Ordinary, 4-Agree, and 5-very agree.

2. Evaluation of the effectiveness of the learning platform and satisfaction

For the scoring method, a five-point Likert-type scale is used for measurement, including Very disagree, Disagree, Ordinary, Agree, Very agree, scoring 1–5 points in turn.

Reliability and validity of the questionnaire

1. Validity: expert validity is adopted for this scale, with a content validity index (CVI) of 0.80–0.84.
2. Reliability: Cronbach's alpha of 0.80–0.86.

Statistical analysis

SPSS 17.0 was used to analyze the completed questionnaire. The following methods used for analysis are as follows. 1. Descriptive analysis: frequency distribution, average, and percentage for all variables. 2. t-Test: for significant differences in knowledge and attitude toward integrating gender awareness into the community health nursing curriculum and evaluation of the effectiveness of the learning platform and satisfaction according to gender. 3. Pearson's product moment analysis: for the exploration of the correlation between knowledge and attitude toward integrating gender awareness into the community health nursing curriculum as well as correlation between the evaluations of the effectiveness of the learning platform and satisfaction. 4. Qualitative data analysis: contents of the flipped classroom-learning data.

Institutional Review Board (IRB) should be applied to show the respondents and related personnel of the study respect(CRREC-105-071). Participants were given a consent form in compliance with research ethics. and those participants retain the right to full knowledge and self-determination.

RESULTS

A total of 46 respondents participated in the study. Among them, 37 (80.4%) were female; 24 (52.2%) individuals were 20 to 24 years old, 8 (17.4%) have taken the gender awareness curriculum, 2 (4.3%)

obtained 1 or 2 points, and 6 (13.0%) received 1- to 2-h credit of the gender awareness curriculum (Table 1).

Table 1: Personal attributes (N = 46).

Variables	N (%)
Gender	
Male	9 (19.6)
Female	37 (80.4)
Age	
20–24	24 (52.2)
25 and above	22 (47.8)
Have you ever attended a gender awareness course?	
No	38 (82.6)
Yes	8 (17.4)
Credits	
Nil	42 (91.4)
1 point	2 (4.3)
2 points	2 (4.3)
Hours of the gender awareness course	
1–2	6 (13.0)
3–4	2 (4.3)
0	38 (82.7)

In the pre-test for gender awareness, the mean score is 3.36 (0.50). The mean scores of the sub- questions range from a low to a high degree of agreement (M = 2.13–3.85). Items with the highest mean score are "I believe that helping pregnant or birthing students complete their studies and providing the relevant guidance are necessary" (M = 3.85); "I believe that we need to encourage female students to select science and engineering courses" (M = 3.83); and "I would like to be familiar with the health nursing problems caused by inequalities between men and women" as well as "I believe that we should encourage male students interested in nursing jobs to join the department of nursing" (M = 3.78). Questions with the lowest score are "I do not have to considerably worry about gender roles because it happens in any country" (M = 2.13); "I believe that female students should attend art courses and that male students should attend home economics courses" (M = 2.70); and "Female patients commonly complain about their health; hence, they have more concerns than male patients" (M = 2.78) (Table 2).

Table 2: Pre- and post-tests of general gender awareness (N = 46)

Variables	Pre-test	Post-test
	Mean (standard deviation)	Mean (standard deviation)
1. I would like to participate in the activities for health policy making.	3.24 (0.85)	3.80 (1.00)
2. I am opposed to excessive emphasis on female sexuality or attraction or to excessive emphasis on female characteristics, gender stereotype, and gender discrimination.	3.63 (1.02)	4.00 (0.87)
3. I would like to be familiar with the health problems caused by inequality between men and women.	3.78 (0.84)	4.07 (0.80)
4. I would like to realize the background and health-seeking behaviors of new immigrant women.	3.72 (0.75)	3.98 (0.80)
5. I believe that homosexuality is closely related to AIDS.	2.91 (1.22)	3.41 (1.04)
6. Female patients commonly complain about their health; hence, they have more concerns than male patients.	2.78 (0.76)	3.41 (1.04)
7. I do not have to considerably worry about gender roles because it happens in any country.	2.13 (1.02)	3.46 (1.24)
8. I believe that new immigrant women should not be treated as commodities.	3.76 (1.06)	3.85 (0.98)
9. I believe that we need to encourage male students interested in nursing jobs to join the department of nursing.	3.78 (0.96)	4.22 (0.84)
10. I believe that female students should attend art courses and that male students should attend home economics courses.	2.70 (1.13)	4.07 (1.12)
11. I believe that we need to encourage female students to select science and engineering courses.	3.83 (0.99)	4.13 (0.93)

12. I believe that helping pregnant or birthing students complete their studies and providing the relevant guidance are necessary.	3.85 (0.98)	4.20 (0.83)
Mean (standard deviation)	3.36 (0.50)	3.89 (0.50)

Evaluation of education and training effectiveness

Table 3 shows the evaluation of education and training effectiveness. The mean scores are distributed ranging from 3.01 to 4.23, and the whole mean value is 4.16 (0.27), ranking Reaction, Action Learning, and Result dimensions.

1. Reaction: the mean score is 4.23 (0.28). The mean scores of sub-questions have a high degree of agreement (M = 4.09–4.63). The item with the highest mean score is "I am suitable for the digital learning platform" (M = 4.63), and the question with the lowest mean score is "The digital learning platform is easy to use" (M = 4.09).
2. Learning: the mean score is 4.12 (0.29). The mean scores of sub-questions have a high degree of agreement (M = 4.00–4.30). The item with the highest mean is "I understand the courses introduced in the digital learning platform" (M = 4.30), whereas the items with the lowest mean scores are "Using the digital learning platform, I am satisfied with my learning effectiveness" and "Learning from the digital learning platform, I am substantially aware of my goals (M = 4.00).
3. Action: the mean score is 4.20 (0.31). The mean scores of sub-questions have a high degree of agreement (M = 4.37–4.26). The item with the highest mean score is "The knowledge acquired in the digital learning platform helps me learn other relevant knowledge and skills" (M = 4.37), whereas, the item with the lowest mean score is "After learning on the digital learning platform, I have changed my method of professional learning" (M = 4.26).
4. Result: the mean score is 3.01 (0.41). The mean scores of sub-questions range from a low to a middle degree of agreement (M = 2.57–3.48). Items with the highest mean scores are "The knowledge acquired from the digital learning platform can help me effectively learn other relevant knowledge and skills for the coming year" and "After learning on the digital platform, I can effectively study in the coming year" (M = 3.48). The item with the lowest mean score is "After learning on the digital platform, I can provide a solution appropriate for the development of professional study in the next year (M = 2.57). (Table 3).

Table 3: Evaluation of digital learning effectiveness (N = 46).

Variables	N (%)					
	Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Mean (standard deviation)
Reaction						
1. I am suitable for the digital learning platform.	0 (0.0)	0 (0.0)	3 (6.5)	11 (23.9)	32 (69.6)	4.63 (0.61)
2. The digital learning platform is easy to use.	0 (0.0)	2 (3.6)	5 (10.9)	32 (69.6)	9 (19.6)	4.09 (0.55)
3. Interacting with instructors on digital platforms helps learning.	0 (0.0)	0 (0.0)	6 (13.6)	28 (60.9)	12 (26.1)	4.13 (0.62)
4. Interacting with other learners on digital platforms helps learning.	0 (0.0)	0 (0.0)	5 (10.9)	28 (60.9)	13 (28.3)	4.17 (0.61)
5. I like to use the digital learning platform. The teaching method is vivid, and arouses my interest.	0 (0.0)	0 (0.0)	2 (4.3)	36 (78.3)	8 (17.4)	4.13 (1.062)
Mean (standard deviation)	4.23 (0.28)					
Learning						
6. We can learn knowledge and skills from the digital learning platform.	0 (0.0)	0 (0.0)	3 (6.5)	26 (56.5)	17 (37.0)	4.30 (0.59)
7. I can understand the courses introduced by the digital learning platform.	0 (0.0)	0 (0.0)	5 (10.9)	32 (69.6)	9 (19.6)	4.09 (0.55)
8. Learning from the digital learning platform, I am satisfied with my learning effectiveness.	0 (0.0)	0 (0.0)	5 (10.9)	36 (78.3)	5 (10.9)	4.00 (0.47)
9. Learning from the digital learning platform, I am substantially aware of my goals for learning.	0 (0.0)	0 (0.0)	6 (13.0)	34 (73.9)	6 (13.0)	4.00 (0.52)
10. Learning from the digital learning platform, I am considerably confident	0 (0.0)	0 (0.0)	4 (8.7)	28 (60.9)	14 (30.4)	4.22 (0.59)

of the challenges of my schoolwork.						
Mean (standard deviation)	4.12 (0.29)					
Action						
11. Knowledge acquired in the digital learning platform helps me learn other relevant knowledge and skills.	0 (0.0)	0 (0.0)	3 (6.5)	23 (50.0)	20 (43.5)	4.37 (0.61)
12. Knowledge acquired in the digital learning platform helps me study professionally.	0 (0.0)	0 (0.0)	5 (10.9)	34 (73.9)	7 (15.2)	4.04 (0.52)
13. After learning on the digital learning platform, I enjoy studying professionally.	0 (0.0)	0 (0.0)	4 (8.7)	32 (69.6)	10 (21.7)	4.13 (0.54)
14. I can apply the knowledge acquired through the digital learning platform to professional learning.	0 (0.0)	0 (0.0)	2 (4.3)	32 (69.6)	12 (26.1)	4.22 (0.51)
15. After learning on the digital platform, I have changed my method of learning.	0 (0.0)	0 (0.0)	3 (6.5)	28 (60.9)	15 (32.6)	4.26 (0.58)
Mean (standard deviation)	4.20 (0.31)					
Result						
16. Knowledge acquired through the digital learning platform can help me effectively execute the learning of other relevant knowledge and skills in the coming year.	0 (0.0)	7 (15.2)	16 (34.8)	17 (37.0)	6 (13.0)	3.48 (0.91)
17. After learning on the digital learning platform, I can effectively make professional study in the coming year.	0 (0.0)	5 (10.9)	18 (39.1)	19 (41.3)	4 (8.7)	3.48 (0.81)
18. After learning on the digital learning platform, I can effectively help classmates improve their learning ability in the coming year.	0 (0.0)	20 (43.5)	17 (37.0)	9 (19.6)	0 (0.7)	2.76 (0.77)
19. After learning on the digital learning platform, I can provide opinions to the development of the professional study in the next year.	0 (0.0)	28 (60.9)	3 (6.5)	12 (26.1)	3 (6.5)	2.78 (1.05)
20. After learning on the digital platform, I can provide a solution appropriate for the development of professional study in the next year.	0 (0.0)	32 (69.6)	3 (6.5)	10 (21.7)	1 (2.2)	2.57 (0.91)
Mean (standard deviation)	3.01 (0.41)					
Global mean (standard deviation)	4.16 (0.27)					

Evaluation of Education and Training Effectiveness

Table 4 shows the correlation among the Reaction, Learning, Action, and Result dimensions. The correlation coefficient of 0.226 between Reaction and Action shows a minimal positive correlation that reaches a significant level. A highly positive correlation on a significant level is found for the correlation efficient between Reaction and Result (1.000). The correlation efficient between Learning and Action is 0.306, denoting a minimal positive correlation that attains a significant level. Moreover, the correlation efficient between Learning and Education Training Effectiveness (0.378) demonstrates a small positive correlation at a significant level. A minimal positive correlation reaching a significant level is revealed by the correlation efficient between Action and Learning (0.306). The correlation efficient of 1.000 between Reaction and Result suggests a highly positive correlation reaching a significant level. Finally, the correlation coefficient between Action and Education Training Effectiveness (0.317) implies a minimal positive correlation on a significant level. (Table4).

Table 4: Correlation among the dimensions of Reaction, Learning, Action, Result, and Education and Training.

Dimensions	Education and Training Effectiveness dimension				
	Reaction	Learning	Action	Result	Education and Training Effectiveness
Reaction	1	0.203	0.226*	1.000**	1.119
Learning	0.203	1	0.306*	0.203	0.378**
Action	0.226	0.306*	1	0.226	0.317*
Result	1.000**	0.203	0.226	1	0.119
Education and Training Effectiveness	0.119	0.378**	0.317*	0.119	1

*$p < 0.05$； **$p < 0.01$； ***$p < 0.001$

t-Test of the combination of Learning, Gender, and Age

Table 10 indicates that all subjects significantly differ in the Learning dimension due to Gender ($t = 2.20$； $p < 0.05$) and that males are significantly higher than females in terms of the Learning dimension. All subjects are significantly different in terms of Learning dimension due to Age ($t = 2.64$； $p < 0.05$), and subjects over 25 years of age scored significantly higher in the Learning dimension than those 20–24 years of age. (Table 5).

Table 5: t-Test of the combination of Learning, Gender and Age.

Variable	Dimensions	Options	Number of subjects	Mean	Standard deviation	*t* value
Learning dimension	Gender	Male	9	4.31	0.18	2.20* (0.033)
		Female	37	4.08	0.31	
	Age	20–24	24	4.01	0.34	2.64* (0.011)
		>25	22	4.23	0.20	

*$p < 0.05$； **$p < 0.01$； ***$p < 0.001$

Pre- and post-test results of Gender Awareness

Table 11 of the pre- and post-test results of Gender Awareness of all subjects exhibits that the following post-test results are significantly higher than the pre-test results: the Combination of Cognition of Gender Awareness ($t = 7.89$； $p < 0.000$), the Combination of General Gender Awareness ($t = 8.74$； $p < 0.000$), the Combination of Gender Awareness of Care Case ($t = 6.75$； $p < 0.000$), and the Combination of Gender Awareness Curriculum ($t = 4.58$； $p < 0.000$). (Table 6).

Table 6: Pre- and post-test results of Gender Awareness (N = 46)

	Pre-test		Post-test		t value
Variables	**Mean**	**SD**	**Mean**	**SD**	
Combination of Cognition of Gender Awareness	0.62	0.21	0.71	0.18	7.89***
Combination of General Gender Awareness	3.36	0.50	3.86	0.50	8.74***
Combination of Gender Awareness of Care Case	3.01	0.50	3.22	0.50	6.75***
Combination of Gender Awareness Curriculum	3.55	0.59	3.62	0.55	4.58***

*$p < 0.05$； ** $p < 0.01$； ***$p < 0.001$

DISCUSSION

A total of 46 samples were obtained, including 37 females (80.4%). Among the participants, 24 were aged 20 to 24 (52.2%), and 8 enlisted to the gender awareness curriculum (17.4%). The cognition of gender awareness of subjects showed more marked progress in the post-test than in the pre-test results of flipped learning teaching intervention.

1.Cognition of general gender awareness.

The amendment of Excellent Reading Materials for Gender Equity Education in 1998 by the Ministry of Education emphasizes the multi-orientation of gender: 120 bibliographies were recommended for inclusion into gender equity education. Multiple role models regardless of male or female roles, sexual orientation and diversity of gender traits, and the differences in the gender between different races or ethnic groups are fully explored. Gender equity education is not just a breakthrough in gender role stereotypes. Gender roles are implied in the social context, hence the entire social economy and the relationships among ethnic groups will deeply affect the operation of gender.[12]

Publications, books, teaching materials, teaching aids, and the contents of textbooks related to gender bias and discrimination are full of patriarchy and promote the authority of gender bias. They cannot reflect gender roles in the light of social change and the current status of social culture and the relationships among individuals. Instead, they blur the facts and the situation.[13]

“Male students must have a boy’s appearance, be strong, and they cannot cry, they must go forward and get achievements. Female students must have a girl’s appearance, be gentle, delicate, and lovely. They must

have long hair and wear skirts. Generally, when talking about the sex, we are usually intuitively thinking of 'men' and 'women.' This is because we grew up in a society where we saw only two sexes. What impressed me most is Gender Stereotypes. The topic of Gender Stereotypes can be found everywhere in our lives. For example, mother is responsible for preparing meals and taking care of family affairs; father, the source of finances, is responsible for working hard outside the home. Because of gender stereotypes, we become a product of socialization. Therefore, to eliminate the gender stereotypes from our minds, we should start not just from education, but from the education of our family to cultivate the healthy self-concept of students and understand the role of gender in self development, and encourage female students who are interested in science and engineering to choose the engineering department. Female students should attend art courses and male students should attend the course on home economics." (Female student A)

"What impressed me most about the course was that male nurses shared some of the information they faced in clinical practice. Most people are still very stereotyped, they think that boys should be doctors, engineers, and so on. When things are different from what they think, we are surprised and inquisitive. In fact, a lot of good professionals do not conform to gender stereotypes in many industries. For example, chefs, hairdressers, and pianists are all male. Neither men nor women should be restricted by their gender, as long as they are able to exercise their professional abilities and be conscientious and responsible." (Female student B)

2. Evaluation on education and training effectiveness

Students can realize the curriculum introduced by the digital learning platform. It helps students learn related knowledge and skills. The satisfaction with the curriculum is high. With the practical content, the multi-interaction teaching model can promote communication, cooperation, and study. If students are more satisfied with the learning effect of the training course, they become more aware of their gains in the training. After the flipped curriculum, they think their professional abilities have been improved.[9,14]

After learning on the digital learning platform, I can provide an appropriate solution to the development of professional study in the next one year wherein the lowest mean is difficult to achieve. Such outcome shows that it is not easy to extend personal benefits. The higher the level of training, the more difficult it is. Wang's research result[15] demonstrated that students believe the skill and knowledge acquired from training courses is limited to the product process, the product itself, and the product application in the Result level. This result is consistent with.[1,7,16]

The application and result of the Learning dimension by students aged more than 25 are stronger than those of students aged in 20–24. Older students are highly satisfied with the training courses. Moreover, the improvement of their personal abilities after being trained is higher than that of the younger staff.[17]

CONCLUSIONS

The cognition of gender awareness curriculum has been improved after interventions. The mean score of education and training effectiveness is 4.16, such that Reaction Dimension > Action Dimension > Learning Dimension > Result Dimension. With high satisfaction with interventions, it is believed that the activity can improve the applications in clinics and in education, enhance teaching confidence and ability. It does help individuals grow professionally and gives them a certain degree of validation.

Based on the results of this study, the following suggestions for students and teachers are proposed.

1. Student

The planning and implementation of gender awareness integrated into the nursing curriculum. The teacher's educational activities should involve sexual sensitivity, avoiding gender stereotypes and gender inequality. With teaching knowledge and skills of non-gender bias, teachers should correct but not copy gender discrimination and inequality for improving the driving knowledge of gender equality education and constructing efficient teaching strategies. The integration of gender equity issue into the curriculum can incorporate the social issue into the existing academic or disciplinary content as a part or a unit. It can be concentrated in a field or subject, and can also be dispersed in a number of related fields or disciplines. In addition, the potential curriculum can be used to arrange the teaching materials related to the social issues in the environment through the arrangement in campus and classrooms. The teaching methods for gender awareness integrated into the flipped curriculum include lectures, workshops, the inclusion of literary and creative works, social or political issues added into gender equity education, and role demonstration.

2. Teacher

The construction of the learning atmosphere and the teaching environment in the education of gender equality in the campus should begin with the teachers themselves. Teachers should rethink the design of the teaching activity, the interaction between teachers and students, their expectations for students, the arrangement of educational space, the class operation, and the construction of formal and informal curricula through the awakening of gender awareness. They should re-examine if their own teaching attitudes and behaviors have gender role stereotypes and gender bias, then strive to improve their teaching strategies. An education-based approach is the only proper course to improve gender awareness. The implementation of gender education which meets the nursing situation will help the nursing staff combine

gender with health nursing, in order to provide individualized holistic care.

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