Women's Health Nurse-Led Clinics: Addressing Gender Inequities

Abstract

Promoting women's health is an essential component of healthcare, with all women entitled to care that supports health promotion, illness prevention and health management. To promote the health and wellbeing of women and assist with health equity through healthcare access and provision, nurses are uniquely positioned to help reduce the health inequities women experience through nurse-led models of care. Within this context, the aim of this paper is to provide insight into the purpose behind nurse-led clinics and their importance in women's health, highlighting the benefits such as improved accessibility, holistic care, and patient satisfaction, while providing practical guidance for clinicians on setting up nurse-led clinics for women health and wellbeing.

Introduction

Women's health and wellbeing are an integral component of women's wellness across the lifespan. However, women experience greater health vulnerabilities compared to men as a result of gendered and sociocultural factors that can detrimentally impact their health (World Health Organisation [WHO], 2025a). For example, women are more likely to experience violence, poverty, socio-economic disadvantage (WHO, 2025a), and poorer health outcomes, in addition to experiencing a lack of access to appropriate and timely healthcare services that meet the unique needs of women (Department of the Prime Minister and Cabinet, 2023).

Globally, women are also at high risk of social exclusion, this (gender) coupled with intersectional factors of race, ethnicity and age, as well as circumstances such as living in poverty or exposure to violence can perpetuate this exclusion (Cuesta et al., 2024). In terms of health, a systematic literature review and meta-analysis from 337 studies (Aldridge et al., 2017) identified that when taking age into account, the mortality rate among socially excluded women was 12 times higher. Furthermore, socially excluded women are disproportionally more likely to die from pregnancy related causes (WHO, 2025b).

In order to address the health disparities experienced by women, in 2010 the United Nations (UN) developed UN Women, dedicated to the empowerment of women globally (UN Women, undated). Following this in 2015, one of the UN Sustainable development goals (SDGs); SDG 5 specifically, focused on promoting gender equality by 2030. However, a recent report on

progress towards the SDGs in terms of gender (United Nations, 2023), demonstrated progress in terms of reducing poverty, promoting good health and wellbeing, zero hunger and reduced inequalities for women was low, and unlikely to meet the goals set by 2030.

Addressing gender-based inequity in healthcare is crucial (WHO, 2025b). The health inequity consequences for women include poorer mental health, higher rates of chronic illness, poorer health outcomes in general and delayed healthcare treatment compared with men (Department of the Prime Minister and Cabinet, 2023). For example, although cardiovascular disease (CVD) is a leading cause of morbidity and mortality among women, gendered health inequity has resulted in women being underdiagnosed and undertreated for CVD (Vogel et al., 2021). Considering nurses constitute the largest healthcare professional group and are responsible for 90% of care delivered (WHO, 2021), registered nurses, as a profession, could have a major impact on addressing the health disparities experienced by women. Through integrating nurse-led models, nurses can assist in mitigating health disparities through the provision of tailored, equitable care. Doing so aligns with the UNs SDGs, particularly SDG 3, which aims to ensure healthy lives and promote wellbeing for all. By being centred on gender equity and the SDGs, nurse-led models of care can contribute to more just and inclusive healthcare systems.

Background

Nurse-led models of care are underpinned by theoretical and evidenced based care and are structured models supported by organisation governance and driven and delivered by nurses (Clarke et al 2024). Historically, nurse-led models of care have evolved in response to the growing demand for healthcare services and the need for more efficient and effective care delivery (Terry et al., 2024, Clarke et al., 2024). These models have been particularly successful in addressing the needs of vulnerable populations, including women in rural and remote areas. By providing accessible and comprehensive care, nurse-led clinics have helped to reduce health disparities and improve health outcomes (Johnson et al., 2024, Weckman et al., 2024, Clarke et al., 2024).

The development of nurse-led models of care have been supported by various policy initiatives and funding programs globally aimed at enhancing the role of nurses in healthcare (Weckman et al., 2024, Johnson et al., 2024, Clarke et al., 2024). These initiatives have recognised the value of nurse-led care in improving access to care, reducing healthcare costs, and enhancing

patient satisfaction. As a result, nurse-led models have become an integral part of many healthcare systems internationally. The significance of nurse-led models is in their ability to offer personalised and continuous care, which is often lacking in traditional healthcare settings. Nurses, with their extensive training and patient-centred approach, are well-positioned to manage a wide range of health issues, from preventive care to chronic ill-health management (Weckman et al., 2024). Additionally, nurse-led models of care are designed to be cost-effective, reducing the financial burden on healthcare systems and consumers (Clarke et al., 2024).

Nurse-led clinics have become a popular nurse-led model of care in addressing healthcare needs of individuals and communities and have the capacity to provide targeted services such as family planning, prenatal and postnatal care, and cancer screenings, which are essential for maintaining women's health (Weckman et al., 2024, Johnson et al., 2024). Browall et al. (2017), highlighted women, both as patients and nurses, experience fundamental nursing care practices that involve strong leadership, collaborative partnerships, and cohesive organisational practices aligned with nursing care objectives, significantly enhanced their overall quality of care and professional satisfaction. These nurse-led clinics also enable specialised education and support, empowering women to make informed decisions about their health and wellbeing.

Women have distinctive healthcare needs which vary throughout the lifespan because of biological changes and the ageing process. For example, young women may require healthcare associated with the menstrual cycle, fertility and pregnancy whereas older women may require support for menopausal changes and chronic illnesses. Regardless of their needs, the literature is replete with evidence of the effectiveness of nurse-led clinics in improving women's health outcomes. For example, Chan et al. (2018), found nurse-led services in the ambulatory care setting significantly improved clinical outcomes for women. Åkeflo et al. (2022), highlighted that nurse-led clinics have significantly improved the sexual health and wellbeing of female pelvic cancer survivors, reducing both superficial and deep genital pain, and enhancing their overall quality of life. Lastly, Han et al. (2025) demonstrated nurse-led clinics have positively impacted the health-related outcomes of pregnant women, including reductions in depressive symptoms, stress, and anxiety, as well as enhancements in self-efficacy, self-management ability, and quality of life. Similarly, nurse-led care can address barriers to access and provide high-quality, patient-centred reproductive health care services to women particularly in rural areas (Moulton et al., 2025). As such, these insights highlight the importance of nurse-led

models in providing high-quality, patient-centred care for women, and represent a promising solution to many of the challenges facing healthcare systems today.

Primary health care (PHC) is often the first point of contact for most individuals, and as such PHC offers a critical opportunity to deliver preventive care and early intervention, helping avoid costly hospitalisations and treatments (Beks et al., 2023). Within this setting, nurse-led models of care represent a transformative approach, emphasising holistic, accessible, and cost-effective services, that support nurses to work to their full scope of practice and address the health needs of women (Weckman et al., 2024). Recent evaluations of integrated care models, such as the Women's Health Hubs (WHH) in the UK, offer additional insights into how nurse-led approaches can be effectively embedded within broader system-level strategies to enhance women's health services (Daniel et al., 2024). The WHH framework offers a valuable model for informing the design and implementation of nurse-led models of care, particularly within PHC. Drawing on a national evaluation, the framework highlights critical elements, such as integrated service delivery, cross-sector collaboration, and responsiveness to local population needs, which are equally foundational for effective nurse-led care (Daniel et al., 2024).

The emphasis of WHHs on co-production, adaptable and responsive heath care delivery, while addressing structural inequalities provides a strategic blueprint for embedding nurse-led services within broader reforms of the health system. Moreover, WHHs reinforces the importance of life-course, woman-centred care, aligning with the holistic and preventive ethos of nursing practice (Daniel et al., 2024). As such, the WHH framework not only complements but also strengthens the case for scaling nurse-led models as a sustainable and equitable approach to improving women's health outcomes.

The concept of nurse-led clinics is well established in the UK, where they have been integrated into primary care for several decades. This international precedent reinforces the adaptability and effectiveness of nurse-led models across diverse healthcare systems (Betz, 2023, Tsatsou, 2025). While this paper focuses on the Australian context, the principles underpinning nurse-led care are universally applicable and may be tailored to meet the needs of different populations and regulatory environments.

Purpose of nurse-led models of care

The purpose of nurse-led models of care focused on women is to provide comprehensive, accessible, and specialised healthcare services tailored to women's healthcare needs. By enabling nurses to work to their full scope of practice, these models support the delivery of preventive health, early detection, and chronic condition management, which are key components in enhancing women's health outcomes and overall wellbeing. Additionally, they can also empower nurses to assume expanded roles, utilising their expertise to manage a wide range of health issues affecting women (Weckman et al., 2024).

To maximise their reach and impact, nurse-led models increasingly incorporate innovative strategies such as telehealth and community-based delivery (Weckman et al., 2024). The integration of telehealth services within nurse-led care is particularly crucial, as it enables the provision of essential healthcare services to women in rural or remote areas or where limited access to gender specific care is absent or 'health deserts' (Weckman et al., 2024, Statz and Evers, 2020, Ross, 2024). This adaptability allows nurse-led care to operate within or alongside existing healthcare systems, enhancing continuity and coordination while overcoming structural barriers to access, ensuring all women, regardless of their location, can receive timely and effective care.

Nurse-led models of care also play a significant role in health education and promotion. Nurses are uniquely positioned to educate women about healthy lifestyle choices, disease prevention, and self-care practices (Weckman et al., 2024, Johnson et al., 2024). This educational role is central to empowering women to take control of their health, make informed decisions, and engage in long-term wellness strategies. This approach to health care is vital to address the health needs of women, and ensuring that all women have access to the care they need, regardless of their circumstances. By integrating innovative approaches nurse-led care can effectively reach and support women in all settings, making a significant impact on their health and wellbeing and assisting in the health inequities women often experience.

Benefits of nurse-led clinics for women's health

Nurse-led clinics, such as those focused on breast cancer and sexual health, offer specialised care that includes education, screening, and treatment, fostering a proactive approach to health management. For example, breast cancer clinics offer regular screenings and early detection programs, which are crucial for effective treatment and improved survival rates. Chronic ill-health management programs led by nurses provide continuous monitoring and lifestyle

counselling, empowering women in managing conditions such as diabetes and hypertension through sustained engagement and education. These programs emphasise patient education and self-management, helping women make informed decisions about their health (Clarke et al., 2024).

Nurse-led models of care and clinics have been shown to significantly improve the quality of life for patients with chronic conditions (Chan et al., 2018, Lee et al., 2022). For example, Arooj et al. (2025), when examining chronic kidney disease management found that nurse-led interventions improved symptoms, sleep quality, energy levels, and overall health. These outcomes are closely linked to the patient-centred nature of nurse-led care, which fosters strong therapeutic relationships and prioritises holistic, empathetic communication (Clarke et al., 2024). This holistic approach ensures that patients receive comprehensive care that addresses their physical, emotional, and social needs.

Furthermore, these clinics also offer significant cost savings for healthcare systems. By focusing on preventive care and early intervention, these models can help avoid costly hospitalisations and treatments. This is particularly vital in the context of rising healthcare costs and the increasing prevalence of chronic diseases. Nurse-led clinics have been associated with a reduction in hospital readmissions, particularly for chronic ill-health management (Beks et al., 2023). This is due to the continuous monitoring and follow-up care provided by nurses, which helps in early identification and management of potential complications. By reducing the financial burden on healthcare systems and patients, nurse-led clinics can contribute to the greater sustainability of healthcare systems (Terry et al., 2024). Overall, the benefits of nurse-led models of care and clinics are numerous and far-reaching. By providing accessible, comprehensive, and cost-effective care, these models can improve health outcomes, enhance patient satisfaction, and reduce healthcare costs.

Table 1: Purpose and benefits of nurse-led models of care and clinics

Purpose	**Benefits**
Address service gaps in underserved and rural areas	Improved access to care and reduced health disparities
Deliver comprehensive, accessible, and specialised care tailored to women's health needs	Holistic, person-centred care that addresses physical, emotional, and social needs
Empower nurses to work to full scope of practice	Enhanced patient satisfaction and engagement

Promote preventive health, early detection, and chronic disease management	Better management of chronic conditions and improved health outcomes
Support health education and informed decision-making	Cost savings through reduced hospitalisations and early intervention

Specific considerations needed when setting up a nurse-led clinic

Setting up a nurse-led clinic for women's health involves several practical steps to ensure success and sustainability. Firstly, a thorough needs assessment is required to identify the specific health needs of the target population and evaluate available resources (Johnson et al., 2024, Weckman et al., 2024). This involves engaging key women stakeholders, including healthcare providers, patients, community leaders, and policymakers, to gather input and build support. Forming advisory committees with representatives from various stakeholder groups can guide the development and implementation of the clinic (Johnson et al., 2024, Weckman et al., 2024, Moulton et al., 2025).

Understanding and establishing the financial model of the clinic, along with securing funding and resources is vital for the operation of the nurse-led clinic. Identifying funding sources such as government grants, private donations, and partnerships with healthcare organisations is essential. Adequate staffing, equipment, and facilities must be ensured to support the activities of the clinic. Developing the necessary infrastructure and integrating technology, such as telehealth services, can extend the reach of the clinic, essential to meet the needs among women from underserved or remote communities (Johnson et al., 2024, Weckman et al., 2024). Alternatively, within the PHC setting, extending existing clinics to include for example breast care screening could minimise costings.

In the context of PHC settings, recruiting and training staff is a critical step, where having suitably qualified nurses with specialised training in evidence-based women's health, including reproductive and sexual health, chronic ill-health management, and mental health, is essential to the productivity of the team (Johnson et al., 2024, Weckman et al., 2024). It may mean undertaking an environmental scan of current expertise, skills and gaps, and hiring those needed to fill key gaps identified. Conversely, it may mean providing additional or ongoing professional development programs to ensure staff are updated on the latest practices and technologies. Cultural safety training for staff is also vital to ensure inclusive services are also

appropriate and relevant, to meet the diverse needs of the population (Johnson et al., 2024, Weckman et al., 2024). Given the multidisciplinary nature of PHC, collaboration may also be considered, where the team which may include doctors, social workers, and mental health clinicians ensures comprehensive care is achieved (Matthys et al., 2017). This also highlights the need to establishing or ensuring clear policies and protocols are in place for patient referrals and communication among team members will be necessary for coordinated care.

Implementing evidenced based patient-centred care should be central (Clarke et al., 2024). Adopting a holistic approach that addresses the physical, emotional, and social needs of women and empowering patients through education on health management, preventive care, and self-care practices are also key components (Johnson et al., 2024, Weckman et al., 2024). In addition, the need for monitoring and evaluation is paramount in the clinic's performance. Monitoring and reporting patient satisfaction and outcomes will help assess and further establish its effectiveness, while informing continuous improvement that is based on feedback and data provided. This approach will ensure any gaps in care are addressed, while enhancing service quality.

General considerations needed when setting up a nurse-led clinic

In addition to the key steps of setting up a nurse-led clinic, there are several general considerations that are also crucial. These include ensuring regulatory compliance is achieved or maintained through proper licensing and accreditation, along with developing comprehensive policies and procedures to guide clinical practice (Betz, 2023). In the UK and other similar settings, this may be less about formal licensing and more about ensuring robust clinical governance frameworks are in place, supported by rigorous supervision and ongoing continuing professional development (Michael and Loh, 2023). Beyond this, community engagement through public awareness campaigns and partnerships with local organisations is also vital to build trust and encourage utilisation of the services within the clinic. Although noted previously, it is vital to consider implementing robust data management systems, which may include electronic health records, and data analytics, while ensuring enhanced efficiency and security (Johnson et al., 2024, Weckman et al., 2024, Schmüdderich et al., 2023).

Continuous quality improvement programs and patient feedback mechanisms are vital to maintain high standards of practice and care, while also identifying and addressing any gaps (Davis et al., 2021). Beyond the practicalities of nurse-led clinic set up, both financial and

environmental sustainability planning is critical (Johnson et al., 2024, Weckman et al., 2024). By developing a long-term financial plan and implementing eco-friendly practices, this further contributes to the viability and sustainability of the clinic, while maintaining a healthy or reducing its environmental footprint (Clarke et al., 2024). By considering these additional elements, a nurse-led clinic can operate efficiently, sustainably, and inclusively, providing high-quality care that meets the evolving needs of women (refer to text box 1 for an overview of considerations for practice). The following case study is an example from Australia, however can be generalised in countries with similar health infrastructure and contexts such as the UK.

Case Study

A nurse-led clinic was developed in Australia to address the complex and long-term health impacts of family and domestic violence on women. Guided by the National Plan to End Violence against Women and Children 2022–2032 (Commonwealth of Australia, 2022), the clinic aimed to provide trauma-informed, holistic care through prevention, early intervention, response, and recovery. Registered nurses led the initiative, working collaboratively with general practices, community organisations, and specialist services. The clinic not only delivered direct care but also built capacity within the PHC system through education, partnerships, and quality improvement strategies.

Planning

Planning focused on establishing a sustainable, accessible clinic model that could respond effectively to family and domestic violence within a PHC setting. The clinic was co-located within a hospital and led by registered nurses who were responsible for both clinical delivery and stakeholder engagement. An eight-week establishment phase was implemented to build relationships with local general practices and community services. This phase was critical for developing referral pathways, promoting the clinic's services, and ensuring a coordinated response to family and domestic violence. The design of the clinic reflected the four domains of the national plan: prevention, early intervention, response, and recovery.

Training and delivery

Training was central to building the capacity of general practices to identify and respond to family and domestic violence. A Community of Practice training package was developed and delivered in two stages. The first session involved the entire general practice team and focused on trauma-informed care and holistic service delivery. The second session was tailored for

general practitioners (GPs), equipping them with the skills to identify, assess, and manage family and domestic violence within consultations. As GPs became more confident, the clinic had an increase in secondary consultations and referrals. Registered nurses provided these consultations, often in a de-identified format, and supported practices in implementing quality improvement initiatives using the Plan-Do-Study-Act model (Reed and Card, 2016).

Partnerships

Strong partnerships were essential to the clinic's success and sustainability. A steering committee was formed with external stakeholders to guide decision-making and ensure diverse input. An online forum was launched to engage healthcare providers across the region, using de-identified case studies to facilitate discussion and learning. The clinic also developed a robust referral network linking general practices with specialist family and domestic violence and sexual assault services. These pathways were co-designed with input from police, child protection, and family services. Cultural safety was prioritised through partnerships with local Indigenous groups, ensuring care was culturally appropriate and inclusive.

Reporting requirements

Comprehensive reporting ensured accountability and informed continuous improvement. Registered nurses were responsible for project planning and relationship building during the establishment phase. Data collection included both quantitative and qualitative measures, such as training attendance, consultation numbers, and referral rates. Progress reports were submitted at 6, 12, and 18 months, covering financial, delivery, communication, and accreditation metrics.

Impact and outcomes

The clinic demonstrated the effectiveness of nurse-led clinics in addressing family and domestic violence in primary care. The impact assessment focused on the integration of primary care and community services to support early intervention. The clinic strengthened the capacity of general practices to respond to family and domestic violence by building whole-of-practice skills and improving service delivery. Improvements in practice quality, and regional statistics informed future planning were demonstrated through regular audits, with approximately 180 referrals and secondary consultations being made as a result of the clinic, indicating broader reach and improved care delivery. These outcomes highlight the value of nurse-led clinics as enablers of systemic change in family and domestic violence response.

Considerations for practice (Text Box 1)

- **Nurse leadership is essential**: Appoint experienced registered nurses to lead both clinical care and stakeholder engagement. Their leadership is critical to building trust, coordinating services, and delivering trauma-informed care.
- **Holistic, trauma-informed care must be central**: Design your clinic to support women across prevention, early intervention, response, and recovery. Align with national or regional strategies to ensure relevance and sustainability.
- **Whole-of-practice training builds capacity**: Deliver structured training to all general practice staff, including administrative roles, to ensure a consistent and confident response to family and domestic violence.
- **Partnerships drive impact and sustainability**: Establish strong relationships with general practitioners, community organisations, Indigenous groups, and specialist services. Co-design referral pathways and governance structures to ensure shared ownership.
- **Data and evaluation support growth**: Implement robust reporting systems from the outset. Use both qualitative and quantitative data to demonstrate impact, guide improvements, and advocate for continued funding.
- **Plan for long-term integration**: Start with a focused establishment phase, but design your clinic with scalability, adaptability, and with the long-term integration into the primary healthcare system a central focus.

Conclusion

This article has highlighted how nurses can improve and support women's health and wellbeing through PHC nurse-led clinics. We have discussed the purpose and benefits of nurse-led clinics, provided considerations required when setting up this type of nurse-led model of care and shared insights via a case study. Nurses are well situated to assist in reducing women's health inequities and are equipped to lead innovative models of care that also promote nurses working to their scope of practice within a PHC context.

References

Åkeflo, L., Dunberger, G., Elmerstig, E., et al. 2022. Sexual health and wellbeing among female pelvic cancer survivors following individualized interventions in a nurse-led clinic. *Supportive Care in Cancer,* 30**,** 8981-8996.

Aldridge, R. W., Story, A., Hwang, S. W., et al. 2017. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet,* 391**,** 441-250.

Arooj, H., Aman, M., Hashmi, M. U., et al. 2025. The impact of nurse-led care in chronic kidney disease management: a systematic review and meta-analysis. *BMC Nursing,* 24**,** 188.

Beks, H., Clayden, S., Wong Shee, A., et al. 2023. Evaluated nurse-led models of care implemented in regional, rural, and remote Australia: A scoping review. *Collegian,* 30**,** 769-778.

Betz, C. L. 2023. Analysis of Nurse-Led Models Heath Care and Implications for Practice, Research, Education, and Policymaking. *In:* Betz, C. L. (ed.) *Worldwide Successful Pediatric Nurse-Led Models of Care.* Cham: Springer International Publishing.

Browall, M., Forsberg, C. & Wengström, Y. 2017. Assessing patient outcomes and cost-effectiveness of nurse-led follow-up for women with breast cancer – have relevant and sensitive evaluation measures been used? *Journal of Clinical Nursing,* 26**,** 1770-1786.

Chan, R. J., Marx, W., Bradford, N., et al. 2018. Clinical and economic outcomes of nurse-led services in the ambulatory care setting: A systematic review. *International Journal of Nursing Studies,* 81**,** 61-80.

Clarke, J., Davis, K., Douglas, J., et al. 2024. Defining nurse-led models of care: Contemporary approaches to nursing. *International Nursing Review,* 72**,** e13076.

Commonwealth of Australia 2022. The National Plan to End Violence against Women and Children 2022–2032. Canberra: Department of Social Services.

Cuesta, J., López-Noval, B. & Niño-Zarazúa, M. 2024. Social exclusion concepts, measurement, and a global estimate. *PLoS ONE,* 19**,** e0298085.

Daniel, K., Bousfield, J., Hocking, L., et al. 2024. Women's Health Hubs: a rapid mixed methods evaluation. *Health and Social Care Delivery Research,* 12**,** 1-138.

Davis, K. M., Eckert, M. C., Hutchinson, A., et al. 2021. Effectiveness of nurse–led services for people with chronic disease in achieving an outcome of continuity of care at the primary-secondary healthcare interface: A quantitative systematic review. *International Journal of Nursing Studies,* 121**,** 103986.

Department of the Prime Minister and Cabinet 2023. National Strategy to Achieve Gender Equality - Discussion Paper.

Han, Y., Tian, Q., Xu, M., et al. 2025. Effects of Nurse-Led e-Health Interventions on the Health-Related Outcomes of Pregnant Women: A Systematic Review. *Journal of Clinical Nursing,* 34**,** 88-107.

Johnson, C., Ingraham, M. K., Stafford, S. R., et al. 2024. Adopting a nurse-led model of care to advance whole-person health and health equity within Medicaid. *Nursing Outlook,* 72**,** 102191.

Lee, A. Y. L., Wong, A. K. C., Hung, T. T. M., et al. 2022. Nurse-led Telehealth Intervention for Rehabilitation (Telerehabilitation) Among Community-Dwelling Patients With Chronic Diseases: Systematic Review and Meta-analysis. *Journal of Medical Internet Research,* 24**,** e40364.

Matthys, E., Remmen, R. & Van Bogaert, P. 2017. An overview of systematic reviews on the collaboration between physicians and nurses and the impact on patient outcomes: what can we learn in primary care? *BMC Family Practice,* 18**,** 110.

Michael, S. & Loh, E. 2023. Clinical Governance and Risk Management for Medical Administrators. *In:* Loh, E. & Long, P. W. (eds.) *Textbook of Medical Administration and Leadership.* Signapore: Springer Nature.

Moulton, J. E., Arefadib, N., Botfield, J. R., et al. 2025. A nurse-led model of care to improve access to contraception and abortion in rural general practice: Co-design with consumers and providers. *Journal of Advanced Nursing,* 81**,** 1019-1037.

Reed, J. E. & Card, A. J. 2016. The problem with Plan-Do-Study-Act cycles. *BMJ Quality & Safety,* 25**,** 147.
Ross, J. 2024. The Impact of Health Care Deserts on Patient Safety. *Journal of PeriAnesthesia Nursing,* 39**,** 686-687.
Schmüdderich, K., Kiwitt, J., Palm, R., et al. 2023. Core elements and potential of nurse-led care models in residential long-term care: A scoping review. *Journal of Clinical Nursing,* 32**,** 1858-1884.
Statz, M. & Evers, K. 2020. Spatial barriers as moral failings: What rural distance can teach us about women's health and medical mistrust. *Health & Place,* 64**,** 102396.
Terry, D., Hills, D., Bradley, C., et al. 2024. Nurse-led clinics in primary health care: A scoping review of contemporary definitions, implementation enablers and barriers and their health impact. *Journal of Clinical Nursing,* 33**,** 1724-1738.
Tsatsou, I. 2025. Nurse-Led Clinics: A Brief Review of Structure, Evolution, and Impact on Modern Healthcare. *Iris Journal of Nursing & Care,* 5.
Un Women. undated. *About UN Women* [Online]. Available: https://www.unwomen.org/en/about-us/about-un-women [Accessed].
United Nations 2023. Progress on the Sustainable Development Goads; the Gender Snapshot.
Vogel, B., Acevedo, M., Appelman, Y., et al. 2021. women and cardiovascular disease Commission: reducing the global burden by 2030. *The Lancet,* 397**,** 2385-2438.
Weckman, A., Mcgaffigan, P., Howell, K., et al. 2024. Transforming Health Care Through Innovative Nurse-Led Care Delivery Solutions: A Toolkit for Transformation. Boston: Institute for Healthcare Improvement.
World Health Organisation 2021. Building better together roadmap to guide implementation of the global strategic directions for nursing and midwifery in the WHO European region.
World Health Organisation. 2025a. *Women's Health* [Online]. Available: https://www.who.int/health-topics/women-s-health [Accessed].
World Health Organisation 2025b. World report on social determinants of health equity.