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Perceptions of Male Nursing Students About Working in Women's Health

By

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An Undergraduate Thesis Submitted in Partial Fulfillment
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Abstract

This study explores the opinions and experiences of East Tennessee State University (ETSU) male nursing students after they have completed their clinical rotations in obstetrics (OB). Participants are interviewed about their preconceptions and post-experience perspectives regarding the clinical rotation. After analyzing the interviews, the students' perceptions appeared to be grounded in their perceived level of comfort with women's health nursing. Themes include (1) preconceptions, (2) welcoming, (3) rejecting, and (4) culture.

Perceptions of Male Nursing Students About Working in Women's Health

Introduction

For many years, nursing has been predominantly a female profession, and its focus on providing care to patients is seemingly incongruent with men's culturally-dictated image (Rajacicj, Kane, Williston, & Cameron 2013). However, men have always been involved in nursing, as shown by the patient care that monks provided during the Middle Ages (Kenny, 2008). Today, more men are pursuing a career in nursing (Biletschi, 2013), which would indicate the necessity to allow men to work across all areas of the profession.

Unfortunately, the field of women's health, especially in maternity care, remains off limits to male nurses because of either gender bias or the nurses' own disinterest in the specialty (Biletschi, 2013). Previous studies have tried to explain this marginalization, but most of them have focused on the perspectives of patients, female women's health nurses, predominately female nursing educators, and current male nurses. A different perspective must be explored to gain a better understanding of the dynamics that limit men from practicing women's health nursing. This under-researched viewpoint belongs to male nursing students.

Literature Review

With its promise of job security and numerous career trajectories, nursing has attracted more men in the past few years to join the profession. Buerhaus (2013) stated that between 2010 and 2012, there has been a significant increase in the number of male nurses in the United States (U.S.) (from 224,000 to 280,000) compared to previous years. Moreover, if this trend continues, he predicted that this number would reach 300,000 in 2013. However, at 11.5% of registered nurses in the U.S. in 2012, men remain a minority in the profession, which continues to fuel the stigma of nursing as being unsuitable for men (Buerhaus, 2013).

Being a female-dominated profession, nursing is still viewed by many as a woman's job. Men who pursue nursing are ridiculed and discouraged by their peers (Rajacicj et al., 2013). They often face the stereotypes of male nurses being gay, which was and continues to be offensive to both male nursing populations who identify as straight and gay (MacWilliams, Schmidt, & Bleich, 2013). Unfortunately, male nurses have also experienced discouragement from their female colleagues. They feel as if their motivation for entering the nursing profession is always questioned, whether it be their non-medical peers or their fellow female nurses (Rajacicj et al., 2013).

Moreover, men in nursing are victimized by the stigma of their intimate touch being sexualized. As a nurse, intimate touch is necessary and will inevitably happen in the practice setting. The problem for male nurses is that they are sometimes seen as potential sexual miscreants (Harding, North, & Perkins, 2008). They must remain vigilant to avoid accusations of sexual harassment (Rajacicj et al., 2013). Unfortunately, male nurses have reported a lack of instruction in terms of dealing with these issues during their nursing education (MacWilliams et al., 2013).

Besides male nurses' peers and colleagues' opinions, the patients' perspective should also be considered. With the question of which gender of nurse do patients prefer, Bartfay, Bartfay, Clow, and Wu (2010) surveyed a group of male and female nursing students who have had interactions with patients in their clinical rotations. From the students' responses, Bartfay and colleagues (2010) concluded that patients prefer a female nurse. On the contrary, Landry and Tillman (2013) found different perspectives. After interviewing patients in southeast Louisiana who experienced care from male nurses, Landry and Tillman (2013) discovered a preference for male nurses. The patients reported having great experiences with male nursing care. Some

patients even said that they would rather have male nurses than female nurses due to female nurses' tendency to be harsh and apathetic (Landry & Tillman, 2013).

With the results of Landry and Tillman's study in mind, it is harder to imagine for arguments against male nurses practicing in women's health to exist; however, they do. One of the main arguments is the assumption that women will be uncomfortable (Cudé & Winfrey, 2007). Many "experts" consider it unusual for men to be casually involved with the care and maintenance of women's reproductive systems (Harding, North, & Perkins, 2008). This lack of accepted interaction could potentially lead to a consistent air of awkwardness during one of the most stressful moments a woman can experience (Brusie, 2013). Another argument is that men will not be able to empathize with female patients because they can never experience childbirth. Consequently, the capability of male nurses to provide holistic care is ultimately questioned (Brusie, 2013). To avoid discomfort, there was a time when some hospitals established bans to prohibit male nurses from working on obstetric units (Hall, 1993). In 1994, a California hospital's decision to deny men in nursing employment in obstetric units was upheld by the city's Fair Employment and Housing Commission (Associated Press, 1994). Another case in 1994 was a lawsuit filed by a male nurse against a hospital in West Virginia. He was refused to be considered for a position in the hospital's obstetric unit. After eight years, the suit was settled in favor of the nurse (*Slivka v. Camden-Clark Memorial Hospital*, 2004).

Contrary to the assumptions, maternity patients and female obstetrical nurses may be open to the idea of having a male presence on labor and delivery wards. According to McRae (2003), a survey of members of the Association of Women's Health, Obstetric, and Neonatal Nursing (AWHONN) revealed that a majority of the organization's members responded positively to the possibility of having male nurses in the specialty. Moreover, in the area of

neonatal care, male nurses proved to be great sources of information for new fathers as these fathers tend to prefer advice from other males (Cudé & Winfrey, 2007). Sadly, some nursing professionals (e.g., clinical nurse specialists and nurse educators) opposed the idea of men practicing in women's health (McRae, 2003). This negativity from the nursing professionals could easily affect male nurses' perception of the specialty. In fact, Cudé and Winfrey (2007) reported that male nurses have experienced this negativity in their practice. From the perspective of these nurses who were lucky enough to be able to work in women's health, they relayed their frustration of having their capabilities questioned by their female colleagues. For example, a neonatal nurse expressed his vexation when he was questioned by his female colleagues for hiring a male lactation consultant. He said that he was asked if he was even qualified to make the decision (Cudé & Winfrey, 2007). To combat the gender inequality, AWHONN released a statement in 2011 saying that they discourage gender discrimination, especially against males who want to work in women's health. They also stated that the capability of the nurse should be more important than gender ("Gender," 2011).

Besides the possible gender bias that exists within the nursing profession, male nurses' experiences during their licensure education could also affect practice site. Male nursing students commonly display disinterest in working in labor and delivery (Patterson & Morin, 2002). However, in 2002, only a handful of studies are concerned with the perceptions of male nursing students during their clinical rotations in obstetrics and gynecology (Patterson & Morin). Because few studies have been published, it is possible that more factors may influence male nursing students' opinions about obstetrics and gynecology besides the apathy they have reported. According to a study by a group of researchers in Taiwan, male student nurses from central Taiwan experience a progression of stages in their education during obstetrics and

gynecology clinical rotations. The progression begins with “[u]nbalanced self-role recognition... [and]...being defined by the gender framework” and goes through five more stages before the students felt that they were “given the opportunity to learn” (Lee, Yang, & Tu, 2013, p. 64).

Research Question

Women’s health nursing and male nurses seem to be an unusual pair, and it is easy to assume that male nursing students simply do not have an interest in this area of nursing. However, this assumption is inadequately supported given the lack of ample data in the literature documenting the experiences of male nursing students with women’s health. The purpose of this study is to explore the experiences of ETSU male nursing students before, during, and after their OB rotation to answer this question: What are the perceptions of these students about working in women’s health?

Method

To effectively collect and record participants’ experiences, a qualitative study was conducted. The qualitative study design allowed the participants’ personal stories and nuances to be accurately recorded, enabling the creation of a more detailed picture to describe the participants’ perceptions. Participants were interviewed using the following guiding questions:

- 1.) What stood out in their OB experience?
- 2.) What are their perceptions of OB nursing?
- 3.) What influenced their perceptions of OB nursing?

When necessary, the participants were asked to elaborate on their answers. The interviews were recorded using a digital recorder, and once they were completed, the digital files of the interviews were immediately transferred to a password-protected laptop. After each interview, a

reflection period occurred about the interview to find ways to improve the next interview and to preliminarily determine reoccurring answers. Interviews were conducted until data saturation was reached.

Sample

The sample for this study was ETSU male nursing students who have completed their OB rotation. Even though this study attempted to explore the students' perceptions about working in the field of women's health, the students were predominantly exposed to the OB setting, thus making their experiences more focused on OB.

Recruitment

Eligible candidates were contacted during nursing classes (adult med-surg lecture, pediatrics lecture, OB lecture, and leadership lecture). During these visits, the study was briefly explained and a flyer was distributed. The flyer instructed the students to contact the primary investigator through email or phone if they wished to be enrolled in the study. After the students expressed interest in participating in the study, the primary investigator and the student coordinated a meeting time and a private place for the interview. A video advertisement was also given to course coordinators to be posted on their course websites. This method was used when the primary investigator was unable to visit one of the classes that had eligible candidates.

Data Analysis

To analyze the interviews, the digital files were first sent to a professional transcription service. After receiving the finished transcripts from the service, the study committee consisting of the primary investigator (Jose Mitra), thesis mentor (Dr. Kenneth Phillips), and one of the study's readers (Dr. Joy Wachs) individually analyzed the transcripts through content analysis, which included commenting on interesting responses (such as students' preconceptions,

students' interactions with the OB unit staff, positive and negative experiences in the OB unit) to find major themes that occur in the participants' experiences. Then, the study committee assembled and compared their findings.

Confidentiality

Throughout the duration of the study, the study staff ensured that participant data remained protected. The study was reviewed and approved by ETSU's Institutional Review Board (IRB). Moreover, all modifications to any components of the study (such as changes to the study staff, modification to the participant inclusion criteria, usage of a transcription service, and changes to the informed consent form) were submitted to the IRB and were approved. Each participant signed an informed consent form detailing the type of information the study collected and the methods the study staff enforced to secure their confidentiality. These forms were kept separated from the interview transcripts. The participants were also given pseudonyms, which were used to address them during the interview and reporting stages of the study and when the study committee members were comparing their findings.

The digital files of the recordings were stored in a password-protected laptop, and any copies of the recordings in the digital recorder were destroyed. These files were sent to the transcription service using encrypted emails, and when the transcripts were completed, the service returned all the study materials it received and created. In addition, the service did not have any contact with any of the participants to further ensure confidentiality. Once the transcripts were received, they were distributed among the analyzing members of the study committee through another set of encrypted emails. After the interviews were analyzed, the recordings and the transcripts were destroyed.

Findings

At the study's close, seven student interviews were completed with an average interview time of 25 minutes. Content analysis revealed that the students' perceptions about working in women's health was mainly grounded in their level of comfort with OB nursing – whether they perceived the field as comfortable or not. Themes (Figure 1) include (1) preconceptions, (2) welcoming, (3) rejecting, and (4) culture.

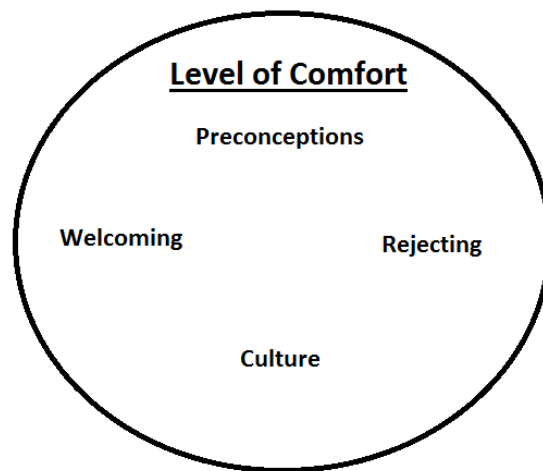


Figure 1. Thematic Structure

Preconceptions

The participants expressed having preconceptions about being a nursing student in the OB setting. One preconception was that female nurses dominate this type of nursing because they are more suited to take care of pregnant women. Elliot stated that he “[thinks] it’s probably easier” for a pregnant woman to have a female nurse because a “female nurse could maybe relate...more” (lines 112-113, 109). Along the same lines, Xander felt that the OB unit involved intimate topics and procedures and thought that the patients would feel uncomfortable with a male nursing student. He did not “think that [a] woman would want her private area airing to everybody in the room especially when there’s a bunch of students that are males there,” which supported his notions of the field being a “female genre” (Xander, lines 31-33, 14).

Another preconception that surfaced was that male nurses are not welcomed in the OB unit, whether it be by the patients or even the nursing staff. Nathan “had a feeling that maybe [patients] would have a problem with...having a male [nurse]” (lines 273-276). Seth echoed this by saying “I just have this notion that I wasn’t gonna be welcomed because I was a male” (lines 64-65). Xander then added that his preconceptions were aided by a statement from a previous nursing colleague who now works in an OB unit. He was told by the colleague that her unit “[does not] hire male OB nurses” (Xander, lines 28-29).

Besides thinking about the possibility of being unwelcomed, Seth took it a step further by saying that he saw himself as an intruder. He said, “these...people...are here to get the baby out, here to [adjust] for their new life, make sure the baby’s ok and go on home. So it [was] almost like I was intruding on them” (Seth, lines 57-59). He did not feel needed during the labor and delivery process, so once he stepped into this role, he further developed the idea that he was interfering with a private moment.

Welcoming

In comparison to most of the participants’ preconceptions, a few of the students felt welcomed by the patients and nurses. They described not feeling any discrimination based on their gender. Nathan stated that he “had a pretty good interaction with everyone there” and that the “nurses and...all the patient[s] were very welcoming” (lines 34-35). Brian supported this statement by saying his nurse preceptors were “very welcoming and accepting, and they were eager to teach” (lines 139-140). For Xander, he admitted that his preconceptions were proven wrong and that he thinks that “patients are more open to having male nurses in the OB field” (line 121).

Rejecting

Unfortunately, not all participants had the same positive experience as the three mentioned previously. Some participants expressed a feeling of rejection from the patients. With Seth already feeling like an intruder, it did not help that he felt a glare of suspicion from most of his patients. He described it as his patients “glancing at [him]...giving [him] a glare across the room, suspiciously watching [him]” as if they were saying “hey, he doesn’t belong here” but with their eyes (Seth, lines 161-167). Andrew received similar stares from his patients’ male family members. He stated that when “the husbands [and] maybe the grandfather...were in the room during the birth...they would immediately...stare [him] down or... look at [him] and ask the nurse why [he’s] in there” (Andrew, lines 110-112).

Apart from the looks, some students received some form of verbal rejection from the patients. Michael had his clinical faculty tell him that “the family requested that no males be present during the birth” (lines 62-63). Seth even experienced having a patient seem to not even want to interact with him. He said, “[the patient] whispered in [my nurse’s] ear and [then] my nurse told me [that the patient] said she didn’t want [me] in [the room]” (Seth, lines 119-122).

Rejecting: From the Participants

On the other side of the relationship, some of the participants also expressed their own rejection by stating their disinterest in going into OB nursing. Elliot said, “I don’t feel a yearning to be an OB nurse” (line 82). In fact, all the participants stated that they were not going into OB nursing because they already have different plans for their nursing careers. Brian mentioned that he likes working with older patients. He also said that he does not “feel like [going] into labor and delivery” because “there just wasn’t always enough to do” (Brian, lines 28-29).

Culture

Some participants admitted to perceiving some type of culture involved in OB units. Whether it be cultural, religious, regional, or even the culture created by the staff's work dynamic, the participants sensed the influence of culture to their experience with their OB rotations. When asked to elaborate on the protective behavior of a patient's husband, Andrew said, "I think a lot of that...comes from the region we're in. [There's] a lot of pride and kind of protecting his wife" (lines 113-114). A couple participants also mentioned the impact of their own cultures as to their perceptions of OB units and women's health. Nathan said, "I think that women...don't want to deal with...male doctors or male nurses in the OB setting because...maybe...they don't feel comfortable exposing themselves...But maybe that's just my perception because of my...[cultural] background where I'm from" (lines 259-263). Xander echoed this by saying that his preconceptions were also influenced by "how [he] was raised" (line 153).

Although most participants spoke about the culture in play in the OB units they saw, Andrew mentioned an interesting insight about a possible culture that exists outside of what he has experienced so far. From what he has previously heard, he perceived that "male nurses in OB might be a little more prevalent in other areas or other regions of the country" (Andrew, lines 114-115).

Discussion

There was not ample data or information in the literature contributing to the body of knowledge with regard to the perceptions of male nursing students working in women's health. However, there were a couple of points that mirrored parts of the scant information. Based on the responses, the participants perceived working in women's health at varying degrees of

comfort. A few had wonderful experiences, allowing one of them to be comfortable enough to consider working in a labor and delivery unit temporarily. Others experienced a mixed response from the OB setting, making them comfortable with the setting but not comfortable enough that they would deviate from their career plans. One of the participants even had such a negative experience that it made him perceive women's health as an uncomfortable area of nursing. Ultimately, all the participants continued to exhibit some degree of disinterest with the setting, which is congruent with Patterson and Morin's (2002) findings. This group of students were mainly influenced by their own plans for their nursing careers and were set on achieving those goals without deviation. Nathan expressed his interest in pursuing an advanced degree, and for him to be eligible in his area of interest, he must gain experience working in the acute healthcare setting. Brian stated his strong inclination to work with the older population, making the OB setting a less viable option. Lastly, Michael made similar choices to Nathan and Brian, and even though he recognized a possible role he can play in women's health, the role was not of an OB nurse but of another nursing professional. Some participants also shared the preconceived notion of women being uncomfortable with having male OB nurses, which echoed one of the arguments that was stated in Cudé and Winfrey's (2007) paper against men working in women's health. It was common for the participants to express uneasiness before going into the OB setting due to their concerns with securing patients' rights to privacy.

Awareness of Preconceptions

The participants were aware of their preconceptions, and some of them saw how their OB experience later changed their overall perceptions about working in women's health for the better. Most of them understood that some of their thoughts about the OB unit were possibly untrue, with some saying that they were uncertain as to where these preconceptions originated.

Because of these preconceptions, they still expressed apprehension about their first day in their respective OB units, which can lead to timidity and awkwardness instead of enthusiasm and optimism towards the experience. Fortunately, most of the students saw beyond their concerns and kept an open mind about the setting. Being aware of their preconceptions seemed to help some of the students have a better experience by knowing that their thoughts could easily be dispelled by a good day on the labor and delivery floor. Besides the participants' own desire to have a good experience, being aware of their preconceptions allowed them to test these thoughts in the actual setting, and when proven wrong, at least a few of the students gained more confidence in being in the OB setting and began feeling more comfortable.

OB Facilities and Male Students

For the students who had a poor experience with their OB clinical rotation, it was interesting to compare their responses with those who had a better experience and see what factors caused the difference between the two groups. Although the facilities the students attended were not recorded for this study, it was evident that not all facilities that the ETSU College of Nursing uses were conducive to provide a positive OB experience for male nursing students. At least one of the facilities seemed to be in an area where the population might not be as open to men in OB nursing as another area surrounding ETSU. Discovering this disparity was alarming because as most nursing programs prepare their students to be generalists in the profession, it is imperative that every student form at least a positive understanding of each unit so that they can make an informed decision when choosing their nursing career paths, even if they remain adamant in following through with their initial plans.

Introduction of Male Students

With concerns about privacy and keeping patients comfortable, the participants stated the need to obtain consent from female patients and their families about having a male nursing student. Initially, this seemed to be the appropriate action given the setting. However, the practice seemed odd when compared to the introductions used for male nursing students in other units in the hospital. When in the other units, these students are simply introduced as students who are helping the nurse in taking care of the patients to gain more knowledge about the unit and the profession. Patients are not asked if they are comfortable with having a male nursing student. It is intriguing to see if asking for the patient's consent to have a male nursing student is actually placing an idea in the patient's mind that the student is incompetent and will cause them harm or that there is a reason they should refuse.

Influence of Clinical Faculty and Preceptor

Participants who had a good experience heavily attributed this feat to the eagerness of their clinical faculty and preceptors to provide them with an extraordinary learning environment. They mentioned that they would not have had such a positive experience were it not for the determination of their clinical faculty to help them build relationships with the nurses and patients as well as the enthusiasm of their nurse preceptors to get them involved in interesting situations to stimulate their learning. For these students, they appreciated their clinical faculty and nurse preceptors with helping them initiate good rapport with the unit, resulting in a great professional relationship and an overall good experience.

Unfortunately, not everyone received the best support from their nurse preceptor. One participant did express disappointment and discomfort when his nurse forcibly placed him in a birthing setting. He said that the nurse did not even ask the family if he could observe the birth

and that he simply felt out of place. Although the nurse had good intentions, the lack of introduction caused for the instability of the student-patient relationship. In terms of developing this relationship, the difference in approaches between this nurse and the nurses who had students with good experiences showed that having welcoming clinical faculty and nurse preceptors who are advocates for building good student-nurse-patient relationships heavily influenced the perceptions of the participants.

Family-Centered Care and Men in Nursing

Obstetrical units are becoming more focused on having the family involved during labor and delivery, which means they also must lean towards providing family-centered care. As a participant described it, OB clients and their families come to a labor and delivery unit not only to have the baby, but also received education about adjusting and coping to the new addition in their lives. An aspect of this family-centered care involves the fathers and other male family members present during the birthing process, an area where some men in OB nursing can provide assistance. One of the students mentioned his encounter with helping a distressed male family member cope with an unidentified issue as they were standing outside the OB patient's room. Although he did not know the family member's reason for concern, he could empathize with the family member as he had previously dealt with being a husband during the birth of his children. Cudé and Winfrey (2007) also talked about this opportunity for male OB nurses as they described new fathers being more receptive to male OB nurses in terms of receiving advice about being a new parent. With this in mind, it seems that if female nurses are perceived to be more suited to take care of OB patients because they can better relate to the patients, then male nurses do have a place in OB nursing as they would be better suited to help male family members and aid in the growing practice of family-centered care.

Limitations

Being a qualitative study and having a small sample size, this study is limited in terms of generalizability. The findings hold true for the experiences of the participants. However, the study hopes to promote more research about this topic by detailing the participants' perceptions, allowing others to explore and compare the experiences of male nursing students in their area.

Recommendations

Further study needs to be done with a bigger population of male nursing students about their perceptions to see how similar or different they are from this study's sample. It is also recommended to conduct studies about the OB patient's perspective and record their opinions about having a male OB nurse. Another population that could be studied are female nurses who work in OB units with no male OB nurses. It will be interesting to learn about their perceptions about working with males in this nursing specialty. Another topic of interest is the practice of asking an OB patient if they would like to have a male nursing student. With the oddity of the OB unit being the only unit to consciously ask this question, it would be fascinating to see if asking this question affects the patients' disposition towards having a male nursing student provide care and be present during the labor and delivery process. Lastly, further investigation should be done on the influence of clinical faculty and nurse preceptors in the experiences of male nursing students in the OB setting, given that the students in this study expressed how impactful the faculty and nurses were with regard to a positive or negative clinical experience.

Nursing Education

As some of the students received poor experiences from their OB clinical rotation, an evaluation of the clinical sites used by ETSU for OB rotations might be needed to ensure that they are conducive to providing every student with the best possible understanding of the labor

and delivery unit and, to some extent, women's health. This study is not designed to assess the effectiveness of the clinical sites; however, it is designed to report the experiences of male nursing students and hopefully shed light to topics involved with male nursing student's perceptions about working in women's health that may have been overlooked.

Conclusion

Although more men are pursuing a career in nursing, OB and women's health nursing continues to be an area that many perceive as a female-only specialty. Male nursing students are included in this multitude of people as they are traditionally expected to express a disinterest with the setting. This qualitative study intended to find the current male nursing student's perception about working in women's health. As the responses of seven ETSU male nursing students were gathered and analyzed, it was found that their perceptions are grounded in their level of comfort with the setting after they had completed their clinical rotation in OB. The themes that further described their perceptions include (1) preconceptions, (2) welcoming, (3) rejecting, and (4) culture. Also, a few topics of interest, like the influence of clinical faculty and nurse preceptors have on the quality of the male nursing students' experiences, surfaced as the study explored the students' perceptions. Even though further study is needed to confirm this study's findings, there needs to be more focus on providing male nursing students the best possible experience with OB nursing to fully prepare them as generalist nurses, even if they do not pursue women's health as a career.

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