

Original Article

Male Nurses' Views on the Implementation of the Obstetrics Gynecology Nursing Course

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Abstract

Background: Both male and female students are expected to achieve the same performance in order to be successful in the Obstetrics and Gynecology Nursing Course, the reality is different.

Aim: This study was conducted to determine male student nurses' views on the implementation of the Obstetrics and Gynecology Nursing course.

Metot: This qualitative study was carried out using the in-depth interview method.

Results: In the present study, three main themes were identified: privacy, benefits and barriers. Therefore, they stated that they had trouble in performing practices related to this course and that the most important factor leading to this trouble is that in the Turkish society, a man's touching women's body is considered as the violation of women's privacy, which causes women feel embarrassed.

Conclusion: In this present study, male student nurses felt themselves under pressure in the maternity clinic where the women's privacy come to the forefront, and had various degrees of difficulty in practicing their theoretical knowledge during the course.

Keywords: Male nurse, Obstetrics and Gynecology Nursing course, Obstetrics and Gynecology clinic, difficulties experienced.

Introduction

Nursing is a profession that helps to protect and improve the health of the individual, family and community regardless of the gender of the person who provides and receives health services, and aims to improve and rehabilitate the health of a person when he/she is sick and to promote the quality of life of its clients in any case. Provision of healthcare, one of the roles of nursing, is identified with the traditional role of women, and thus, nursing has been perceived as a profession for women for many years (Terzioglu and Taşkın, 2009).

Since the Turkish equivalent of the word "nurse" means a sister or a woman / girl trained in nursing, nursing has not been considered as a job for men for many years and has not been preferred by men. On the other hand, with the amendment made in the Nursing Law on April

25, 2007, gender discrimination in nursing was eliminated, nursing faculties and vocational schools started to accept male students and male students who completed nursing education started to work as nurses in health institutions (Official newspaper, 2007). Although male nurses have profoundly contributed to nursing, they experience various problems both in theoretical courses and clinical practices in nursing education.

In studies relevant to this issue; male students had more problems in nursing education than did female students and that they encountered various obstacles (Bell-Scriber, 2008; Dyck et al., 2009; Kim et al., 2016). Among the obstacles encountered by male students are feeling isolated, gender discrimination, female-dominated roles, and resistance to their touching female patients (Al-momomi, 2017; Denhart,

2008; Kulakac et al., 2009; Ross, 2017). The clinic in which male students are reported to experience most challenges is the gynecology clinic (Chan et al., 2013; Chan et al., 2014; Ha et al., 2015; Harding et al., 2008; Juliff et al., 2016) The theoretical section of the Obstetrics and Gynecology Nursing course, given in the third year in the nursing curriculum includes the female reproductive organs, development of pregnancy, the physiology of prenatal, postnatal and postnatal periods, health care and health needs of women in different periods of their lives. The clinical practice of the course includes such topics as birth, the care of puerperal woman, following of abnormal uterine bleeding, perineal hygiene, neonatal care, breastfeeding and breast care (Coskun, 2008). Although both male and female students are expected to achieve the same performance in order to be successful in the Obstetrics and Gynecology Nursing Course, the reality is different. For instance, in a study conducted by Patterson and Morin (2002), in the practice of Obstetrics and Gynecology Nursing, midwives working in the clinic displayed unfriendly and unwelcoming attitudes towards male students, and in their study (2007), Keogh and O'Lynn witnessed that male nurses were not allowed to practice in the Obstetrics and Gynecology clinics (Keogh and O'Lynn, 2007; Patterson and Morin, 2002).

In Turkey, because due to the influence of the cultural and religious values, protection of women's privacy is over-exaggerated, all of the obstetrical and gynecological health services are preferred to be given by female health professionals. While people's attitudes towards male nurses are relatively warmer in the west of Turkey, in people in many cities of Central, East and South Anatolia display much stricter attitudes. This results in a great disappointment in male nurses who prefer nursing schools and faculties for such reasons as job guarantees, social prestige, and career, and causes them to leave the clinic or even the profession, to seek other jobs, to suffer burnout, which in turn leads to an increase in nursing shortage in Turkey and in the world.

The present study was conducted to investigate the challenges experienced by male students attending the Health College in the Yozgat during the clinical applications of the Obstetrics and Gynecology Nursing course, and their views about women's privacy and working in women's

maternity clinics after graduation since they grew up in this culture.

Methodology

Research Design

In this qualitative study, the phenomenological research design was used. The in-depth interview method was used to collect the data. In the phenomenological research design, perceptions and experiences of people who experience the situation on which the study is focused are investigated in detail through in-depth interviews (Tong et al., 2007; Yildirim and Şimşek, 2011).

Participants

The sample of the study consisted of third-grade male students attending the School of Nursing of Bozok University in the 2015-2016 academic year. The inclusion criteria were as follows: being a third-year student in the nursing department, being male, taking the obstetrics and gynecology nursing course and volunteering to participate in the study. In the education system in Turkey, male (students take the course on issues related to in the obstetrics and gynecology-nursing course given in the third year of the education. The content of this course is related to women and causes male students to have different experiences (Ashkenazi et al., 2017). Therefore, only male students were included in the study. Female students taking this course were excluded from the study. In the present study, 11 students were interviewed by using the criterion sampling method. The reason the sample included 11 students was that the concepts and processes that might be the answer to research questions were repeated after the 11th participant (Elo and Kyngas, 2008).

Data Collection

The study data were collected using the semi-structured in-depth interview method which is the most widely used method in qualitative research. The study data were collected using the 3-item personal information form questioning the descriptive characteristics of the participants and the 11-item Semi-Structured Questionnaire prepared in accordance with the opinions of 3 nurse specialists (Table 1). Its validity and reliability study was conducted with four students through individual in-depth interviews

The interviews were audio-recorded. The interviews each of which took about 45 minutes were conducted by the researchers in an empty

classroom in the aforementioned school. Written and verbal consent of the participants was obtained after they were informed about the purpose of the study and voice recording. The in-

depth interviews were started with the following question: “How did the obstetrics and gynecology course change your perspective of nursing?”

Table 1.Semi-Structured Questionnaire

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1. What did you think about the obstetrics and gynecology course before taking it?
 2. How did your thoughts change after this course?
 3. How did the obstetrics and gynecology course change your perspective of nursing?
 4. As a male nurse, what problems did you have in the obstetrics and gynecology course?
 5. What positive and negative attitudes and behaviors were displayed by the midwives, nurses and physicians towards you at the clinic?)
 6. What positive and negative attitudes and behaviors were displayed by the women staying at the obstetrics and gynecology clinic towards you at the clinic?)
 7. What positive and negative attitudes and behaviors were displayed by the relatives of the women staying at the obstetrics and gynecology clinic towards you at the clinic?)
 8. What should be done to change such negative attitudes?
 9. Were the patients’ and their relatives’ attitudes and behaviors towards male physicians and nurses different from those towards female physicians and nurses?
 10. Do you want to work in the obstetrics and gynecology clinic after completing your undergraduate degree?
 11. Would you mind if your wife were given care by a male nurse in the future?
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Rigor and Trustworthiness

In qualitative research, the trustworthiness of results is considered as one of the most important criteria of scientific research. In this respect, validity and “reliability” are the two most commonly used criteria in such studies. In the present study, the validity and reliability criteria recommended by Lincoln and Guba (1985) were taken into consideration. While validity refers to the accuracy of the results of the study, reliability is related to the repeatability of the study findings. Trustworthiness involves the accurate representation of the truth through research questions. In order to achieve this, different methods such as long-term interaction, in-depth interviews, variation, expert review and participant confirmation are used. In the present study, all interviews were audio-recorded. In order to ensure the trustworthiness of the study, the in-depth

interview method and expert review method were used. To ensure the validity, all interview records were coded by two researchers in accordance with the reliability criteria without adding any comments. In the present study, in order to ensure the reliability, both the coding and the determination of the themes were performed separately by three researchers, and then a consensus on which part of the data belonged to which code was reached. For validation, the final form of the interview form and themes was evaluated by an expert. In the present study, voice records, observation notes, data documents and the results of the analysis were stored for confirmation.

Data Analysis

The content analysis method was used in the analysis of the study data. After the audio-recorded data were transcribed, the main and sub-themes were determined by two

researchers independently. Then the two researchers reached a consensus on the main theme and sub-themes. Then a third researcher experienced in this field independently examined the main theme and sub-themes created before and gave them the final form.

Ethical Considerations

The study protocol was designed in compliance with the principles of the Declaration of Helsinki. Prior to data collection, necessary approvals and permissions were obtained from the Ethics Committee. Written and verbal consent of the participants was obtained. Before the interviews, the students were informed that the interview would be audio-recorded. They were told that they could withdraw from the study at any time, and that the data collected from them would not be used for any other purpose.

Results

Most of the participants were 22 years old and they were all single.

Theme 1. Privacy

The participating students' thoughts on privacy were examined under two sub themes: communication privacy and sexual privacy.

Subtheme 1.1. Communication Privacy

The participants stated that they experienced a lot of distress during the course on the theory and practice of gynecology and obstetrics due to women's perception of privacy.

Female patients were embarrassed because we were male and they did not want to let us into the room. In particular, they displayed negative attitudes in the delivery room or in situations such as breastfeeding and dressing where privacy was at the forefront. For example; during the anamnesis, they didn't answer questions on the date of the last menstruation, the amount, color and smell of the lochia, because they considered these topics as private (S3)

One of the participating students expressed his distress about communication privacy as follows:

"The women perceived us as strangers; thus, they felt embarrassed and they did not want us to enter their rooms. In routine practices (such as fever, pulse, blood pressure), we had less trouble, but they displayed negative attitudes in the delivery room or in the situations such as breastfeeding and dressing where privacy was at the forefront. While we took their medical history, they either did not answer or (embarrassedly / timidly) answered our questions related to the date of the last menstruation, and the amount, color and smell of the lochia." (S2)

Subtheme 1.2. Sexual Privacy

In Turkish society, men are forbidden from touching a woman if her spouse is not present. Therefore, the participating students stated that they had problems while examining women and carrying out practices.

The participating students' opinions on this subject were as follows.

"Young women were even more uncomfortable when they had injections intramuscularly. They expressed their discomfort with their mimics, gestures and words".(S1).

After this course, their view about sexual privacy changed. They emphasized this change as follows:

I understood that it was not inconvenient for women to be examined and given care by male doctors and nurses"(S4).

"I have some concerns about this course. Although the level changes from one region to another, people in Anatolia attach more importance to privacy. Women do not want to be given healthcare by men or treated by them because women in Anatolia are more timid""(S9).

Theme 2. Barrier

This theme was categorized into three sub-themes: barriers related to taking the responsibility of the mother and baby, barriers related to peer views and barriers related to being a male nurse.

Subtheme 2.1. Barriers related to taking the responsibility of the mother and baby

One of the participating students drew attention to this issue as follows:

"After all, you will participate in the birthing process, or you will take care of a living being who cannot fulfill his/her wishes and desires after birth"(S2).

Subtheme 2.2. Barriers related to peer views

It was determined that the participating students were affected by the opinions of senior students. One of them emphasized this issue as follows.

"I thought we would deal with women and newborn babies in this internship. But the students in upper classes said, "the delivery room will be disgusting to you; don't take part in birthing; you will not see nice things"(S1).

Subtheme 2.3. Barriers related to being a male nurse

A large majority of the students said that they experienced the greatest distress during the course which was mainly on gender-related issues. Two students expressed their thoughts related to this issue as follows:

I am ashamed even to pass by the maternity ward due to my upbringing. Because, in general, men are not welcomed in the maternity ward, I think that women's attitudes towards me would be negative and that I would have problems during the implementation of the course". "(S8).

"This course is more suitable for girls. I think women's privacy should not be violated". "(S7).

"Due to the community's cultural structure and pressure, women displayed negative

attitudes towards us and did not let us carry out practices. Therefore, unfortunately, we could not put what we have learned in the course into practice in the clinics". "(S11).

Inpatient women did not want to be given care by male nurses. One student said the following:

In this course, I noticed that what complex creatures were women physiologically and mentally. I realized the difficulties they had during childbirth. I think this course helped us recognize a woman's life and understand women. However, women in general do not want male students to deal with them"(S5)

One of the participating students emphasized how a woman's education affected her attitudes when she received care from male nurses

On this issue, education played a more important role. Educated ones allowed us to practice and answered our questions more comfortably. Women who were from rural areas or had low levels of education did not welcome our asking questions, and they displayed worse behaviors and attitudes towards us. When we gave them healthcare, they were embarrassed and uncomfortable. Especially when their husbands were in the room, they refused to be given healthcare by us, because they were afraid of their husbands. Sometimes we were exposed to verbal violence, they said that they did not want male nurses to give them care and asked for female nurses." (S11)

The view of the student who said that he did not want to work in the obstetrics and gynecology clinic was as follows.

I cannot practice my profession comfortably in this service as long as there is prejudice against male nurses. Due to people's point of view, attitudes and behaviors regarding male nurses, this clinic is not suitable for me to work in. It is very difficult to give healthcare to women in this environment. I guess, because we are not women, we'll have difficulty understanding and helping women after childbirth, and women won't tell us

their problems comfortably. I don't think I am theoretically and practically competent enough to work in this clinic. Anyway, in such clinics female nurses should work, I don't think it is appropriate for men to work in these clinics(S9).

Theme 3. Benefit

Benefits of receiving information on women's health

The obstetrics and gynecology-nursing course increased the participants' knowledge on obstetrics and gynecology. The issues pointed out by the participating students were as follows.

There have been a lot of changes in my thinking. We will get married in the future. This is a course every man should take since we are to spend our lives with a woman. I think the knowledge we have acquired will benefit our wives when they become pregnant and will help them in this difficult period. I developed empathy with them and this course helped me raise awareness of women."(S1)

In this course, I have noticed what complex creatures women are, both physiologically and mentally, and I have realized the difficulties they experience during birth. I think this course has helped us to know what a woman's life is like and to understand women."(S7)

I learned about diseases and behaviors unique to women. For example, I learned about what negative events are likely to occur after birth and how they are treated. At least, we had the capacity to help them when they had a problem."(S10)

My opinions about woman's life have changed. Now I think everything about women is natural (S3)

Discussion

The difficulties encountered by the male students during the theoretical and practical courses in the nursing curriculum increase their anxiety levels and affect their learning adversely. In particular, the attitudes of their

instructors in the clinical setting, behaviors displayed towards them by the members of the health team, patients and their relatives directly influence their putting what they have learned in the theoretical part of the courses into practice, acquiring skills, providing quality nursing service, love of the profession and length of employment in the profession (Peyrovi et al., 2005; Wedgeworth, 2016). In the present study, the difficulties experienced male student nurses in clinical practices before and after taking the Obstetrics and Gynecology Nursing course and their opinions In the current study, it was determined that, male students generally thought that women would display negative attitudes towards them during clinical practices and experience difficulties before taking the Obstetrics and Gynecology Nursing course. about women's privacy were discussed in the light of the relevant literature. In various studies conducted on the issue, it was determined that male students were anxious about the Obstetrics and Gynecology Nursing course because they thought that the Gynecology clinic was an area just for women (Akpinar et al., 2016; Coskuner et al., 2015). In Karadag et al.'s study conducted with 189 female and 107 male students to determine their opinions about the difficulties they encountered during clinical practices and their opinions of clinical nurse specialists, 55.7% of the nursing students had problems in clinical practices and that the rate of problems experienced by the nursing students increased after the first year of their education (Karadag et al., 2013). Our results are consistent with those of Karadag et al.'s study.

A nurse's touching a person receiving healthcare physically is one of the main features of the nursing. However, since physical touching is controlled by social rules in countries like Turkey where women's freedom is limited and gender discrimination is at the forefront within the context of women's privacy and honor, it is very difficult for male health personnel to work and provide care in clinics for women

(Zhang and Liu, 2016). In the clinical practice of Obstetrics and Gynecology Nursing course, interventions aimed at conditions specific to women such as abnormal uterine bleeding control, perineal care, breast care and breastfeeding are performed.

Male student nurses' stating their concerns about clinical practices before they took the Obstetrics and Gynecology Nursing course might be related to their cultural background, experiences of daily living and the content of the clinical practices of the course. Such disadvantages encountered by male student nurses during their education and later in their working lives might cause them to dislike nursing and thus to leave their jobs early. In a study conducted by Ashkenazi et al. (2017) attention was drawn to the nursing shortage all over the world and it was emphasized that nursing associations, schools and educators should take an active role in strategy development and innovation in order to break down gender-related social prejudices and to recruit male nurses into health field (Ashkenazi et al., 2017).

Half of the participants in the present study stated that they had some difficulties in practice after taking the Obstetrics and Gynecology Nursing course, and that women did not allow them to perform practices because they were men and thus they could not put what they learned in the course into practice in the clinics.

Our findings, which reflect the cultural and religious structure of Turkish society, are consistent with the facts that male students are not welcomed at maternity clinics, that they cannot adequately put their theoretical knowledge into practice and that they are not welcomed by women and their relatives. In similar studies on this issue, male students were rejected more than were female students in the clinical practice of the Obstetrics and Gynecology Nursing course, (Akpınar et al., 2016; Eswi and El-Sayed, 2011; Tzeng et al., 2009; Yang et al., 2017). Our findings are consistent with those of other studies conducted on the issue.

The regulations on women's privacy, the way they are prepared and their mechanisms vary from one culture to another (Diler, 2015). As in Turkey, in most countries of the world, women are taught at a very young age that they should not exhibit their genitals; on the contrary, they should hide, conceal and protect them. Therefore, most women feel anxious that they will not be able to protect their privacy or not be able to maintain their personal controls when they present to the Obstetrics and Gynecology clinics due to their reproductive system-related illnesses or family planning. If the baby born is a girl, the mother asks that the physical examination and care of the baby should be done by the female health personnel, because if not, she will be accused of not protecting their privacy and honor by her husband and the elders of the family. Women who undergo such pressure from their immediate relatives perceive male health personnel as a serious threat and are not happy with their entering their rooms to provide healthcare. In the present study, the cultural structure of Turkish society overlaps with the results obtained from the participants' statements: "We were relatively less distressed in routine practices, such as measuring fever, pulse and blood pressure, but women felt uncomfortable when they had injections intramuscularly. They expressed their discomfort with their mimics, gestures and words. In the delivery room or in situations like breastfeeding and dressing where privacy was at the forefront or while we took their medical history, they either did not answer embarrassedly answered our questions on the date of the last menstruation, and the amount, color and smell of the lochia. Some women did not want us to enter their room or to give them healthcare. They looked at us as if they saw a bogeyman" Although these problems are relatively fewer in the western region of Turkey, in the rural areas and in many cities of Central, East and South Anatolia where people's socio-cultural and economic levels are low, these problems are more widespread. In the current study, only three

of the participants stated the following positive statements: “women patients’ attitudes towards us were very good. They did not feel uncomfortable; they regarded us as their sons. These attitudes of our patients encouraged us and thus we performed our practices more comfortably”, which might be related to the women’s education levels, cultural background and place of residence. In Turkish society, traditionally affectionate care role is attributed to women, and thus it is believed that nursing practices can be performed perfectly by only women, which may have affected the women's attitudes

In their study conducted with Palestinian women (2012), Hassan et al. found that women wanted to be examined not by physicians but by female midwives (Hassan et al., 2012). In her a study (2007a) conducted on the views of women patients regarding care given to them by male nurses, Tasci determined that more than half of them did not want to receive nursing care from male nurses (Tasci, 2007a) In their study (2012) on the same issue, Celik et al. determined that pregnant women felt uncomfortable with male nurses and that they wanted male nurses to work in clinics other than the Obstetrics and Gynecology clinics (Celik et al., 2012). In a study by Duman (2012) almost all of the women (96.7%) hospitalized in the Obstetrics and Gynecology clinic wanted to receive healthcare only from female nurses during pregnancy and delivery (Duman, 2012).

Our findings are consistent with those of other studies. Contrary to our findings, in a study conducted in Istanbul, the largest city in Turkey located in the west, female patients displayed positive attitudes towards male nurses working in the Obstetrics and Gynecology clinic (Sahin and Bal, 2014). These results are important because they show that the city where a study is conducted affects women’s attitudes towards male nurses.

The vast majority of the participants in the present study did not want to work in Obstetrics and Gynecology clinics after they

graduated and the society’s and women’s negative attitudes towards them and their opinion that they would not be able to perform their profession adequately in these conditions were the factors affecting their decisions. In their study (2017), Ashkenazi et al. reported that prejudices of the community were one of the major obstacles faced by male nurses (Ashkenazi et al., 2017).

In Akpınar et al.’s and Tasci’s studies on this issue, 12% and 44% of the male nurses respectively did not want to work in the maternity clinics (Akpınar et al., 2016; Tasci, 2007b). Positive hospital experiences of male nurse students will help them positive feelings rather than negative feelings about this subject. Therefore, if gender prejudices of the society are to be eliminated, if males are to be recruited in nursing, and if nursing shortage, resignations from the profession and early retirement are to be prevented, conducting more studies on this issue is of great importance.

Conclusions and Recommendations

In the present study, most of the participants had negative prejudices about the clinical practice before taking the Obstetrics and Gynecology Nursing course, half of the students were not welcomed by the women in the Obstetrics and Gynecology clinic and therefore they could not put what they learned in the course into practice. Nearly all of the participants did not want to work in Obstetrics and Gynecology clinics after graduation.

In line with these results, in order for male students to take a qualified nursing education and to be recruited in the profession, it is recommended that they should participate in orientation programs, the prejudices of the society should be eliminated and status update meetings should be held.

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