

Challenges Faced by Male Nursing Students in Obstetrics and Gynaecology Wards in Private Healthcare Settings in Malaysia

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Abstract

This study explored the unique challenges male nursing students face during their clinical postings in private hospitals' Obstetrics and Gynaecology (OB-GYN) wards. Although the presence of male nurses is growing globally and in Malaysia, gender dynamics within OB-GYN settings create significant barriers to their learning experiences. Using a qualitative, phenomenological research design, this study involved four focus group discussions with 30 male nursing students enrolled in the Diploma of Nursing program at a private Healthcare University. Data were collected and analysed using Braun and Clarke's thematic content analysis to identify key themes. The findings revealed several challenges, including discrimination, cultural and religious constraints, limited hands-on practice opportunities, and emotional distress. Male students frequently encountered discrimination, with restricted access to labour rooms and maternity wards, which hindered their skill acquisition. Concerns about patient dignity and the discomfort of female patients further complicated their learning, especially in sensitive procedures. Cultural and religious norms, particularly in Malaysia, also posed challenges by limiting their participation in clinical procedures. Additionally, the lack of practical skill development left male students feeling unprepared and less confident compared to their female peers, while emotional reactions such as frustration and demotivation were common due to the perceived lack of support and limited opportunities. Addressing these challenges requires reducing gender-based discrimination, promoting cultural sensitivity, and providing male nursing students equal access to hands-on learning. This will enhance their clinical competence and emotional well-being, contributing to a more balanced healthcare workforce.

Keywords: Male nursing students, Obstetrics and Gynaecology (OB-GYN), Clinical challenges, Gender discrimination, Cultural and religious barriers, Practical skill.

1. Introduction

Historically, nursing has been predominantly practised by females, but the profession is witnessing an increasing number of males entering the field globally. In countries like the United States, the United Kingdom, and Australia, nursing is becoming an increasingly accepted career

choice for men, and this trend is also gaining momentum in Malaysia. According to the Malaysian Ministry of Health (MOH), the current ratio of female to male nurses is approximately 36:1, excluding private and university hospitals (Malaysian Nursing Board / Malaysian Midwives Board, 2018; Shudifat, Algunmeeyn, Shoqirat, & Alja'afreh, 2023). Despite being a minority, the presence of male nurses is growing, driven by the increasing recognition of nursing as a worthwhile and fulfilling profession for men. This shift contributes to a more balanced healthcare workforce, benefiting patients and improving the overall quality of care (Chan, Lo, Tse, & Wong, 2014; Shudifat et al., 2023).

The demand for male nurses is increasing as they bring valuable skills such as leadership, fast decision-making, and physical energy to the nursing profession. As the role of male nurses continues to expand, their contributions to clinical practice, curriculum development, policy-setting, and research are becoming more significant, as seen in countries like Canada, the United States, Australia, and the United Kingdom (Sowtali, 2019). However, despite these positive trends, male nursing students still face unique challenges, particularly in clinical settings like Obstetrics and Gynecology (OB-GYN) wards, where gender dynamics play a significant role in patient care (Achora, 2016; Yokoya, Suzuki, Sai, & Yamauchi, 2023).

In Malaysia, nursing programs require male and female students to meet the same academic and practical learning outcomes to become registered nurses with the Malaysian Nursing Board (MNB). This includes completing core and optional nursing procedures during clinical placements, which span a variety of specialized wards, including OB-GYN. However, male nursing students often report difficulties in gaining hands-on experience in OB-GYN settings due to gender-related barriers. These challenges include patient refusal to receive care from male nurses, especially among Muslim women who may prefer female nurses, and the need for a female chaperone when male students perform certain procedures (Mahadeen, Abushaikha, & Habashneh, 2017; Mitra, 2017).

Such obstacles can limit male students' ability to achieve the required clinical competencies and contribute to feelings of role strain compared to their female counterparts. Male nursing students have also reported similar challenges in other countries (Buthelezi, Fakude, Martin, & Daniels, 2015). Therefore, this study aims to explore the clinical challenges male nursing students face during their OB-GYN training in private hospitals to identify strategies to better support them in overcoming these barriers.

Aim of the Study

This study aims to identify the challenges male student nurses face during their clinical experience in obstetrics and gynaecology (OB-GYN) wards as they strive to fulfil the requirements of nursing diploma training.

Research objective

To explore the experiences of male nursing students in obstetrics and gynaecology (OB-GYN) wards.

Materials and Methods

Study Design

This study utilized a qualitative, research design using phenomenological approach to gather comprehensive and in-depth evidence regarding male nursing students' challenges during their obstetrics and gynaecology (OB-GYN) clinical postings. Qualitative research is particularly suited for exploring complex, context-dependent phenomena, making it ideal for investigating the experiences and perceptions of male nursing students in a specialized field such as OB-GYN (Creswell, 2013).

Study Participants

The study population consisted of all male nursing students enrolled in the Diploma of Nursing program at KPJ Healthcare University (KPJU) who had completed their OB-GYN clinical postings during their training. A purposive sampling method was used to select participants, ensuring that those with relevant clinical experience in OB-GYN were included. The final study sample comprised 30 male student nurses of the Diploma in Nursing program. Data saturation, the point at which no new information or themes emerge, was reached with this sample size, ensuring that the findings were robust and reflective of the student's experiences.

Data Collection

Data were collected through four focus group discussions designed to explore the experiences of male nursing students during their clinical postings in obstetrics and gynaecology (OB-GYN). These focus groups were conducted face-to-face in a distraction-free environment to ensure participants could engage openly. Each session began with a general, open-ended question about the students' experiences in OB-GYN, followed by more specific questions based on their responses (Creswell, 2013).

The conversations were audio-recorded and transcribed verbatim to capture the participants' views accurately. Each interview session lasted between 50 to 90 minutes. Data collection continued until saturation was reached, meaning no new themes or information emerged from the discussions, signalling the endpoint of sampling (Creswell, 2013).

Data Analysis

Braun and Clarke's thematic content analysis was employed to identify and categorize the challenges experienced by male nursing students during their OB-GYN clinical postings. This method allowed the researcher to focus on the key issues and experiences reported by the participants while also identifying similarities and differences across the interviews.

The analysis process involved several steps:

1. The researcher carefully read the interview transcripts multiple times to gain a general understanding of the data.
2. Segments of the transcripts related to the respondents' experiences and challenges during their OB-GYN clinical postings were extracted and compiled into a separate document.

3. Words, sentences, and paragraphs similar or related in content and context were grouped and coded based on their commonalities and differences.
4. These codes were organized into content subclasses according to their thematic alignment.

Validation of Data

To ensure the validity and reliability of the data, the transcripts were thoroughly reviewed, and co-researchers reconducted the data coding process. This collaborative approach allowed for cross-checking, enhancing the accuracy and consistency of the coding and analysis. By involving multiple researchers, potential biases were minimized, and a more robust interpretation of the data was achieved, ensuring the findings were credible and trustworthy.

Ethical Issues

Ethical approval for this study was obtained from the University's Research Management Committee before the research began. Participants were fully briefed on the purpose of the study, and informed consent was obtained for both the interview sessions and the audio recordings. The confidentiality of all participants was strictly maintained throughout the research process, ensuring that their personal information and responses remained anonymous.

Findings

Theme 1: Discrimination

Discrimination emerged as a prominent theme in the responses from male nursing students during their obstetrics and gynaecology (OB-GYN) clinical postings. The participants reported encountering discrimination, particularly in their access to learning opportunities. Specifically, male students were frequently denied entry into the labour room and maternity ward. As a result, they were often reassigned to the paediatric ward or nursery, limiting their exposure to key OB-GYN procedures. This exclusion extended to the observation and performance of clinical skills, typically reserved for female students. Such discriminatory practices prevented male nursing students from fully participating in their clinical training and hindered their ability to gain hands-on experience in critical areas of OB-GYN care. "So, whichever patient came into the labour room, I will ask for their permission. If they refused, I will just leave" (p3).

Theme 2: Patient dignity

Participants expressed concerns about maintaining patient dignity, noting that many procedures required are sensitive and may be uncomfortable for patients when done by someone of the opposite gender. This highlights the ethical and emotional challenges male nursing students face as they must navigate balancing the need to gain practical experience with respecting the comfort and dignity of female patients. "Many procedures are sensitive for the opposite gender to perform" (p1).

Theme 2: Cultural and religious constraints

The excerpt from the participant emphasizes male nursing students' challenges in Malaysia due to cultural and religious sensitivity (p6). As Islam is the dominant religion in the country, male students often find it difficult to perform certain procedures such as Cardiotocography (CTG) or

even be present in the labour room. These constraints arise from religious and cultural norms that prefer female patients to be treated by female healthcare providers, limiting the hands-on learning opportunities for male students.

"Living in Malaysia where Islam is the main religion, it is difficult for me to do certain procedures such as CTG, assist in Breastfeeding and even being in the labour room, it is quite difficult for me" (p2).

Theme 3: Missing Practical Skills

The lack of practical skill acquisition was another significant challenge reported by male nursing students. The clinical environment is ideally suited for learning essential patient care skills, but the restrictions imposed on male students resulted in a considerable gap in their practical experience. Participants noted that they could not perform any OB-GYN-related procedures in the maternity ward, and their training was limited to simulations rather than real-life practice.

"Yes, for me, it is difficult to find a patient willing to permit me to perform the procedure" (p3).

This lack of hands-on experience contributed to their feelings of inadequacy and decreased confidence in performing OB-GYN skills. *"We study a lot in the theoretical class, but we only remember things when we do the procedure"* (p5).

Consequently, male students felt unprepared and less competent than their female counterparts, who had more opportunities to practice and refine their skills in clinical settings. *"Sometimes, when patients know that we are students, they will not want us to do the procedure on them and would not cooperate with us. So I think, by building rapport with the patient and staff nurses, we can build trust so that we can do the procedure with them"* (p4).

Theme 3: Emotional Reactions

Emotional reactions from the respondents highlighted feelings of distress and overwhelm. Male nursing students expressed disappointment and demotivation, particularly when staff nurses restricted their ability to observe or perform OB-GYN procedures. These emotional responses were exacerbated by the perceived limitations in their training and the lack of support from clinical instructors. The restricted opportunities in the clinical setting contributed to a negative learning experience and affected the students' enthusiasm and motivation for the field. *"Sometimes, when patients know that we are students, they will not want us to do the procedure on them and don't cooperate with us. So I think, building rapport with the patient and staff nurses, we can build trust for us to do the procedure with them"*.

Discussion

The study identified several critical challenges faced by male nursing students during their obstetrics and gynaecology (OB-GYN) clinical postings, shedding light on significant barriers that impact their educational experience. A predominant concern was the discrimination male students faced, as they were frequently excluded from key learning opportunities, such as participation in labour rooms and maternity wards. This exclusion deprived them of essential hands-on experiences and reinforced gender-based stereotypes in nursing (MacWilliams, Schmidt, & Bleich, 2013). Yip, Yip, and Tsui (2021) similarly highlight the inequity in clinical

training for male students, where discriminatory practices hinder skill acquisition and perpetuate the notion that OB-GYN care is reserved primarily for female nurses. These challenges extended to patient care, where male students were often denied the opportunity to provide care for female patients due to perceived discomfort or gender bias (Chan et al., 2014).

The issue of patient dignity also emerged as a significant theme, with male nursing students encountering ethical dilemmas during sensitive procedures on female patients (Mamnuah, Nurjannah, & Prabandari, 2016). These interactions frequently raised concerns about the comfort and dignity of patients, forcing male students to navigate a delicate balance between fulfilling their educational requirements and respecting patient preferences. MacWilliams et al. (2013) underscored this challenge, noting that it complicates the male students' efforts to gain meaningful clinical exposure in OB-GYN settings.

Cultural and religious norms further complicate the clinical experience for male nursing students, particularly in countries like Malaysia, where Islamic cultural practices heavily influence healthcare. Participants reported that Islamic norms often restricted their ability to perform procedures such as cardiotocography (CTG) or be present in labor rooms (Abdel-Fattah, 2019; Hassan, Leavey, Rooney, & Puthussery, 2020). This cultural context reinforced gender-specific roles in healthcare, further limiting male students' access to comprehensive OB-GYN training, as observed in other conservative religious settings.

Another critical concern was the lack of practical skill acquisition. Male students frequently reported that their OB-GYN training was limited to simulations rather than real-life practice, leading to diminished confidence and leaving them unprepared for clinical practice compared to their female counterparts (Bienstock & Heuer, 2022; Yip et al., 2021). This gap in skill acquisition was particularly pronounced in essential OB-GYN procedures, which are crucial for developing competence in this field (Lyu, Akkadechanunt, Soivong, Juntasopeepun, & Chontawan, 2022).

Finally, the emotional toll of these experiences was profound, with many male students reporting frustration, disappointment, and demotivation due to the restrictions on their training (Yip et al., 2021). The lack of support from clinical instructors and the perceived barriers to learning negatively impacted their enthusiasm for pursuing a career in OB-GYN. These emotional responses are consistent with findings from Buthelezi et al. (2015), who reported that self-esteem issues, lack of social support, and constraints in the learning environment were key challenges for male nursing students.

In conclusion, addressing these challenges requires a comprehensive, multifaceted approach. Reducing discriminatory practices, ensuring cultural and religious sensitivity, and providing equal access to practical learning experiences are essential steps. Additionally, fostering an inclusive and supportive environment for male nursing students can help mitigate the emotional strain they experience and improve their clinical competence in obstetrics and gynaecology.

Recommendations for Practice

To improve the clinical learning environment for male nursing students, several measures are recommended:

1. **Equal Opportunities for Skill Development:** All nursing students, regardless of gender, should have equal opportunities to practice and perform nursing skills according to the learning outcomes. Clinical tasks should not be allocated based on gender, and all students should be assessed on their skills rather than their gender (Buthelezi et al., 2015).
2. **Enhanced Communication and Consent Procedures:** Clear communication and thorough explanation of procedures are essential to gaining cooperation from female patients and their families. Ensuring that all procedures are conducted with informed consent can help mitigate cultural and gender-based concerns (Buthelezi et al., 2015).
3. **Supportive Clinical Environment:** Clinical instructors should create a supportive and motivating learning environment that fosters skill development and reduces role strain. This includes providing appropriate supervision and feedback to male nursing students to enhance their confidence and competence (Buthelezi et al., 2015; Zhang et al., 2022).

Limitations

This study was conducted at a single institution with a limited sample size, which may not fully represent the broader population of male nursing students. While the findings provide valuable insights, they may not be generalizable to all settings. Future research with more diverse samples must confirm these findings and explore additional factors affecting male nursing students in OB-GYN settings.

Conclusion

In conclusion, addressing male nursing students' challenges in OB-GYN clinical postings requires a concerted effort from clinical instructors and educational institutions. By promoting gender equality in clinical training, enhancing communication practices, and supporting male students through targeted interventions, it is possible to improve their learning experiences and professional development. Ensuring all students are given equal opportunities to acquire and demonstrate their skills is essential for fostering a competent and confident nursing workforce.

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