

# Male Nursing Students' Perceptions of Their Clinical Practice in Maternity Hospital at Sulaymaniyah Polytechnic University and University of Sulaymaniyah Colleges of Nursing



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## ABSTRACT

**Background:** The field of nursing remains dominated by women in many countries. Males joining the nursing and midwifery fields are becoming more numerous, and with that comes more problems during training. It is crucial to comprehend the experiences and difficulties faced by male nursing students during their nursing education, as these obstacles differ depending on the culture. **Aims:** The objectives of the study are to explore the perceptions of male nursing students at Sulaimani Polytechnic University and University of Sulaimani Colleges of Nursing about their clinical maternity hospital. **Materials and Methods:** A quantitative-descriptive design has been carried out in Sulaimani city. A non-probability, convenience sample size of (100) students was included in this study over a period of 1 month. Through an extensive review of relevant literature, a questionnaire was designed for data collection. **Results:** The results confirmed that male nursing students generally feel more comfortable performing procedures that do not involve exposure to private parts compared to those that do involve such exposure. The association between age groups, marital status, Residency College, and comfort level is not significant ( $P > 0.05$ ). While, the  $P = 0.045$ , indicating that the association between class and comfort level is significant ( $P < 0.05$ ). **Conclusion:** The study indicated that while the participants regarded the maternity clinical practice to be difficult, they did not show any interest in doing the maternity course. It was believed that male nursing students' experiences with maternity clinical practice would be enhanced by acceptance and more specialized training in the clinical setting.

**Index Terms:** Male Perception, Nursing, Clinical Practice, Maternity

## 1. INTRODUCTION

The specialty area of maternity nursing encompasses providing care for expectant mothers, new mothers, and women in the postpartum period. The primary goal of this specialty field of nursing is to offer expecting moms

and their babies complete medical care and support. It includes keeping an eye on the health of the mother and child, providing emotional support and education, and handling any difficulties that may develop during pregnancy or childbirth [1].

Historically, nursing has been a female-dominated profession, males as nurses were the token minority [2]. However, nursing is changing and more men are entering the field. Gils *et al.* Note how gender dynamics in nursing are changing, even within areas of specialty care such as maternity care (especially since women constitute a higher number of nurses working in this field) [3].

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Understanding the experiences of male nursing students in maternity clinical practice necessitates the examination of multiple dimensions, including motivations for pursuing this specialization; sources and nature of challenges encountered by men as a minority within primarily female contexts; trends amongst their peer clinicians during skill-building activities that facilitate career growth [4]. Moreover, it is critical to consider how educational institutions support and address the needs of male nursing students in maternity care to ensure a warm and inclusive learning environment [5].

In addition, examining the perspectives of male nursing students is necessary to comprehend the opportunities and challenges they encounter during their clinical practice in maternity settings [6]. The findings from this study can be instrumental in designing new practices and strategies for the practice of nursing to improve education regarding the experience of male maternity student nurses.

The goal of this paper is to explore the perceptions of male students during their clinical practice at maternity hospitals, taking into account how men perceive these settings. By sharing common perceptions, the authors hope to promote an equitable nursing profession that will enable all newcomers to succeed in specialty specializations.

## 2. MATERIALS AND METHODS

### 2.1. Design

A descriptive study with a quantitative design was conducted in Sulaymaniyah City between November 15, 2023, and December 15, 2023, to learn more about the perceptions of male nursing students about their clinical practice in maternity clinics at the University of Sulaymaniyah Colleges of Nursing and Sulaymaniyah Polytechnic University.

### 2.2. Study Sample

This study was a non-probability sampling and involved a hundred students enrolled in the 4<sup>th</sup> and 3<sup>rd</sup> years of study at the Polytechnic University of Sulaymaniyah City and the Nursing College.

### 2.3. Inclusion and Exclusion Criteria

This was a descriptive cross-sectional study that included male undergraduate students of midwifery course from the University of Suliamani in 3<sup>rd</sup>, 4<sup>th</sup> years and Sulaymaniyah Polytechnic University (selected this university because, in stage 2, their students concentrated on their clinical practice phase related to maternity) who attended his clinical practice

phase regarding maternity, chose freely by their wish for inclusion. Students who were not enrolled in nursing programs at the designated universities, female nursing students, those without practical experience in maternity units, and those who did not give their voluntary consent to participate were not allowed to participate.

### 2.4. Data Tools

A comprehensive analysis of pertinent literature was conducted to develop a questionnaire intended for the aim of gathering data. There were 23 items in total, all contained in the questionnaire. Five elements, representing student demographic information such as age, marital status, class, domicile, and college, make up the first section of the demographic inquiry. The second section, "Perception of Male Students Regarding Their Maternity Clinical Practice and the Challenges Faced," is made up of four items that illustrate how male nursing students can be interested in maternity training, how they can complete maternity training with others, how clients will not accept their maternity training, and how male nursing students are not required to complete maternity training. The third part of the questionnaire, "Comfort Level with Procedures in Maternal Clinical Areas," consisted of 14 items.

### 2.5. Validity and Reliability of the Study Instrument

Validation: The maternity-specific study tool to assess male nursing students' perspectives should be supplemented with expert validation, content, and face validity pilot-testing applications of the data capture instrument. Factor analysis can be used to demonstrate construct validity, while criterion validity is the process of comparing findings to pre-established measures. The test-retest methodology should be used to evaluate reliability to acquire a Pearson's correlation coefficient or  $r = 0.83$ . A small pilot validation study was conducted with the questionnaire, and it proved to be feasible amongst 8 trainees who had recently graduated. Distilled together, all of these ensure the instrument will measure perceptions as it was designed to in a valid and consistent.

### 2.6. Data Collection

The sample was interviewed and data were collected through a questionnaire specially developed for this purpose. The procedure for gathering data was carried out on November 15. It took 15 min for each student to be interviewed. Verbal consent was sought and the approval of the students to participate in the current study was secured. The interview took place one-on-one.

## 2.7. Data Analysis

Data were analyzed using a statistical package for social science Windows version 22.0. The one type among descriptive statistics are standard deviation, mean, percentages, and frequencies, inferential statistics were used with a 5-point Likert scale, and its possible responses varied from strongly agree at one end to disagree on the other. Results of the Chi-square test and the Fischer's Exact tests were carriers, respectively, 0.05 for the significance of  $<7$  = high statistical significance.

## 3. RESULTS

It can be seen in Table 1 that most of the participants were aged between 20 and 22 years (67.0%). The lowest percentage (34.0%) were the ones over 23 years of age. Three percent (3%) of the participants were married, while (97%) were unmarried, living in cities, attending Polytechnic University, and being in the fourth stage of their class.

The views of male nursing students about the difficulties they encounter in their maternal clinical practice are shown in Table 2. Five categories are applied to the responses: "Agree," "Strongly disagree," "Neither agree nor disagree," "Disagree," and "Strongly agree."

According to male, maternity training can pique the interest of nursing students: While 21% of respondents agree, 3% strongly agree. Most people (55%) are indifferent to the situation. 8% strongly disagree and 13% disagree. Male nursing students may undergo training with the following individuals, per Maternity: 8% of respondents agreed, and 2% strongly agreed. Approximately half (48%) are undecided. 7% strongly disagree and 35% disagree. Clients will not take training from male nursing students, according to Maternity: 26% of respondents strongly agree, and 32% agree. 21% of respondents are undecided. 9% strongly disagree and 12% disagree. The final point is that male nursing students do not need to complete maternity training; 19% of respondents agree, and 5% strongly agree. 47% of respondents are undecided. Of them, 21% disagree and 8% disagree strongly.

The degree of comfort that male nursing students have doing different procedures in maternity clinical areas is displayed in Table 3. The replies are divided into four categories: "Not at all comfortable," "Very much comfortable," "Somewhat comfortable," and "A little comfortable." All things considered, the findings suggest that male nursing students are generally more at ease carrying out operations that do not expose their privates than those that do.

**TABLE 1: Distribution of socio-demographic characteristics among the sample**

Socio-demographic characteristics	Frequency F	Percentage
Age groups		
20–22 years	67	67.0
≥23 years	33	33.0
Mean±SD 22.1±1.22		
Marital status		
Single	97	97.0
Married	3	3.0
Class		
Third stage	25	25.0
Fourth stage	75	75.0
Residency		
Urban	74	74.0
Suburban	26	26.0
College		
Nursing College	34	34.0
University of Sulaimani		
Polytechnic university	66	66.0
Total	100	100

The relationship between socio-demographic traits and male nursing students' overall comfort level when executing procedures in maternity clinical areas is shown in Table 4. The *P*-value shows that there is no significant correlation ( $P > 0.05$ ) between age groups, marital status, residency, college, and comfort level. However, the  $P = 0.045$  shows that there is a substantial ( $P < 0.05$ ) correlation between comfort level and the 3<sup>rd</sup> and 4<sup>th</sup> stages of the year.

## 4. DISCUSSION OF THE RESULTS

In many nations, women continue to dominate the nursing sector. The number of men entering the nursing and midwifery industries is rising, and this brings with it an increase in training-related issues. Understanding the experiences and challenges that male nursing students endure during their nursing education is essential, as these hurdles vary based on cultural background.

The age of male participants in clinical maternity practices can significantly influence their perceptions and attitudes. Older men, particularly those over 30, may bring more life experience and established beliefs about gender roles, family responsibilities, and healthcare. This demographic might view maternity practices through a lens shaped by traditional expectations or previous personal experiences, which can impact their engagement with and attitudes toward clinical settings. For instance, older men may have more ingrained views about paternal roles and might be more resistant to

**TABLE 2: Perception of male students regarding their maternity clinical practice and the challenges faced**

Male students' perceptions of the maternity clinical practice	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	F (%)	F (%)	F (%)	F (%)	F (%)
A-Male nursing students can take an interest in maternity training	3 (3.0)	21 (21.0)	55 (55.0)	13 (13.0)	8 (8.0)
B-Maternity training can be done by male nursing students with others	2 (2.0)	8 (8.0)	48 (48.0)	35 (35.0)	7 (7.0)
C-Maternity training by male nursing students will not be accepted by clients	26 (26.0)	32 (32.0)	21 (21.0)	12 (12.0)	9 (9.0)
D-Maternity training is not required for male nursing students	5 (5.0)	19 (19.0)	47 (47.0)	21 (21.0)	8 (8.0)

**TABLE 3: Comfort level of male nursing students in performing procedures in maternity clinical areas**

Procedures	Very much comfortable	Somewhat comfortable	A little comfortable	Not at all comfortable
	F (%)	F (%)	F (%)	F (%)
A-procedures involving exposure of private parts				
1. Breast care	2 (2.0)	7 (7.0)	20 (20.0)	71 (71.0)
2. Perineal examination	2 (2.0)	4 (4.0)	22 (22.0)	72 (72.0)
3. Monitoring uterine contractions	1 (1.0)	4 (4.0)	12 (12.0)	83 (83.0)
4. Vaginal examination	2 (2.0)	4 (4.0)	5 (5.0)	89 (89.0)
5. Uterine massage	3 (3.0)	6 (6.0)	39 (39.0)	52 (52.0)
6. Conduction of labor	3 (3.0)	2 (2.0)	20 (20.0)	75 (75.0)
7. Assisting for breastfeeding	4 (4.0)	5 (5.0)	41 (41.0)	50 (50.0)
8. Assessment of the uterus after delivery	1 (1.0)	3 (3.0)	12 (12.0)	84 (84.0)
9. Episiotomy care	0 (0)	5 (5.0)	16 (16.0)	79 (79.0)
B-Procedures involving no exposure of private parts				
10. Abdominal examination	13 (13.0)	72 (72.0)	13 (13.0)	2 (2.0)
11. Monitoring fetal heart rate	33 (33.0)	60 (60.0)	6 (6.0)	1 (1.0)
12. Immediate newborn care	53 (53.0)	38 (38.0)	6 (6.0)	3 (3.0)
13. Baby bath and cord care	48 (48.0)	42 (42.0)	7 (7.0)	3 (3.0)
14. Health education of women	21 (21.0)	39 (39.0)	35 (35.0)	5 (5.0)
procedures involving exposure of private parts	18	40	187	655
procedures involving no exposure of private parts	168	251	67	14

modern, progressive practices that advocate for greater paternal involvement and shared responsibilities in maternity care. The age range of 20–22 years old constituted the bulk of study participants (67.0%) in our investigation. On the other hand, the lowest percentage (34.0%) included people older than 23. Only three (3%) of the participants were married, while the remaining ninety-seven (97%) were unmarried, living in cities, attending Polytechnic University, and in the fourth stage of their class. Our results are consistent with a study conducted by Alshammari *et al.* [7], which reveals that 59 (63.4%) of the participants were between the ages of 22 and 26. In addition, 79 (85%) of the participants were single, while just 14 (15%) were married. On the other hand, the study conducted by Bililign and Mulatu [8] is in line with our findings, indicating that a greater proportion of participants in the study are over 30 years old. Conversely, younger men might approach maternity practices with different expectations and attitudes, potentially influenced by

contemporary social norms and greater awareness of gender equality. They may be more open to participating actively in maternity care and supporting partners through new and evolving practices. This generational difference can affect how male partners engage with healthcare professionals, perceive the relevance of certain practices, and contribute to the overall maternity experience. Understanding these variations is crucial for tailoring interventions and educational programs that address diverse perceptions and improve the involvement of men across different age groups in maternity care.

Our results align with earlier research examining male nursing students' perspectives on gender concerns. Male nursing students who finished their practicum in female ward often experienced a sense of estrangement from the patient care process; this feeling of exclusion and alienation was particularly strong during the obstetrics practicum [9].

**TABLE 4: Association between sociodemographic characteristics with a total comfort level of male nursing students in performing producers in maternity clinical areas**

Variables	n=100						Total	
	Low comfort level		Average comfort level		High comfort level		F	%
	F	%	F	%	F	%		
Age groups								
20–22 years	22	32.8	23	34.3	22	32.8	67	67.0
≥23 years	11	33.3	16	48.5	6	18.2	33	33.0
<i>P</i> -value 0.268 Not Significant FET=2.804								
Marital Status								
Single	33	34.0	37	38.1	27	27.8	97	97.0
Married	0	0	2	66.7	1	33.3	3	3.0
<i>P</i> -value 0.626 Not Significant FET=1.618								
Class								
Third stage	5	20.0	10	40.0	10	40.0	25	25.0
Fourth stage	28	37.3	29	38.7	18	24.0	75	75.0
<i>P</i> -value 0.045 Significant FET=3.401								
Residency								
Urban	23	31.1	29	39.2	22	29.7	74	74.0
Suburban	10	38.5	10	38.5	6	23.1	26	26.0
<i>P</i> -value 0.744 Not Significant FET=0.637								
College								
Nursing College University of Sulaymaniyah	12	35.3	13	38.2	9	26.5	34	34.0
Polytechnic University	21	31.8	26	39.4	19	28.8	66	66.0

*P*-value 0.930 Not significant FET=0.172

Furthermore, according to participants, being cut off from crucial practice areas was extremely stressful and anxious for them [10].

When it comes to procedures that expose private areas, male nursing students have a noticeable degree of uneasiness; most of them say they feel uncomfortable in these scenarios. This shows that to address these issues and raise male nursing students' confidence levels in maternal clinical settings, specific training and assistance are required [11]. This outcome is consistent with another study's findings, which showed that several male students felt more tense and anxious when performing procedures involving the private areas (urinary catheterization, for instance) or requiring them to contact or engage with young female patients. Men expressed worry and unease in particular because they could be mistakenly accused of making inappropriate physical contact or touch [11]. Female patients prefer female nurses for intimate care because they feel more comfortable and their privacy is protected [12].

According to a recent study, the *P*-value shows that there is no significant relationship ( $P > 0.05$ ) between age groups, married status, residency college, and comfort level. However, the  $P = 0.045$  shows that there is a substantial ( $P < 0.05$ )

correlation between comfort level and class. (Our research aligns with that of Alshammari *et al.* [7], who showed no significant correlation between the variables, indicating that there should be no variations in these factors based on age or marital status.

Overall, the findings point to a conflicting understanding of maternal clinical practice among male nursing students. Some express reservations about cultural acceptance and the necessity of such training, while others are open to the notion and see it as a possible area of study. The majority of responders seem undecided on these issues, suggesting that the nursing community needs more time for deliberation and explanation.

Understanding the challenges and struggles male nursing students face when pursuing their education abroad is crucial, especially in light of the cultural differences in these difficulties. This information would help develop strategies and policies to deal with issues that male nursing students face, as well as determine how to use the data to retain a greater number of men in clinical nursing practice. In light of this, the current study's objective was to examine and document a male nursing student's experience in a clinical maternity course offered by both universities.



## 5. CONCLUSION

The study found that although the students thought the maternity clinical practice was challenging, the majority of them felt that they would not want to work in maternity clinics, particularly when it came to procedures that could be performed on women whose body parts were exposed during clinical practices for the maternity course. It was believed that acceptance and more specialized training in the clinical setting would enhance male nursing students' experiences with maternity clinical practice. Age groups, marital status, residence, college, and comfort level do not significantly correlate with one another. However, there is a strong correlation between comfort level and 3<sup>rd</sup> and 4<sup>th</sup> years of study. Promoting tactics that support male involvement in the nursing field is a good idea. It is important to exercise cultural and gender sensitization in environments that prohibit the practice of male nursing. It is vital to implement techniques in academic and clinical settings that will eliminate gender barriers in clinical training, learning, and practice to promote male involvement in maternity-related contexts and improve the nursing profession. The function that male nurses play in the healthcare delivery system should be made more widely known to encourage acceptance of gender diversity in the nursing profession.

## 6. ACKNOWLEDGMENT

Gratitude is extended to all of the study participants for their participation. The deans of both universities receive special thanks for their great assistance and collaboration in making the data collection process easier.

## 7. ETHICAL CONSIDERATIONS

The study followed ethical guidelines, clearly stating its goals and obtaining the necessary approvals. The University of Sulaymaniyah's Scientific Committee of the Maternal Neonate Nursing Department and the Ethical Committee of the College of Medicine granted their approval. The study at Sulaimani Polytechnic University and University of Sulaymaniyah Colleges of Nursing was carried out with additional permission from the deans. Verbal informed permission was collected from participants and they were fully told about the research objectives before their participation.

## 8. CONFLICTS OF INTERESTS

The author affirms that they have no conflicts of interest.

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