

Perception and Strategies to Overcome Challenges among Male undergraduate Nursing Students during their Maternity Clinical Practice

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Abstract:

Background: As the number of males, entering nursing and midwifery increases in number, the challenges faced by these males during training sessions also is on the rise. Male nurses face challenges in their education and practice as a result of their gender and stereotypes associated with being a male in a female-dominated profession. Since these challenges vary from culture to culture, it is essential to understand the experiences and challenges of male nursing students during their nursing education. **The study aimed** to explore the perception and strategies to overcome challenges among male undergraduate nursing students during their maternity clinical practice. **Design:** A descriptive study design was utilized. **Setting:** The study was applied in the Faculty of Nursing at Sohag University. **Subjects:** A purposive sample composed of 110 male undergraduate nursing students from the previously mentioned setting were enrolled in the Maternal Health Nursing Course as a part of their nursing program, at the Faculty of Nursing during the Academic Years 2022 and 2023. **Tools were used for data collection: Tool (I):** The self-administered questionnaire included 18 items 5-point Likert scale to identify the challenges experienced by male nursing students in their maternity clinical practice, and 14 items to assess comfort level in performing procedures in maternity clinical areas and **Tool (II):** Likert Rating Scale. **Results:** Challenges were encountered by approximately two-thirds (65.6%) of the study participants during their maternity course. A negative attitude towards the maternity clinical course was reported by over half (56%) of the male undergraduate nursing students and 91.20 % of male undergraduate nursing students decided to not work in maternity areas post-graduation. **Conclusions:** Many male undergraduate nursing students have considerable difficulties in their maternity clinical practice. Due to gender differences and cultural influences, the participants firmly believed that they would not be accepted by maternity clients. **Recommendation:** Male nurses should be protected from prejudice and given opportunities to advance their careers in the obstetric department. Nurse educators should also help male students get ready for interactions with female customers in a variety of contexts. It made the case for professionalism, the development of gender and cultural awareness, advocacy, and an acceptance of gender diversity in maternity clinical practice.

Keywords: Challenges, Male undergraduate nursing students, Perception, Strategies, Maternity Clinical Practice.

Introduction

When compared to other occupations that are associated with masculinity, like engineering and medicine, nursing and

midwifery are typically dominated by females. For example, the Equal Opportunities Committee in the United Kingdom stated that 98% of midwives and 90% of nurses in England are female (Mokdad & Christensen, 2021). In many nations,

the nursing profession is still predominately occupied by women. Male interest in nursing has generally increased as the tide is undoubtedly turning towards gender equality in all professions. Still, only 12% to 13% of nurses are men, making them a minority in the field (**Abdel-Fattah et al., 2019**).

Historically, women have not always dominated the nursing profession. Due in large part to the connection between nursing and the armed forces, males predated Florence Nightingale by a considerable margin in the nursing profession (Office of Medical History, 2020). Men were the first nurses in ancient Greece, Rome, and India to get formal training (**O'Lynn, 2019**). Unfortunately, society has not and still does not acknowledge the contributions made by males to the early growth of nursing. This is primarily due to the significant impact of the female nursing movement of the 19th century on the historical ideology of the profession (**Achora, 2016**).

The need for health care, the lack of nurses, recruitment and employment opportunities, and professional progress are just a few of the numerous elements that have a significant impact on the professional presence of males in nursing. Male nursing students have typically encountered gender-based prejudice in their practice as obstetrical nurses. Stereotyping based on gender and sexual roles is acknowledged to have the capacity to impede the advancement of male nurses' careers (**Tzeng et al., 2019**). During the obstetric placement, many male students were denied access to the full range of caring procedures. Men's ability to perform as nurses is severely limited when they are prevented from participating in specific areas of nursing practice and education (such as labor and delivery), which also deprives the nursing profession of a valuable resource. Male nurses experience discrimination and lateral violence, which negatively impacts their work and jeopardizes patient care (**Kronsberg et al., 2017**).

The literature has a wealth of information

about the existing and future nursing shortage. To address the demands of the nursing shortage in both practice and education, nursing needs to consider alternate approaches. Increasing the proportion of men working as nurses would be one tactic. Despite a gradual growth, male nurses still make up only 9.6% of the nursing workforce, making them underrepresented in the field (**Kronsberg et al., 2017**).

Nursing is one of the professions with the highest gender inequality as a result of this. The majority of writers have concluded that although men choose to become nurses for the same reasons that women do—namely, to care for people—they also frequently face emotional, verbal, or sexual barriers that restrict their specialty options and put them at risk of being stigmatized and stereotyped. This trend is reflected in the literature (**Christensen & Knight, 2014**).

Several studies have shown the many obstacles faced by male nurses, such as role constraints, gender discrimination, and solitude. Indeed, according to some academics, nursing schools ought to make the required efforts to identify and address any institutional policies or practices that have a detrimental impact on the environment in which male nursing students learn (**Folami, 2017**). In many cases, counseling services have been offered as a cure from the start of nursing school to address these problems to guarantee a steady workforce and enhance the working conditions for male nurses (**Chinkhata & Langley, 2018**). Some academics suggest that, in light of these differences, nursing professionals work to promote gender equality in the field by enhancing gender competence and implementing more gender-neutral policies in nursing research, education, and nursing practice. It is imperative to motivate male nursing students to recognize male obstetricians as exemplary figures (Saber & Ibrahim, 2019).

While there are other documented instances of discrimination and difficulty, one area that is especially concerning is the education of male nursing students in midwifery and obstetrics, where access to patients is severely restricted due to cultural stereotypes and barriers, particularly in comparison to female students. According to numerous studies, female patients, nursing and midwifery educators, hospital management, and male nursing students and nurses frequently reject and disparage males. Due to this perception that

they are offered fewer prospects for professional advancement, male students may become more likely to become male nurses, which could worsen the nursing shortage in light of the present health crisis (Younas et al., 2019).

Male students describe a variety of difficulties they faced throughout their clinical training, including the high bar for clinical area training, the negative attitudes of their clinical teachers, and the fact that some maternity clinical areas do not allow women to receive care from male student nurses. To be specific, several male nursing students have reported that, when they deal with pregnant women during labor, they are frequently met with misgivings and limits (Powers et al., 2018; Sabre & Ibrahim, 2019).

The difficulties that men encounter in training sessions appear to be growing along with the number of men entering the traditionally female-dominated fields of nursing and midwifery. Male nursing students are unable to contact female patients in the same way as female nursing students due to cultural and religious restrictions in the study region. However, all male nursing students must enroll in mother and child health nursing as a core nursing subject during their fourth or fifth-level undergraduate nursing program to be a part of a recognized nursing program (Seshan et al., 2021). These courses are special because they are the first to require male students to engage with female patients, particularly when it comes to their personal and private reproductive health concerns. As a result, male students have several difficulties in the clinical setting during these courses as opposed to their female counterparts. Given that these obstacles fluctuate among cultures, it is critical to comprehend the experiences and difficulties faced by male nursing students while they pursue their degrees in various locales (Younas et al., 2019).

The creation of plans and regulations to address problems impacting male nursing students, as well as how to use this

knowledge to keep more men in clinical nursing practice, would benefit from this expertise. Given this, the current study aimed to investigate and record a male nursing student's experience in a Middle Eastern public university's clinical maternity course (Arreciado Marañón et al., 2019). It is commonly believed that empathy and caring are characteristics of women, and therefore nursing education is more geared towards female students than male students. Several studies on male nursing students' perceptions of gender disparity in nursing education have identified one of the key causes of this inequality: nurse educators' constant use of the feminine pronoun "she" to refer to nurses. A further indicator was the dearth of employment prospects for male nurses, and a third indicator was nurse educators' ignorance of the unique educational requirements of male nursing students (Prosen, 2022).

Male enrolment makes up little more than 10% of all students in most countries, which means that male nurses are a minority and may help to explain some of these differences (Carnevale & Priode, 2018). Moreover, the multiple gender-biased preconceptions encountered deter males from pursuing or staying in the nursing field (Prosen, 2022; Ross, 2017). Furthermore, culturally biased gender prejudice orchestrated by female patients and their attendants exacerbates the predicament encountered by male nursing students during their maternity nursing course. According to Aynaci (2021), a majority of female patients hospitalized in maternity clinical units refuse male carers because they find it daunting to talk and expose personal details of their clinical difficulties to men. However male nursing students and their clinical teachers are frequently motivated to work on solutions to go above these obstacles because of the ongoing desire to improve the learning environment for the male students (Harris et al., 2016).

These difficulties necessitate coordinated mitigating efforts from a range of stakeholders, as prejudice of this kind may cause male students to grow disenchanted with nursing programs if these issues are not remedied. Ultimately, it can result in a decline in interest for both general nursing practice and maternity. Many midwifery educators have observed difficulties in providing practical instruction to male nursing students due to the uneven learning environment (Chinkhata & Langley, 2018).

Some of the male students who see maternity nursing as a field exclusively for women and who identify as visitors are part of the problem. Following a study conducted in Jordan, **Mrayan et al. (2020)** concluded that organizing midwifery education for male students requires specific considerations from nurse educators due to these and other problems, particularly in the culturally demanding Arab World. Nurse educators all over the world are working to lessen gender disparities in education. To create gender equity in nursing education, for example, Korean scholars **Cho et al. (2022)** developed the Gender Equity Scale in Nursing Education. However, understanding the experiences and perceptions of male nurses who have historically experienced inequity remains incomplete because detailed first-hand verbatim accounts are rare in the published literature, leaving an incomplete picture of the problem's extent.

Male nurses have historically found it difficult to work in women's health fields like maternity care because of gender biases and preconceptions. There have been reports of educational and practical challenges faced by males aspiring to become nurses, which have had an impact on their motivation to engage in the sector. Male nurses are reportedly discriminated against by both the nursing community and professionals, who view them as unfit for the field. Because men are frequently thought to be unfit for the role of caregiver, male nurses have stress-related difficulties in their work, according to several researches (**Powers et al., 2018**).

Significance of the study

Male student nurses are enrolling in nursing programs in large numbers these days, particularly in rural areas, in hopes of graduating from college with a good job, a high salary, and the opportunity to work in Arabian or foreign institutions. However, they face a variety of issues in both public and private settings, including

discrimination, disrespect, and being treated poorly by hospital administrators and other women. Consequently, offered fewer or rejected chances for professional advancement.

A prior study conducted in Egypt by **Atia (2016)** found that all male students involved in the study had both theoretical and practical challenges while completing their maternity nursing course and that half of them, or 50,3%, had a negative attitude towards the training. Gender role stereotype-related dilemmas appear to be much worse for men when they first start their nursing school program rotation in maternity clinical training settings. Because maternity care is intimate and has sexual undertones, male nurses find this component of their work uncomfortable and unsettling. As a result, they refuse to be assigned to or recruited into such areas (**O'Lynn, 2019**).

Male students endure the dread of the unknown, feelings of rejection, and anxiety in maternity nursing courses, which are perceived as a woman's domain. While practicing with mothers and newborns presents numerous problems for male nurses, it is well-acknowledged that male nurses play a significant role in the field. Male nurse students encountered several challenges during their clinical practice in a delivery room. These included cultural perceptions of gender roles, the view of male nurses' reality, and challenges approaching female clients. These findings were reported in a study by **Jung and Park (2019)**. Male nurses in the same study reported feelings of shame, rejection from patients and family, restrictions to enter the labor room, male students being prevented from providing any assistance to female patients, being unable to assist female patients, and being unable to work alongside other nurses. Because of this, many believed that working in delivery rooms would be unattainable after graduation.

Cultural barriers may cause prejudice against male nursing students and practitioners from coworkers, patients' carers, and occasionally patients themselves. This results in a theory-practice gap by impeding their clinical practice experience and limiting their ability to acquire necessary skills. Compared to their female peers, male nursing students have reportedly been exposed to maternity settings less frequently as a result of this discrimination. In their study, **Landry and Tillman (2013)**, for instance, found

that patients preferred male nurses over female nurses, citing the difference in the harshness of female nurses against male nurses.

Recognizing and assisting male nurses in the nursing profession is crucial for educators and mentors. Throughout the clinical practicum, nondiscriminatory behaviors ought to be encouraged, with faculty members showing empathy for the emotions of their male nursing students and encouraging them to participate in their clinical settings. Acts of this nature encourage men to become as engaged and productive in the nursing profession as their female counterparts (Cho et al., 2022). **So, the study aimed to explore the perception and strategies to overcome challenges among male undergraduate nursing students during their maternity clinical practice**

Research questions:

What is male undergraduate nursing students' **perception** of maternity clinical practice?

- What are male undergraduate nursing students facing **challenges during their maternity clinical practice**?

Will the comfort level of performance by male undergraduate nursing students be equal in all procedures of maternity care?

What are male undergraduate nursing students' strategies **to overcome challenges during** maternity clinical practice?

Will the male nursing students decide to work in maternity areas after graduation?

Aim of the study:

To explore the perception and strategies to overcome challenges among male undergraduate nursing students during their maternity clinical practice

Subjects and Methods:

Research design:

A descriptive study design was utilized to achieve the aim of this study.

Setting:

The study was conducted at the Faculty of Nursing, Sohag University, and in Hospital clinical training settings (Maternal and Child Health, Delivery room, Operation room, High-risk unit, patient and postpartum ward). Subjects of the study:

Sample size:

The sample size was determined using the Yamane formula:

$$n = \frac{N}{1 + N(e)^2}$$

where n = sample size, N =

Population size (110), e = Level of precision or sampling error which is $\pm 5\%$ (Yamane, 1967)

Sample type:

A purposive sample composed of 110 male undergraduate nursing students from the previously mentioned setting were enrolled in the Maternal Health Nursing Course as a part of their nursing program, at the Faculty of Nursing during the Academic Years 2022 and 2023.

Tools of Data Collection

Tools were used for data collection:

Tool I: Self-administered Questionnaire: It was designed by the researchers based on reviewing related literature and consisted of five parts:

Part (I): Demographic characteristics of male undergraduate nursing students such as age and residence.

Part (II): consisted of seven items on background information about the perception of maternity nursing curriculum.

Part (III): consisted of 18 items on a 5-point Likert scale with responses from strongly agree to strongly disagree, to identify the challenges experienced by male nursing students in their maternity clinical practice. The tool was developed based on the knowledge and experience of the researchers, to assess the male nursing students' perceptions of the maternity clinical practice. The responses are grouped into four categories which include, A—Male nursing students can take an interest in maternity training, B—Maternity training can be done by male nursing students with others, C—Maternity training by male nursing students will not be accepted by clients, and D—Maternity training is not required for male nursing students.

Part (IV): consisted of 14 maternity nursing procedures to identify how comfortable the students are to provide nursing care in the maternity unit. The procedures were grouped into two categories *i.e.* A—procedures involving exposure of private parts and B—procedures involving no exposure of private parts.

Part (V): consisted of questions regarding male undergraduate nursing students graduates' decision to work in maternity areas post-graduation

Tool II: Likert Rating Scale: This tool is adapted from (Atia, 2016) and modified by the researcher. It was designed to assess the attitude of male students toward maternity clinical courses. The scale was composed of 18 statements. The male nursing student had three possible responses for each statement:

- A positive response was scored by (agree= 3).
- No opinion or indifference was scored by (Indifferent= 2).
- The negative response was scored by (disagree= 1).

If the total score was less than 60%, the result was considered a negative attitude and if more than 60%, the result was considered a positive attitude toward maternity clinical course.

Tools Validity:

Revision of the tools was done by a panel of experts composed of 5 professors of Obstetrics and Gynecological Nursing to measure the content validity of the tools and no modifications were done accordingly.

Tools Reliability:

The Cronbach's alpha coefficient test was used to assess the reliability of the tools, and the results indicated that each instrument had a high level of reliability, indicating that the tools were composed of generally homogeneous items and the *r* value was (0.91) all showed reliability for tool I and (0.89) for tool II.

Pilot study:

The study tested the applicability, clarity, and efficiency of the instruments on 10% (11) of the male undergraduate nursing students who were part of the research. The study sample later on comprised male nursing students who were selected in the pilot trial. A pilot research revealed no significant changes.

Ethical considerations:

Before beginning the study, the scientific ethical committee of Sohag University's faculty of nursing granted research approval. Gaining the trust and confidence of the male undergraduate nursing students involved in the study, the researcher explained the purpose of the study to them. The researcher guaranteed to keep participant data private and anonymous. The right to withdraw from the study at any moment and the freedom to choose to participate or not were explained to the undergraduate nursing students. Additionally, students stated that their beliefs will not impede their ability to succeed academically. The participants were informed that any information they provided for study reasons would remain anonymous and confidential before giving their written agreement.

Fieldwork:

Ethical approval was attained from the Committee of the Faculty of Nursing before conducting the research. Official permission to collect data was obtained from the responsible authority of the study setting after providing a thorough explanation regarding the objectives of the study.

- From late September 2023 to mid-December 2023 was used for the start and completion of data collection. The sample was taken three days a week, from 9 a.m. to 12 p.m., when the students of the Sohag University Faculty of Nursing were doing their clinical training. For nursing students both before and after meetings at the Sohag University Faculty of Nursing for clinical distribution as well as during their hospital rotations. Each study participant's self-administered questionnaire sheet was completed by the investigator on an individual basis. The male nursing students took roughly fifteen to twenty minutes to complete it.

Administrative Design:

Approval to carry out this study was obtained from the dean of the faculty of nursing and the head of the maternity department in the faculty of nursing, at Sohag University.

Statistical design:

The data was collected, coded, and entered into a personal computer. It was analyzed with the program Statistical Package for Social Science (SPSS) version 20. The collected data were organized, revised, analyzed, and presented in numbers and percentages in tables, figures, and diagrams. Proper and suitable statistical tests were used to test the significance of the results obtained. The statistical Chi-square test for qualitative variables was used.

Results:

Table 1 shows that the male undergraduate nursing students were, on average, 21.7 ± 1.14 years old and that a majority of them—72.7%—hailed from rural areas.

Figure (1) demonstrates that the maternity nursing program was deemed attractive by slightly more than half (51.80%) of the male undergraduate nursing students. Furthermore, a majority of respondents (29.70%) stated that male undergraduate nursing students found the maternity nursing program to be uncomfortable.

Figure 2 shows the Perception of male nursing students regarding their maternity clinical practice and the challenges faced. Just 17.82% of participants disagreed with the majority's (57.75%) opinion that male nursing students can be interested in maternity training. Of the participants, 52.42% agreed that male nursing students may instruct other female staff members in maternity care, while 23.64% disapproved. Of the participants, around half (53.23%) agreed that male nursing students do not need to complete maternity training, while 23.65% disagreed. It's interesting to note

that while 6.45% of participants disagreed, the bulk of participants (77.78%) agreed that male nursing students' maternity training will not be approved by clients.

Figure (3) illustrates that male undergraduate nursing students (27.27%, 39.5%, 44%) stated that the goals of clinical practices related to antenatal, labor, and postpartum were not met.

Table (2) shows that the majority of the study group—more than three quarters—(92%) said that the breast examination procedure was the most embarrassing one they had to do during their antenatal clinical training. Vaginal examination, on the other hand, was deemed the most embarrassing technique during labor clinical training by the majority of survey participants (90%). Additionally, the majority of them—89.09%—said that caring for the episiotomy area was the most embarrassing procedure they had to perform during their postpartum clinical training.

Table 3 displays the answers from 92 participants (one participant declined to respond to this question). Just 17% of patients reported being extremely comfortable with operations exposing their intimate areas, while 34% reported feeling uncomfortable. Of the treatments where no private parts were exposed, 37% felt extremely comfortable, while just 13% felt uncomfortable. The findings showed that baby-related treatments, such as early newborn care, bathing and cord care, fetal heart rate monitoring, and health education for women, were the most comfortable. The procedures that involved taking care of the mother, like perianal exams, vaginal exams, breast exams, and episiotomy care, were the least comfortable.

Table 4 shows that challenges were encountered by approximately two-thirds (65.6%) of the study participants during their maternity course. Furthermore, about 81.8 percent of them stated that the most frequent challenges faced by male nursing students were related to differing rules and restrictions for obstetric placements and giving personal care to female customers.

To optimize practical maternity nursing and serve as a role model and support system for them, the majority of the study group (92.7%) recommended having a male instructor in the obstetric department (**Table 5**).

A negative attitude towards the maternity clinical course was reported by over half (56%) of the male undergraduate nursing students, as shown in Figure (4).

Figure 5. Illustrates that 91.20 % of male undergraduate nursing students decided to not work in maternity areas post-graduation

Table (1): Demographic data among male undergraduate nursing students (N = 110).

Items	N	%
Age:		
Mean ±SD	21.7±1.14	
Residence:		
- Rural	80	72.7
- Urban	30	27.3

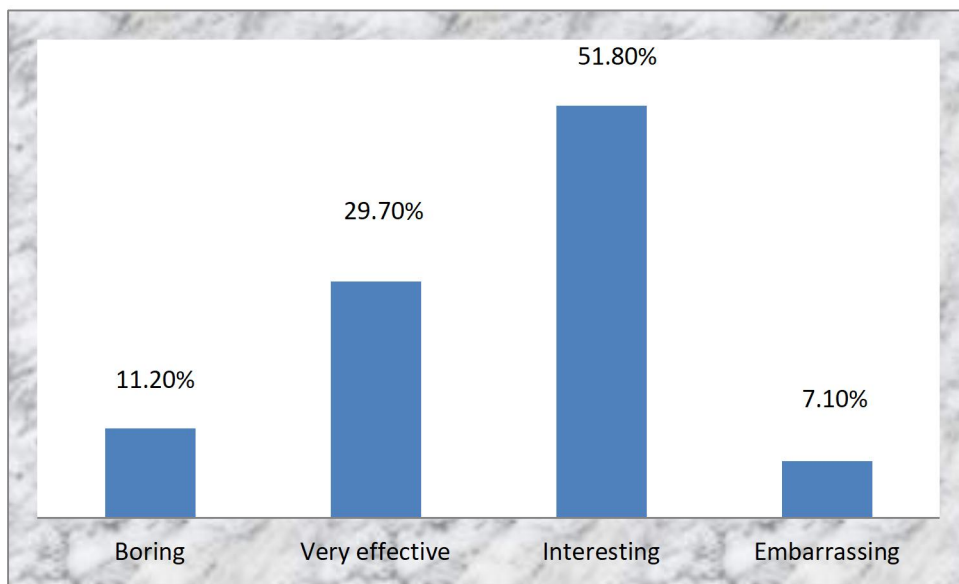


Figure (1): Description of maternity nursing curriculum among male undergraduate nursing students (N = 110).

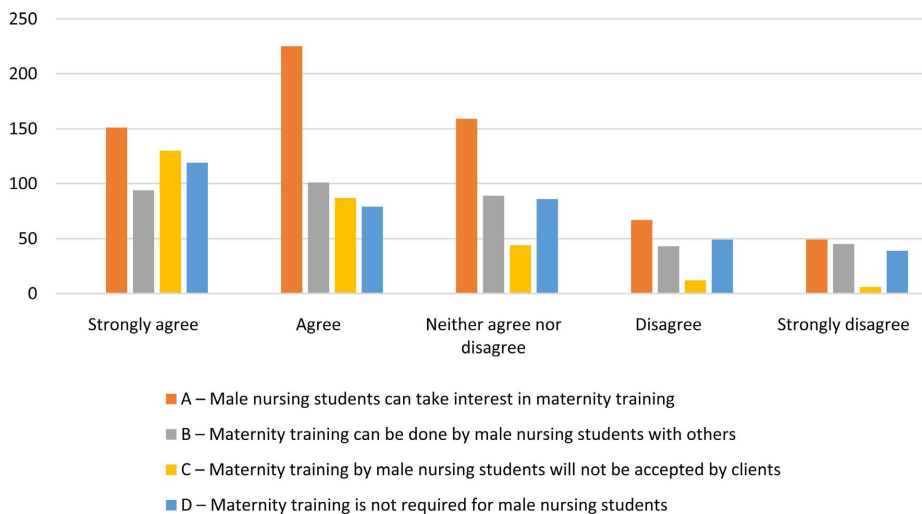


Figure 2. Male nursing students' perception regarding their maternity clinical practice and challenges faced.

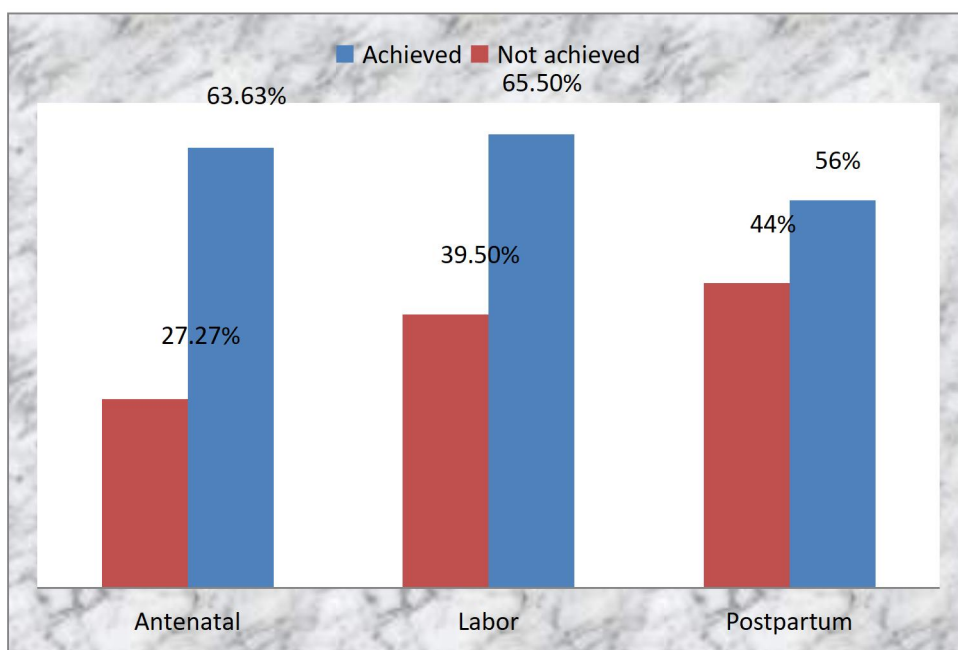


Figure (3): Clinical practices objectives achievement evaluation among male undergraduate nursing students (N = 110).

Table (2): Embarrassing procedures distribution in maternity clinical practices among male undergraduate nursing students (N = 110).

Items	N	%
Antenatal procedures		
Pregnant woman General examination	40	36.3
Abdominal examination	90	81.8
Breast examination	102	92
Labor procedures		
Uterine contraction monitoring	60	54.5
Vaginal examination	100	90
Perineal care	87	79.0
Immediate care of newborn	20	18.18
Placental examination	30	27.8
Postpartum procedures		
Episiotomy care	98	89.09
lochia and Fundus assessment	90	81.8
Uterine massage	87	79.0

Table 3. Comfort level in performing procedures in maternity clinical areas.

(a) Procedures involving exposure of private parts				
Procedure	Very much comfortable	Somewhat comfortable	A little comfortable	Not at all comfortable
1-Breast care	15	21	30	34
2-Perineal care	13	25	32	30
3- uterine contraction Monitoring	24	24	24	28
4-Vaginal examination	15	20	23	42
5-Uterine massage	12	21	26	41
6- Labor conduction	25	28	24	23
7-Assisting for breastfeeding	23	25	21	31
8- uterine assessment after delivery	16	26	24	34
9-Episiotomy care	16	23	23	38
(b) Procedures involving no exposure of private parts				
10-Abdominal examination	25	28	28	19
11- Fetal Heart rate Monitoring	38	36	18	8
12-Immediate newborn care	41	32	17	11
13-Baby bath and cord care	43	28	18	11
14-Health education of the women	34	27	17	22

Table (4): Male undergraduate nursing Students' challenges facing them during their maternity clinicalpractices (N = 110).

Items	N	%
Student's obstacles	40	65.6
Learning new skills is challenging, and dealing with clients is embarrassing.	50	45.4
Lack of desire to research obstetrics	45	73.8
sensation of loneliness, poor self-esteem, and social exclusion	40	36.0
Male nursing students are subject to different standards and limits during their obstetric internships.	80	72.0
You are a male student nurse, and it is difficult to provide intimate treatment for female clientele.	90	81.8
Dealing with clients is embarrassing.	95	36.3

Table (5): Male undergraduate nursing Students' distribution strategies to overcome challenges facingthem during their maternity clinicalpractices (N = 110).

Items	N	%
-Raise public awareness of the crucial role that male nurses play, particularly in maternity care.	82	74.5
-A male instructor is present in the obstetric department.	102	92.7
-Providing a faculty skill lab with labor simulation to bring the work closer to reality.	90	81.8
-Putting greater emphasis on the practical than the theoretical.	80	72.7
-Allowing sufficient time to enhance the effectiveness of practical training.	50	45.4
-Offering guidance on how to engage and work with female clients before clinical training.	60	54.5

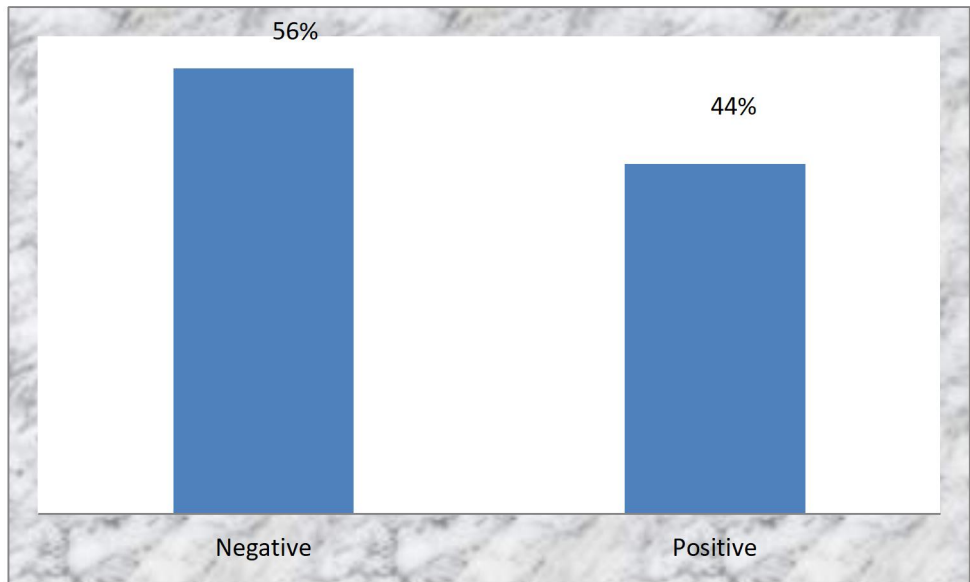


Figure (4): Attitude maternity clinical practices among male undergraduate nursing students (N = 110).

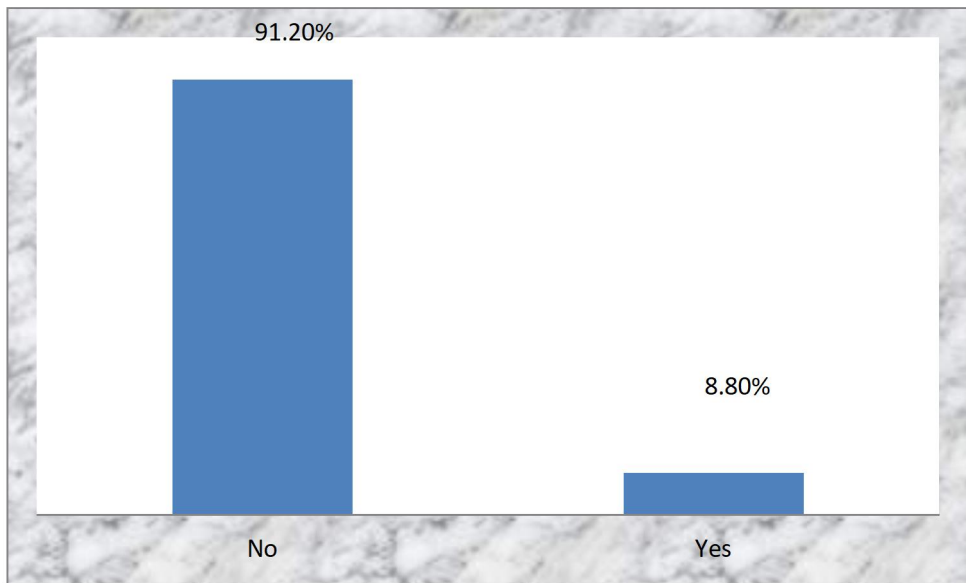


Figure 5. Male undergraduate nursing students' decision to work in maternity areas post-graduation

Discussion:

One effective way to address the worldwide nurse shortage is to increase the percentage of men in the nursing profession (Cui et al., 2021). To overcome the challenges faced by male students, improve retention and growth in the nursing profession, and increase diversity in the nursing workforce, new tactics must be developed in both academic and clinical settings. The goal of the nursing curriculum is to give students an inclusive, integrated theory and practical experience so they can become competent nurses with the necessary knowledge, abilities, and attitudes. In research by Calma et al. (2022), participants' perspectives of various aspects of a nursing program were altered by exposure to general practice in theoretical and clinical settings. As a result, they were able to comprehend the breadth and complexity of their nursing position. However, it has been noted that male nursing students are not provided with enough opportunities to practice what they learn and that they do not acquire adequate knowledge and skills in maternity services, including family planning and care before, during, and after delivery (Banakhar et al., 2021).

Chang and Jeong (2021) have noted that, as a result of their minority status, male nurses in South Korea continue to face workplace discrimination based on their gender. The authors proposed a paradigm shift in terms of gender-neutral categorization of clinical roles and the creation of new standards that take into account the experiences of males. They also support training stakeholders to be more understanding of the difficulties minorities face in the course of their work. Male nursing students have several difficulties, particularly during their maternity clinical training year. Thus, the purpose of the current study was to explore the perception and strategies to overcome challenges among male undergraduate nursing students during their maternity clinical practice.

About the demographic traits of the research sample. Less than 75% of male undergraduate nursing students were from rural areas, according to the current study, and their mean age was 21.7 ± 1.14 years. Balakrishnan et al. (2019), who investigated how male nursing

students perceived their obstetrical nursing clinical experience, corroborated this finding by noting that most students were in the 20–25 age range and that the majority of male students lived in rural areas.

Regarding the descriptions of the maternity nursing curriculum by male undergraduate nursing students, in this particular study, over half of the study group found it to be interesting, while over 25% found it to be embarrassing for a male student nurse. A similar conclusion was reached by Atia (2016), who investigated the theoretical and practical obstacles that male students at the prenatal and intranatal units of the Obstetrics and Gynaecological Hospital of Ain Shams University faced. Given that less than two-thirds of the male nursing students were from rural regions and were influenced by these factors, the researcher argues that male students felt embarrassed about the maternity nursing course and were influenced by the culture, customs, and habits of these areas.

According to this research, about half of the participants thought that male nursing students do not need to complete pregnancy training. Interestingly, most participants felt that male nursing students' maternity training would not be welcomed by clients. This result is consistent with research conducted by Jung and Park (2019), which found that male nursing students were less likely to be employed in maternity settings after graduation due to feelings of embarrassment, rejection from patients and relatives, restrictions on entering the labor room, obstacles to performing specific interventions for female patients, incapacity to assist female patients, and inability to join colleagues. Similar to Budu et al. (2019), we suggest raising public knowledge of the function of male nurses in the healthcare system to encourage acceptance of gender diversity in the nursing field.

More than one-third of the male undergraduate nursing students in the current study's results indicated that the goals of antenatal, labor, and postpartum clinical

practices were not met. According to the researcher, obstacles that male nursing students had to overcome to succeed academically in the maternity nursing course included things like gender norms, unequal treatment from instructors, female patients, and the hospital health team. The findings of **Mohamed & El-Nemer (2018)**, who investigated the experiences of Egyptian male nursing students who were just enrolled in maternity nursing programs, matched this outcome. They found that male students' academic achievement was adversely impacted by gender barriers and the likelihood of failing the course.

Regarding the embarrassing procedures in antenatal, labor, and postpartum clinical training. According to the study's findings, three-quarters of students said that taking care of the episiotomy area was the most embarrassing procedure during postpartum clinical training, vaginal examination during labor, and breast examination during antenatal clinical training. This study's findings were supported by **Eswi & El Sayed's (2020)** investigation of the experiences of Egyptian male student nurses enrolled in maternity nursing clinical courses, which yielded similar findings.

When it came to doing treatments that required exposing intimate parts, most survey participants said they felt uncomfortable. The results of this study are in line with those of an earlier investigation that found that several male students experienced more discomfort during private part treatments (such as urine catheterization) or touch or contact with young female patients. In particular, men conveyed anxiety and uneasiness because they might be falsely accused of inappropriate physical contact or touching (**Bartfay et al., 2017**). This could be explained by the cultural framework in which the participants were raised, which was corroborated by the research of **Matua et al. (2019)**, which found that it is culturally forbidden for a man to view a woman who is not his wife in the nude. Male students are not allowed to participate completely in maternity practice because of these cultural beliefs.

According to **Banakhar et al. (2021)**, male nurses encounter cultural barriers that provide a substantial problem when performing specific nursing procedures. These barriers prevent them

from providing care to patients of color by community religion and religious views. It has been reported that cultural differences are a frequent problem for male Saudi nurses, which prevents them from having enough practical experience in the specializations of pediatrics and maternity. The majority of participants in the current study concurred that cultural and religious influences have a detrimental impact on the practical training of male nursing students in maternity care. Male nurses' capacity to care for maternity patients has been hampered by cultural and ethical barriers that have kept them from obtaining clinical experience at hospitals in Arab nations.

However, because of the nature of their profession, nurses and midwives can work in any designated setting (**Mitra, 2017**). Male nurses must receive training and be assigned to a variety of units, not just ones where they feel most at ease.

Regarding the real-world challenges faced by male nursing students during their clinical experience with mothers, Most of the students reported encountering difficulties during the course, according to the results of the current study. The present study's results are consistent with those of **Atia (2016)**, who discovered that two major challenges faced by male nursing students were the difficulty of providing intimate care for female clients and the refusal of private hospitals to accept male students to work in obstetrics and gynecological wards.

According to the results of the current study, the majority of male nursing students recommended having a male instructor in the obstetric department to maximize practical maternity nursing and serve as a support system and role model for them. The perception of clinical nurses' lack of support in encouraging male students to interact with female patients is another significant instance of gender-based bias that male students have noticed. In contrast to what they had anticipated, the majority of male student nurses saw that clinical nurses did not do much to support students' clinical learning by assisting with integration with

women in the delivery room. **Golden (2018)** suggested that gender-neutral teaching and learning environments, including the assignment of clinical duties to student nurses, be established by nurse educators, professional nurses, and clinical supervisors to overcome such disparities in nursing education. Stated differently, it is the responsibility of clinical instructors and practicing nurses to make sure that male and female nursing students have equal opportunities to practice nursing skills by their learning objectives.

The students suggested adequate preparation in the skills laboratories before clinical exposure in the maternity units in response to their challenges in the maternity course. **Buthlezi et al. (2015)**, who conducted research in the Western Cape Province of South Africa, supported this point of view by recommending that clinical instructors employ various teaching techniques to guarantee that male students receive the best possible education. Researchers found that students' self-esteem and sense of support were positively impacted by their positive relationships with their clinical supervisors. The authors observed that as a means of providing social support, clinical supervisors should incorporate a comprehensive orientation regarding the potential for gender discrimination in clinical practice during preclinical orientation to prevent "reality shock."

The recommendation by American scholars **Harris et al. (2016)** for nurse educators to use a variety of teaching strategies to promote equity in students' learning gave more impetus to the similar need for alternate learning opportunities for both male and female students. Following advanced health assessment and practicum courses, a study on students' experiences with high-fidelity simulation was undertaken in a Midwestern institution. This research led to the current call. Assembling male and female students for the clinical placement was a second solution to help the male students learn during the rotation. According to the study's participants, this kind of pairing might help equal learning goals be attained by male and female students alike.

More work has to be put into areas that are directly related to the care of the mother or

woman to overcome the obstacles in the various maternity care areas. This work needs to be done in both academic and clinical settings. **Abdel-Fattah et al. (2019)** assert that embracing gender diversity in nursing is crucial since it is anticipated to improve decision-making skills and foster an inventive, competitive, and positive work environment. Similarly, our results are consistent with those of **Chinkhata and Langley (2018)**, who found that role conflicts in midwifery education affected one-fifth of male student nurses in Malawian research due to competing cultural and professional expectations.

According to a previous report by Egyptian authors **Esawi and El Sayed (2020)**, half of the male students who took part in the study suggested that each male student be paired with a female student while in the maternity unit to enable them to develop similar clinical competency in maternity nursing practice. Developing better contact with the clinical instructors and staff in the maternity facilities is one recommended method to overcome the difficulties encountered during the maternity clinical placement. Supporting this, **Achora (2016)** found that interactions between students and professors may play a critical role in shaping students' perceptions of themselves as scholars and boosting their drive and performance. This study was published in the Johns Hopkins University Journal of College Student Development. Positive relationships with professors, according to these authors, boost students' motivation to study hard, get them excited about learning, and push them to aim for high standards of success in their college careers (**Frade & Veiga, 2017**).

According to the results of the current study, just over half of male nursing students had a negative attitude towards the maternity clinical course. In a similar vein, it has been reported by **Akpuaka et al. (2017)**, **Powers et al. (2018)**, and **Zahid et al. (2018)** that the negative responses directed towards male nursing students have a detrimental effect on their learning. (**Atia, 2016**) who obtained the same conclusion. However, (**Balakrishnan et al., 2013**) found that all individuals (100%)

had a somewhat favorable attitude and that no person had a favorable or unfavorable attitude, contradicting the prior conclusion. According to the researcher, this finding indicates that while male nursing students enjoy the obstetrical nursing specialization, they lack interest in working in it or they face certain barriers that hinder their favorable attitude.

The study's conclusions showed that most male undergraduate nursing students decided to not work in the maternity unit after graduation. Most of the participants in our study believed that clients would not accept male nursing students who are trained in maternity care. Maternity education is not necessary for male nursing students, according to half of the participants. Similar results were published in **Patterson & Morin, (2018)** whose research showed that male nursing students believed obstetrics to be a specialty focused on women. **Mitra (2017)** conducted a study wherein male nursing students discussed their preconceived notions about women's discomfort with male nurses, the belief that females are better suited to provide this kind of care, the potential for patients and nursing staff to be unwelcoming in maternity units, and the perception that they are an intrusion on women's privacy. Additionally, regarding the experiences of Egyptian male students in the maternity clinical area, 83% of them chose to leave the area, and 85% said that they felt moved to tears when they watched women in labor but were unable to assist them. (**Eswi & El Sayed, 2020**).

However, our study's findings about the stressful experiences that male students had are consistent with previous research that found clients to prefer male nurses, suggesting that male nurses can be accepted into the nursing and midwifery fields. Patients favored male nurses over female nurses, for instance, according to a study by **Abdel-Fattah et al. (2019)**. However, patients may feel more at ease when male nurses carry out particular care procedures than when female nurses do so. The necessity of professionalism, safety, and awareness of gender and culture is noted and emphasized by **Bly et al. (2020)**. The literature is consistent with the post-graduation preferences of our participants, who mostly expressed a want to work in neonatal intensive care units and operating rooms as opposed to antenatal, labor,

and post-natal wards.

Conclusions:

In light of the study's findings, the present investigation emphasizes In their maternity clinical practice, a large number of male undergraduate nursing students have experienced significant **challenges**. The majority of male nursing students held unfavorable opinions about clinical maternity care. 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.

Recommendation:

- The present study's conclusions led to the following recommendations: - Male nurses in the obstetric department should be shielded from discrimination and provided with chances to grow in their professions.
- Nurse educators ought to assist male students in preparing for encounters with female clients in a range of settings.
- It advocated for gender diversity acceptance, advocacy, and the advancement of gender and cultural awareness in maternity clinical practice.
- Protecting male nurses against prejudice and fostering the professional development of male nursing students.
- To address the particular challenges faced by maternity nurses, educational initiatives must be implemented.
- To help male students become more equipped to engage with female clients in a variety of contexts, nurse educators should assist.
- Repeat the study in different settings and with larger samples to allow for a more thorough generalization of the results.

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