Legal and Psychological Implications for Male Nurses in Obstetrical and Maternal-Child Nursing

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Abstract

Statistics show that the current nursing shortage will continue to decline in the near future. Identifying issues in undergraduate nursing curriculum may influence long term retention of men in the field of nursing. Faculty can provide male nursing students with the necessary elements to ensure a successful academic environment throughout their educational program. Two areas of nursing that men traditionally do not choose to specialize in are the areas of obstetrics and gynecology, and maternal-child nursing. Additionally, rotations through these areas for male nursing students are frequently met with a wide range of emotions and uncertainty. This paper will discuss issues encountered in these areas from a legal perspective, and also from the psychological perspective of the male nurse, and the female patient. Faculty suggestions will also be presented to ensure a more comfortable experience and successful transition for male nurses into this area of practice.

Keywords: Male, Nursing Students, Gender Discrimination, Intimate Care, Touch
Introduction

Statistics show an increase of men entering the nursing profession. However, despite these trends, men continue to be a minority within the nursing profession. Men in nursing face their own unique set of challenges both in school and in practice. Student nurses, both male and female, look to faculty to provide the necessary elements needed to ensure a successful academic environment for learning. Defining the obstacles that men face in their academic preparation is a necessary component to identify the need for reform within the nursing curriculum. Nursing education is instrumental to ensure long-term success for men in this profession. As students look to faculty to provide experiences that will enhance their learning, educators must look from different perspectives to identify the need for change.

Historically, obstetrics and gynecology and maternal-child nursing have been two areas of specialization that have not been a career preference for male nurses. Male nursing students have frequently referred to the maternal-child area as a “woman’s domain” (Patterson & Morin, 2002, p. 267). Additionally, in a study done by Patterson and Morin (2002) as to the perceptions of male nursing students in the maternal-child rotation, it was found that “emotions” related to this rotation overshadow their ability to learn (p. 267). By studying these specialty areas from different perspectives or lenses, deficits in educational curriculum can be identified and changes implemented. From a legal perspective, gender discrimination issues related to practice for men in these areas will be presented. Additionally, the psychological implications of “intimate touch” as it relates to the male nurse and the male student nurse will be discussed.
A Legal Perspective in a Historical Presentation

Men have worked as nurses in various specialty areas throughout history. Demographically however, studies have found an overrepresentation of male nurses in specific specialty areas. Various studies look to define the intrinsic or extrinsic motivators that lead male nurses to select an area of specialty.

Anthony (2006) found that “caring, power, practical considerations, and team orientation determine specialty area of practice selected by male nurses” (p. 212). Harding (2008) found that gender, gender role, and role strain determined specialty areas to practice. In his study, men were greatly represented in the areas of intensive care, emergency nursing, psychiatry and administration. Additionally, his study concluded that “in order to protect masculine status, men chose to work in specialty areas which emphasize the need for either technical aptitude or physical strength” (Harding, 2008, p. 48).

Muldoon and Reilly (as cited in Anthony, 2006) determined that “midwifery, pediatrics, school nursing and home health were appropriate to women, while critical care, surgical nursing, trauma and emergency medicine were appropriate choices for men” (p. 227). Morin, Patterson, Kurtz, and Brzowski (1999) found that men prefer areas such as critical care, surgical nursing, trauma/ER and administration. Additionally, Halloran (as cited in Egland and Brown, 1989) stated that “where administration and psychiatry have historically been fields that have been active in recruiting male nurses, adversely obstetrics was expected to rate among the least congruent since many hospitals historically have barred male nurses from practice in that field” (p. 695).

Traditionally, obstetrics and gynecology and maternal-child areas of nursing, have not been a career choice for practice, or specialization for male nurses. Sherrod (as cited in Patterson
& Morin, 2002) determined that “role strain has been reported as being greater for the male student nurse in the obstetrical setting” (p. 267). Emotions that have been experienced by male nursing students in these areas have ranged from stressful and embarrassing, to awkward and foreign. Fear is an emotion experienced by men, which has been found relative to these areas of practice. Male nurses were found to experience the fear of rejection from their female patients, as well as the “fear of false accusations and sexual inappropriateness while providing care to clients as nursing students” (O’Lynn & Tranbarger, 2007, p. 122).

Sexual discrimination in obstetrical areas of nursing has been documented as far back as the 1940s. In the 1940s, Luther Christman, a leader in the nursing field, was denied access to a maternity rotation based on his request. Upon questioning his superiors as to this decision, Christman was told that he would be dismissed if he was seen anywhere near the delivery room. Christman felt that he was denied because of his gender. According to Christman (as cited in O’Lynn & Tranbarger, 2007) “the problems for men in nursing were similar to those of women in medicine; they were power related” (p. 35).

Prior to 1958, the Illinois Board of Nursing required male nurses to study obstetrics in theory only, and were denied a clinical experience in obstetrics. Although changes to these requirements were made in 1958, male student nurses were still expected to follow a strict set of rules. These rules included: a two-week rotation in obstetrics, placement in the doctor’s dressing room until crowning, observation of the delivery only, and the ability to work on the post partum unit administering oral medications only (O’Lynn & Tranbarger, 2007, p. 54).

Gender discrimination towards male nurses in these areas of practice continued through the 1960s and into the 1970s. In 1975, Lewis (as cited in Lodge, Mallett, Blake, and Fryatt, 1997) stated that the “Amendment to the Sex Discrimination Act, allowed men to train as
midwives, but restricted their training to two schools which ran on an experimental basis” (p. 894). In 1983, this amendment was lifted as it became unlawful to discriminate in the field of midwifery and training on the basis of gender. At this time, male nurses were allowed during their training, to nurse gynecological patients. At the same time however, Lodge et al. (1997) determined that a court in America had upheld the decision of a hospital not to employ male nurses adding that “the participation of male nurses in obstetric care was inappropriate to the needs of patients” (p. 894).

Throughout the 1980s, American courts ruled that hospitals could refuse to employ men in maternity wards. Egland and Brown (1989) stated that “while open discrimination is clearly diminishing, sex segregation in areas such as obstetrics and gynecology continues” (p. 705). In 1994, a ban on male nurses in the labor and delivery unit was upheld in California (Morin et al., 1999). Additionally, in the same year, a male nurse filed complaints against two Florida hospitals for gender discrimination. Although the complaint was acknowledged by the Equal Employment Opportunity Commission, Burtt (1998) found that “males are not hired for positions in the birthing areas of the hospital, due to the comfort level of the patients. Therefore, regardless of how qualified a male candidate is, he is deemed ineligible based solely on his gender” (p. 64).

As recent as 2004, a West Virginia Supreme Court reversed a ruling that allowed a hospital to refuse to hire a male nurse to work in obstetrics (Porter, 2004). Legal issues continue to surround this area of practice for male nurses. Harding (2008) found within these areas of practice that “men face discrimination based upon gender, not on their ability to provide competent care” (p. 55).
A Psychological Perspective

In 2004, Patterson and Morin conducted a study in reference to male nursing students’ experience in the maternal-child clinical rotation. Patterson and Morin’s study (as cited in Anthony, 2006) found that male nursing students reported a fear of being perceived from a sexual rather than a professional perspective by female patients. Additionally, male nursing students also feared that their way of caring may be misconstrued by females (p. 220). A study done by O’Lynn and Keogh cited barriers for men in nursing, which also included the similarities and differences between male nurses in the United States and Ireland. O’Lynn and Keogh (as cited in O’Lynn, 2004) found that in terms of prevalence, male nursing students during obstetric placements were nervous that female patients might accuse the student of sexual inappropriateness during caring interactions. This answer ranked eighth on a scale of one to ten. Additionally, in terms of perceived importance, nervousness that female patients might accuse the male student of sexual inappropriateness during caring interactions ranked number two out of ten (p. 230).

Touch is an essential component of nursing care. Touch is used to “communicate caring feelings, comfort and emotional attachments to clients” (O’Lynn & Tranbarger, 2007, p. 144). Very little is known about ways to provide touch, or specifically, how men should employ touch in relation to patient care. Intimate care is provided by nurses in all care settings, especially within the areas of obstetrical/gynecological, and maternal-child nursing. Intimate care requires nurses to be “physically and emotionally close to a client and/or undertake behaviors and actions such as touching, handling or examining genital or breast areas of the client’s body when washing, dressing, or observing” (Inoue, Chapman, & Wynaden, 2006, p. 560). Patterson and Morin (2002) noted that their male participants “wrestled with appropriate ways to touch a
patient to provide care” (p. 33). In a study pertaining to male nurses and their experiences of providing intimate care for women clients, Inoue et al. (2006) found that the participants were embarrassed or experienced difficulties when intimate parts were exposed, or topics in sexual health came up. Additionally, their study also revealed that “women clients experience increased levels of stress when male nurses physically and/or intimately touch their genital and breast area” (p. 560). Lodge et al. (1997) found “statistically significant differences in preference for female over male nurses in areas that cause embarrassment such as: bathing, bedpan use, use of sanitary pads and sexual activity discussions” (p. 895). Based on the feelings and emotions of both the male nurse and the female patient, it is easy to see how touch related to intimate care, may be misinterpreted by the female patient, thus leading to potential litigious situations.

Faculty must be cognizant of emotions which may influence the experience for the male student nurse before, during, and after practicing in the maternal-child and/or the obstetrics and gynecology areas. An understanding of strategies that can be used by the male student nurse when practicing in these areas should also be researched by educators. Inoue et al. (2006) determined that strategies employed by male nursing students in these areas, were successful when dealing with their discomfort. These strategies were: controlling feelings, self-protection, and breaking the ice.

Inoue et al. (2006) determined that male nursing students used a strategy that controlled their feelings when they felt uncomfortable or embarrassed while providing intimate care to female patients. Male students suppressed their feelings and focused on the task at hand. Self protection was a strategy used to avoid misunderstandings, suspicions and/or rejection from women clients and their family, while delivering intimate care. This included the assessment of negative feelings from the patient towards the male student nurse. If negative feelings were
perceived by the male nurse, a colleague or chaperone was asked to be present, or a female was asked to replace the male to ensure patient comfort. Additionally, chaperoning was felt to give more legal protection than anything else. The strategy named “breaking the ice” included the use of humor and jokes, providing detailed explanations to clients, and minimizing the amount of body exposed during the delivery of care. Explanation was a successful strategy used to “decrease women clients’ anxiety, avoid misinterpretations and establish rapport” (Inoue et al. 2006, p. 563). Similarly, Anthony (2006) found that male nursing students acted extra professional to deal with their discomfort, while providing care in this area.

Several studies have been done in relation to emotions and experiences of male nurses and male nursing students in these areas of practice. However, there are few guidelines for nurse educators on ways to instruct male nursing students about the appropriate ways to touch female clients (O’Lynn & Tranbarger, 2007). O’Lynn and Tranbarger (2007) have made the following recommendations to nurse faculty based on anecdotal evidence. They submit that male nurses are innocent until proven guilty, since male nurses are both professional and ethical.

Misinterpretations can arise from both parties. There is no requirement for automatic chaperones unless it has been found to be an exceptional case. Automatic chaperones send the message that men may be ill-intentioned or incompetent. Client preferences with regard to chaperones must be respected, in addition to automatic chaperone policies for patients with decreased maturity levels, such as mental illness or conditions which may include dementia.

Touch should be confident, as weak touch often communicates hesitancy and nervousness, which in turn may appear as decreased confidence and/or incompetence. Touch with communication is when “students should be taught to notify clients prior to contact especially when intimate touch may occur” O’Lynn & Tranbarger, 2007, p. 137). Additionally, directionality should be taught
to students as “progressive touch” (O’Lynn & Tranbarger, 2007, p. 137). The speed of the progression of touch to client’s sensitive areas should be based on the client’s level of comfort. The student should be taught to start in a safe zone and progress with the procedure. At the conclusion of the procedure, touch should be removed from sensitive areas as soon as possible. Students should allow privacy in two ways. Privacy with the use of curtains or doors should always be employed, and privacy to patients’ bodies should be respected by covering areas that do not need to be accessed during the procedure. Lastly, cultural awareness should be emphasized. Nurse instructors should review cultural awareness, sensitivity, and general cultural considerations with students (O’Lynn & Tranbarger, 2007).

Conclusion

It has been determined that nursing education programs and faculty have been found to be deficient in terms of sensitivity towards male student nurses in these areas of practice. Additional recommendations for faculty related to male nursing students and these areas of practice, were for faculty to “anticipate guidance needed to decrease anxiety, unrealistic expectations and fears in these areas” (Anthony, 2006, p. 229). Additionally, preconceived stereotypes and biases about male nurses in this area should be recognized and rectified by nursing faculty in order to maintain a positive student experience in this area of practice. Evans found (as cited in Patterson & Morin, 2002) that nurse educators, administration, and female nurses continue to encourage male nurses into prestigious positions perceived as congruent with the masculine gender roles. In addition to exploration of their own feelings, it would behoove nursing faculty to explore emotions experienced by male nursing students and female patients to determine needed changes to curriculum. Provision of a supportive academic environment, may
help to transition male nursing students successfully, and ensure long-term success in these areas of practice.
References


