Why are there fewer men in the maternal-newborn field of nursing?: A review

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Abstract

It is commonly known that gender categorizes people in some way, by placing people into certain roles or stereotypes. Because of these stereotypes of masculine vs. feminine, men in nursing encounter many obstacles, especially if they desire to go into maternal-newborn nursing. Nursing in general has been associated with women, because of the claim that women are nurturing and caring by nature. As a result, there are only 11% of men in nursing in the United States, and limited research on the experience of men in nursing in the maternal-newborn field, as most articles consist of anecdotal evidence. An overview of the difficulties men in nursing face when pursuing the maternal-newborn field, a comparison to male midwives and obstetricians, and implications for policy, education, and the public media are discussed.

Keywords: gender bias, men in nursing, male nurse, maternal-newborn nursing

Introduction

Men often face barriers and stereotypes when pursuing nursing (Cude, 2004). Because being a nurse has been historically associated with females, males have become a minority in the profession (Cude, 2004). In the United States for the last 5 years, the population of male nurses has steadily remained at 11% (Auerbach, Buerhaus, Staiger, & Skinner, 2017). Although there are great efforts from research and advertisement in male nurse recruitment, there is one unit in nursing where there are fewer men—the maternal-newborn field (Biletchi, 2013). A field that mostly has female patients, a cultural history of men's place in the delivery room, and the duty of a nurse to be nurturing and caring, these traits not commonly thought of with men (Cude, 2004). A Google search of male OB-GYN, or male labor and delivery nurse brings up suggested related searches of "male gynecologist creepy," "horror stories," or "gender bias in nursing." We do not see this trend when addressing "female" doctors (Rajacich, Kane, Williston, & Cameron, 2013). These views are reflected in the data as fewer than 1% of the existing numbers of male nurses are in obstetrics. However, 45% of obstetricians are male, although their number is also declining (Association of American Medical Colleges, 2015; Karlamangla, 2018). The purpose of this literature review is to analyze current research on male nurses in the maternal newborn field, and their recommendations.

A problem deeply rooted in culture and history

In 1970, the number of female gynecologists was 7%, and now it is 59% (Karlamangla, 2018). According to the LA Times, this decline in "male OB-GYNs could eventually lead to them being excluded from the specialty" (Karlamangla, 2018, para. 7). The discourse of men in the maternal-newborn field has created the "ultimate collision of medicine and gender politics" (Karlamangla, 2018, para. 10). For example, an OB-GYN resident, Dr. Jerome Chelliah states he's been blantantly rejected numerous times, from patients that state, "I'd rather see a female doctor," or post a sign in their room that says "female providers only" (Karlamangla, 2018, para. 2, para.14). It is common for male OB-GYN residents to be asked to be outside the exam room, whereas female OB-GYN residents are able to assist in delivering babies. The experiences that male residents are facing in this field have led to a decline in men pursuing this specialty. Only 17% of residents in obstetrics are male. This is a problem because "diversity improves the quality of care" (Karlamangla, 2018, para. 22). Different perspectives may aid in solving a complex problem, and lead to future advances in the field. Another doctor pointed out this disparity, "if you exclude 50% of people from anything, think about how much you've lost, you might lose the next person who's going to find a cure for cancer" (Karlamangla, 2018, para. 23).

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This issue is also visible in nursing. Nursing originated when men took care of the sick in hospitals back in the sixth century of the Roman Empire. Whittock & Leonard (2003) report nursing emerged as a female profession in the nineteenth century by Florence Nightingale, because women were "nurturing and caring by nature" (as cited in Cude, 2004, p. 344). The ability to express feelings and care is seen as a "female privilege" (Grady, Stewardson & Hall, 2008 as cited in Kouta & Katie, 2011). The public and the profession view men as gay or feminine for being a nurse, and although this view is changing, men are still excluded from gender-specific units - mostly from their female coworkers (Whittock & Leonard, 2003 as cited in Cude, 2004). Across many cultures, it was found that "men in nursing are stereotyped and treated differently on the job and there are reports that male nurses are perceived as deviant, odd, med school failures, or homosexual" (Clow, Ricciardelli, & Bartfay, 2014, p. 366). Additionally, men in nursing are challenged when caring for female patients because they are not prepared for it through their education, even though male and female nursing students have the same requirements for nursing school (Cude, 2004; Kouta & Katie, 2011). Some male nursing students tried to avoid the postpartum rotation by asking for additional time in newborn nursery or labor and delivery because they felt more accepted there (Patterson & Morin, 2002 as cited in Cude, 2004). Other male nursing students were in awkward situations, and faced rejection from patients and their nurses (Cude, 2004). A study from 1995 - 2005 in Ireland reported limitations and varying requirements for male nursing students in obstetrics is one of the barriers to nursing (Keogh & O'Lynn, 2007 as cited in Kouta & Katie, 2011). Lastly, in several studies it was found that female patients have stress when male nurses "physically or intimately touch their genital area and breast" (Inoue, Chapman & Wynaden, 2006 as cited in Kouta & Katie, 2011, p. 60).

There was a history of legal issues in a man's right to work in the maternal newborn field. In two court cases, it was ruled "that female gender is a legitimate qualification for labor and delivery nurses, while the Equal Employment Opportunity Commission has determined these qualifications to be discriminatory" (Boughn, 1994 as cited in Cude, 2004, p. 344). Arguments supporting men in the maternal newborn field claim "there is no logic in the fact that obstetricians are traditionally male and yet a strong bias often exists against male obstetric nurses" (McRae, 2003 as cited in Cude, 2004, p. 344). Furthermore, if female nurses are taught to act professionally when providing care for male patients, male nurses can do the same without violating a female patient's privacy and dignity (Brown, 1986 as cited in Cude, 2004). To this day patients still reserve the right to refuse care by a male nurse, but "most of the time, patients seem to be open and nondiscriminatory toward men" (Cude & Winfrey, 2007 as cited in Kouta & Katie, 2011, p. 60). It is argued that gender discrimination should be thought of as an ethical issue like discrimination based on race or ethnicity (O'Lynn, 2003 as cited in Cude, 2004).

Other doctors have an opposing view for men in obstetrics. There was a struggle for women in the 1970s to get in to medical school, and there is "some residual sexism in that view, that we need men to be sure that we're training the best possible people for our specialty," (Karlamangla, 2018, para. 31). Women only dominate the gynecology and obstetric field, but men lead in 37 other specialties. Women are often mistaken as nurses when they wear scrubs, but this mistake does not often occur to men (Karlamangla, 2018).

Some believe the decline in male OB-GYNs is due to patients searching for doctors that they can relate to (Karlamangla, 2018). For example, one patient stated "even a female gynecologist has been to a gynecologist" (Karlamangla, 2018, para. 38). Another patient stated she felt like her male OB-GYN could not understand her pain during labor. Women have the shared pain of the menstrual cycle. Some men agree with this view, they don't want to continue the "history of men telling women what to do with their bodies" (Karlamangla, para. 41). They feel that they are not able to empathize with pregnant patients, and their experience is capped because men do not have a uterus (Karlamangla, 2018).

8% of patients prefer male OB-GYNs, 41% of patients in the same study have no gender preference (Karlamangla, 2018). Male nursing students found that hospital staff expressed more concern about their gender than the patients (Cude, 2004). The focus on gender does not include transgender patients, or gender nonconforming patients that do not relate to male or female (Karlamangla, 2018). The ability of a health care provider should be focused on the ability to communicate and have empathy, rather than gender (Karlamangla, 2018).

Current research in the maternal-newborn field of nursing

Because of the limited research with men in the maternal-newborn field of nursing, the following section describes the use of touch, legal issues men face in women's health, intimate procedures, and the anecdotal experiences of men in maternal-newborn field.

The use of touch

Touch is a key component of nursing, especially in personal care in maternal nursing, but it becomes potentially problematic because of its link with gender and social rules (Biletchi, 2013; Zhang & Liu, 2016). Moreover, the use of touch by men is may be seen as a

pathway for sexual abuse (Zhang & Liu, 2016). This is exacerbated by the gender stereotype that men are unable to be caring and feeling - and that touching or feeling is natural activity for women (Zhang & Liu, 2016). This also leaves men in vulnerable conditions. In this decade, there is a low-touch trend, but the "process, timing, or context in which the type of touch should be employed in contemporary nursing should be described" (Zhang & Liu, 2016, p. 325). A study surveying 111 male nurses revealed that 49% of them did not receive guidance on appropriate touch by their nursing faculty (O'Lynn, 2007 as cited in Zhang & Liu, 2016). Nursing education has focused on "female stereotypes and roles such that male nurses should behave like women to be proficient nurses" (Inoue et al., 2006 as cited in Zhang & Liu, 2016, p. 325).

Legal issues

In the court case of Moyhing v. Barts and London NHS Trust in 2006, a nursing student in the Bachelor of Science program, Moyhing claimed he was excluded from participating and observing intimate procedures, whereas female students were not. He made the claim that male nurses were like second quality citizens (U.K. Employment Appeal Tribunal, 2006 as cited in Kouta & Katie, 2011). This claim was supported by the Equal Opportunities Committee of London. There were three instances in which Moyhing was treated different from female students. The first was with an Asian female patient who required an ECG. This was considered an intimate procedure because it involved the patient's chest. He was required to have a female chaperone with him, but female nurses do not need to be accompanied. He felt as if he was a criminal, and not trusted enough to complete his duty. A second instance was when he was not allowed to perform catheterization on a female patient, but female students can catheterize male patients. The last case was when he was asked to leave the room for a Papanicolaou smear was performed. These cases are problematic because it raises several questions, "... was the student accompanied by the chaperone because he needed a chaperone or because of the stereotypes against male nurses?" and in the second circumstance, was he not allowed to perform catherization "in an effort to respect the woman's privacy? If this was the case, why is he same procedure not being followed by the female nurses as well" (Kouta & Katie, 2011, p. 61). The policy can be categorized as sexist and a human rights violation because of its inability to provide equal educational opportunities for nursing students based on gender (Kouta & Katie, 2011).

Male nurse experiences in maternal-newborn nursing

Biletchi (2013) asserts male maternal-newborn nurses comprise 0.18% of the nursing population in Canada. In his experience, he was not prepared for the unusual remarks from coworkers and patients about his ability to care. He believes a nurse's qualifications should not be based upon gender, biology, or experience in life. Male nurses are seldom questioned about their ability to care for a patient with myocardial infarction, or surgery. Biletchi (2013) contends maternal male nurses in difficult situations to utilize open communication, think before responding, and not allow stereotypes to define their competence as a nurse, and seek win-win situations.

Other research findings have continued to support the notion that male nurses are excluded from labor and delivery and postpartum areas, or are not assigned in that area, "even though male doctors are welcome" (Clow et al., 2014, p. 365). Some male nurses experienced being pushed towards workloads analogous to their gender role, such as administrative roles or heavy lifting (Clow et al., 2014). A male midwife expressed his mentor said to a female patient in labor, "I'm working with a student, he's a man - is that OK? You don't have to have him if you don't want," (Pendleton, 2015). This made the patient feel that it was an unusual situation for a male midwife student to be there. Pendleton (2015) adds in this situation he had to work hard to overcome the patient's initial negative perception of him, which female midwife students did not have to go through.

Brown (1986) discusses his experience in labor and delivery - his experiences, although decades ago are relevant to situations of male nurses today. He describes when working as an obstetrical nurse, he found his patients to be concerned about the quality of care they receive rather than his gender. But if a female patient were uncomfortable, he would offer getting her a female nurse instead. He rarely experienced patients changing their nurse based on gender. He received support by new mothers in labor and delivery, because he helped reinforce their husband's capacity to provide support, as well as boost their confidence. Brown (1986) argues, "surveying patients about how they might feel about a male labor and delivery nurse isn't enough," it is important to "check with hospitals that employ them" (p. 62). Lastly, he supports the claim that in order for nurses to meet the objective of quality patient care, competent nurses are needed. Gender should not be a crucial factor in deciding employment in all areas of nursing, especially labor and delivery (Brown, 1986).

The importance of diversity and inclusion

Despite the controversy and debate about men in nursing and in the maternal newborn field, researchers have promoted inclusion of men in these fields. One reason is to "increase the recruitment and retention of men in the field" (Mortimer, 2008, O'Lynn 2004, and Sherrod, Sherrod, & Rasch, 2006 as cited in Clow et al., 2014, p. 366). It was found that job satisfaction and

retention have a clear relationship (Mrayyan, 2005 as cited in Rajacich et al., 2013). Job satisfaction of new graduate male nurses is only 67%, compared to 75% for new female nurses (Sochalski, 2002 as cited in Rajacich et al., 2013). The lower job satisfaction of male nurses may result in low retention rates. Another study found that only 40% of male nurses felt comfortable revealing their job as a nurse (Bernard Hodes Group 2005 as cited in Rajacich et al., 2013). Other supporting claims are to create a nursing workforce that reflects the culture and gender diversity of its population, and men in nursing may help solve imminent nursing shortages (Clow et al., 2014).

Implications

The following section describes recommendations for policy, education, and public media.

Policy improvements

Recommendations to counteract the barrier of gender in clinical settings is to have gender issues included in all nondiscrimination policies in an institution, and have all employees understand that the policy forbids discrimination against men, and increase the access of "male nurse role models in the classroom and clinical settings" (Keogh & O'Lynn, 2007 as cited in Kouta & Katie, 2011, p. 61). If a male nurse encounters gender discrimination by staff, the disciplinary action for the staff member should be similar to those that racially discriminate (Kouta & Katie, 2011).

Education improvements

Male and female nursing students should have equal instruction on how to handle intimate procedures (Kouta & Katie, 2011). For example, it is recommended that using humor and "giving a full-detailed guidance for intimate procedures to women clients could help both male nurses and female clients to overcome their stress related to the procedure" (Inoue et al., 2006 as cited in Kouta & Katie, 2011, p. 62). Another way to handle intimate procedures is for nursing faculty to outline the appropriate uses of touch to male nurses, and include "the use of communication, awareness of cultural differences and beliefs, and use of confident touch" (O'Lynn, 2007 as cited in Zhang & Liu, 2016, p. 325). Lastly, Biletchi (2013) recommends incorporating "communication techniques for men dealing with gender bias and fears of rejection into nursing, or therapeutic communication coursework and lectures" (p. 53).

To further impede gender discrimination in nursing students, peer support should be developed in nursing schools (Kouta & Katie, 2011). This can be achieved by creating an accepting environment for differences in students, having supportive coworkers, and the allowing for male nurses to reflect on their experiences in intimate care (Kouta & Katie, 2011; Biletchi, 2015). Faculty can furthermore assist in facilitating the change. They may include in the curriculum stereotype origins and effects on nursing practice, provide counselors as an avenue for students to discuss problems, and have male nurses available for male nursing students because they can relate to their issues (Jinks & Bradley, 2003, and Brady & Sherrod, 2003 as cited in Kouta & Katie, 2011). There is also a push for nursing associations to remove the "she" bias when referring to nurse practices and code of ethics. Faculty can remove the she bias in their curriculum as well (Weber, 2008 as cited in Kouta & Katie, 2011). It is crucial for faculty to pay attention to their own bias towards male nursing students in the maternal-newborn rotation, and evaluate their teaching strategies and course material for distinct gender messages (Biletchi, 2013).

Improvements in public media

The media can highlight male nurse role models, reduce the emphasis on nursing being a feminine profession, include photos of male nurses in labor and delivery, and promote gender neutral terms in nursing articles and textbooks (Zhang & Liu, 2016). Nursing schools may participate by advertising their school nursing program with male and female nurses, with male nurses shown in the maternal-newborn area (Biletchi, 2013). They may also have a male nurse present at a nursing school open house to encourage future students to join (Biletchi, 2013).

Conclusion

The dilemma that men in nursing, as well as male obstetricians and midwives face when pursuing the maternal-newborn field is alarming. With a looming shortage of nurses in the United States, it is imperative to promote recruitment and retention of men in nursing (Rosseter, 2017). Addtionally, men in nursing increase the diversity of the workforce and contribute different perspectives to solving problems in health care (Karlamangla, 2018). If men are excluded from nursing and the maternal-newborn field, there is lost potential for growth and advancement in the healthcare field (Karlamangla, 2018).

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