Clinical Strategies for Improving the Experience of Male Nursing Students in Obstetrical Clinical
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INTRODUCTION
While only 9% of the nursing workforce is male, 15% of enrolled nursing students are now male. Nurse educators need to ensure comparable clinical experiences for all students. The Association of Women’s Health, Obstetrics, and Neonatal Nurses (AWHONN) has released a position statement stating that, “nurses, regardless of gender, should be employed in nursing based on their ability to provide clinically competent quality care.”

METHODS
• This study used a narrative descriptive design (Sandelowski, 2000).
• Senior male nursing students (n=19) who had completed their maternal child nursing course were invited to participate in one of two focus groups conducted in May 2016.
• The questions and responses from the focus groups were projected during the meeting to allow participants to check to ensure accuracy.

PRELIMINARY THEMES
Awkwardness: The male nursing students’ discomfort or tension with the labor situation and their role.
• “I felt slightly awkward, mostly because I’m the only guy…” They [female nursing students] can associate much better than I can.

Once in a lifetime experience:
• It isn’t like caring for a total joint, or appendectomy, or orthopedic. Not like having general surgery. It is a unique, once in a lifetime thing.

Inclusion: ability to actively participate; being welcomed
• I think that guys want to be included. We want to get in and help. Some people say come on in and look, while others don’t even want you in the room.

STUDENT SUGGESTIONS FOR IMPROVEMENT
• Faculty should seek permission from the patient before placement.
• Consider patients with male providers if having difficulty with placement.
• Place students with multidivagras who were reportedly more accepting.
• Nursing student should negotiate their role and responsibilities with the patient and significant other upon arrival.
• Don’t have preconceived ideas about this clinical like the notion that OB is only for women. Treat all students as nurses.

Sample (N = 16)

<table>
<thead>
<tr>
<th>Age N (%)</th>
<th>%</th>
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<tbody>
<tr>
<td>15-20</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>21-25</td>
<td>13 (81.3)</td>
</tr>
<tr>
<td>26-30</td>
<td>1 (6.2)</td>
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<td>31 and over</td>
<td>2 (12.5)</td>
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<table>
<thead>
<tr>
<th>Marital Status N (%)</th>
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<tbody>
<tr>
<td>Single, Never Married</td>
</tr>
<tr>
<td>Committed Relationship</td>
</tr>
<tr>
<td>Married</td>
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<tr>
<td>Separated</td>
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<tr>
<td>Divorced</td>
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<td>Widowed</td>
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DISCUSSION
Gender-bias, societal stereotypes, and marginalization
• Sedgwick and Kellet (2015) found that male students had significantly lower efficacy subscale scores, as measured by the Belongness Scale-Clinical Placement Experience however there were similar levels of esteem and connectedness (being accepted and fitting in). This contrasts with our findings of connectedness in relation to being included and may suggest marginalization.
• Societal beliefs and stereotypes may reinforce the belief that men do not have a role in maternal child nursing (Meadus & Twomey, 2011).
• Male students are more likely to be refused for patient care (Chang, Odrobine, and McIntyre-Seitman, 2010).
• Nearly 70% of pregnant women had positive responses concerning men in obstetrical nursing (McRae, 2003).

REFERENCES

Sophia Hsu SM, RIN to BSN student completed data analysis.