

Male Student Challenges in a Maternity Nursing Clinical Course in a Middle Eastern Country: Strategies for Improved Performance and Future Implications for Nursing Education and Practice

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Abstract

Introduction: As the number of males, entering nursing and midwifery increase in number, challenges faced by these males during training sessions also is on rise. 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.

Aim: To explore the challenges faced by male nursing students in learning maternal health nursing and the remedial strategies to improve their performance as identified by the students.

Design: A descriptive qualitative research design using focus group discussion method was used.

Methods: Twenty-two (22) undergraduate male nursing students enrolled in the Maternal Health Nursing Course during the Academic Years 2017 and 2018 were purposively selected to participate in the study through five (5) focus groups each comprising between four to six students.

Results: Three themes emerged from the study: (a) *cultural constraints in the clinical learning process*; (b) *traditional gender-biased role expectations*, and (c) *alternative teaching strategies*. In terms of “*cultural constraints*,” the students felt the Arabic culture was the main barrier in direct patient care in midwifery practice. In relation to “*gender-biased role expectations*,” the students reported that they felt “*not accepted and isolated*” in midwifery clinical areas. Thirdly, the “*alternative teaching strategies*” relate to the student’s remedy to the cultural constraints and the gender bias faced that undermined their learning and overall performance in maternity nursing course. These alternative ways of learning included, “*increased involvement of nurses and midwives in teaching learning*”; “*cultivating positive relationship between the clinical instructor and students*,” and the “*use of high fidelity simulation to learn skills in midwifery education*.”

Conclusion: The study findings revealed that male student nurses face significant challenges in maternity nursing course.

Keywords

male nursing students, nursing education, men in nursing, maternity nursing

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Introduction

Generally, nursing and midwifery professions are dominated by females as compared to other professions with masculine qualities such as engineering and medicine (Kouta & Kaite, 2011; Mokdad & Christensen, 2021). In the United Kingdom for instance, the Equal Opportunities Committee reported that in England, nine out of every 10 nurses are women while 98% of the midwives were women. In 2017, the Nursing and Midwifery Council, United Kingdom

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reported that just 10.8% of registered nurses were men (NMC, 2017). This led to the conclusion that nursing is one of the most gender-segregated jobs in the United Kingdom. This trend is reflected in literature with most authors concluding that whilst men choose to become nurses for the same reasons as women do such as caring for people, unfortunately, men quite often encounter several emotional, verbal, or sexual barriers that limit their choice of specialty and risk being labeled and stereotyped (Arthur et al., 2013; Christensen & Knight, 2014).

Indeed, numerous studies have reported that male nurses experience various challenges, including isolation and role constraint and gender discrimination (Folami, 2017). In fact, some scholars have argued that nursing institutions should take the necessary steps to understand and resolve institutional practices or procedures that negatively affect the learning environment for male nursing students (Folami, 2017). As a remedy, in some instances, counselling services have been provided right from the time of nursing education to address these issues in order to ensure a stable workforce and improve the work environment for male nurses (Chinkhata & Langley, 2018). In view of these disparities, some scholars recommend that nursing professionals should cultivate gender equality in nursing by improving gender competence and enacting better gender-based policies in nursing education, research, and decision-making process. Male nursing students must also be encouraged to identify male obstetricians as role models (Saber & Ibrahim, 2019).

While other areas of discrimination and challenge are known, an area that is particularly troubling is midwifery and obstetrical nursing education where cultural stereotypes and obstacles severely limit male nursing student's direct access to patients when compared to female counterparts. Several studies show male nursing students and sometimes male nurses face disrespect and often are rejected and disseminated against by female patients, nursing, and midwifery educators as well as hospital administrators (Kouta & Kaite, 2011; Zhang & Liu, 2016). Thus, male students perceive they are given less opportunities for growth and development in the profession which could result in male nurses' increased attrition, leading to further nursing shortage in the face of the current health crisis (Younas et al., 2019; Zhang & Liu, 2016).

Gender stereotyping is one of the main barriers for males seeking to become nurses. A plethora of literature suggests that male nursing students experience barriers and related challenges in their nursing education programs. These gender biases are unrecognized and inherent aspects of nursing education that impact recruitment and retention of male nursing students (Meadus & Towmey, 2011). Male students report a number of stressors during their clinical training such as high requirement pertaining to clinical area training, unfavorable attitude of clinical instructors, and refusal of women to receive care provided by a male student nurse in certain maternity clinical areas. In particular,

several male nursing students report that pregnant women often refused to deal with them during labor and when they do so they often have reservations and restrictions (Cowen et al., 2016; Eswi & El Sayed, 2011; Powers et al., 2018; Saber & Ibrahim, 2019).

As the number of males entering the female-dominated professions of nursing and midwifery increase in number, challenges faced by these males during training sessions also seem to be on the increase.

The cultural and religious inhibitions in the area where study was conducted, prevents male nursing students to interact with female patients in a manner similar to those of female nursing students. However, as part of accredited nursing program, it is mandatory that all male nursing students register for maternal and child health nursing as core nursing course during their fourth or fifth level undergraduate nursing program. The uniqueness of these courses lies in the fact that they are the first courses where male students are expected to interact with female patients, especially concerning their private and intimate reproductive health-related issues. Consequently, in comparison to their female counterparts, male students face several challenges in the clinical area during these courses.

Since these challenges vary from culture to culture, it is essential to understand the experiences and challenges of male nursing students during their education across different regions. This understanding would help in the development of strategies and policies to resolve issues affecting male nursing students including how to use such information to retain more men in clinical nursing practice. In view of this, the current study sought to explore and document the experience of male nursing student during a clinical maternity course offered by a Middle Eastern public university.

Review of Literature

Empathy and care is assumed a female trait with a general argument that nursing education is more designed for female students as compared to male. A number of studies conducted on male nursing students to explore their perception of gender inequality in nursing education highlighted mentioned the main identifiers of inequality as nurse educators always referring to a nurse as "she" which is of the female gender. Another identifier was the limited work opportunities available for male nurses while the third identifier related to the lack of awareness among nurse educators regarding specific learning needs of male nursing students (Prosen, 2022). This disparities might be partly explained by the fact that in most countries, male enrolment accounts for no more than 10% of the total student numbers thereby leaving male nurses to be in minority (Arreciado Marañón et al., 2019; Carnevale & Priode, 2018). Furthermore, the numerous gender-based stereotypes faced, discourages men from entering or remaining in the nursing profession (Prosen, 2022; Ross, 2017).

In addition, the dilemma faced by male nursing students during maternity nursing course is exacerbated by culturally biased gender discrimination orchestrated by female patients and their attendants. The female patients admitted in the maternity clinical units often find it intimidating to discuss and reveal intimate details of their clinical problems to males with most choosing to refuse male caregivers (Aynaci, 2021; Kirk et al., 2013). However, with the continued desire to create better learning environment for the male students, male nursing students and their clinical instructors are often driven to work on strategies to overcome these challenges (Harris et al., 2016). In fact, such challenges call for concerted mitigation efforts from various stakeholders because when such obstacles remain unresolved, such discrimination could lead male students to develop negative attitude towards nursing courses. In the end, it may lead to loss of interest in maternity and general nursing practice (Chinkhata & Langley, 2018).

As a result of the uneven learning environment, many midwifery educators have reported encountering challenges in imparting clinical education to male nursing students (Middleton et al., 2014). Part of the challenge relates to some of the male students who view maternity nursing as a women's domain in which they identify themselves as visitors only. As a result of these and other challenges, Mrayan et al. (2020), following a study in Jordan concluded that planning of midwifery education for male students require special deliberations by nurse educators, especially in culturally demanding Arab World. Similar efforts are being taken by nurse educators worldwide to reduce gender differences at educational level. For instance, recently Korean scholars Cho et al. (2022) developed the Gender Equity Scale in Nursing Education to accurately assess the gender equity situation in nursing as a strategy to create gender equity in nursing education. While the literature cites gender inequality as a common occurrence in nursing education, understanding the experiences and perceptions of male nurses themselves who have historically experienced inequity remains incomplete as detailed first-hand verbatim accounts are scanty in the published literature, resulting in incomplete picture of the extent of the problem.

Purpose and Objectives

This study thus aims to contribute to a better understanding of male nursing students' experiences and perspectives when working with pregnant women within Oman's health care system where they often feel excluded because of cultural constraints and gender-biased socialization. The study specifically focused on the challenges faced by these students during maternity nursing clinical placement. In addition, the study also highlights the various remedial teaching learning strategies identified by both the male students and the educators to overcome the key barriers to their learning.

Methodology

Design

A descriptive qualitative research design using focus group interviews guided the study. This method helps the participants to express their experience in their own words. The focus group methodology has several advantages, and provides individuals with the opportunity to provide candid responses.

The study took place in one setting in one of the premier Public Universities in the Sultanate of Oman, Middle East. This College of Nursing has a total about 400 undergraduate students with an annual enrollment of about 100 students into the Baccalaureate Nursing Program. In terms of gender distribution, male nursing students are in the minority and consist of about 10%.

Research Questions

- (a) What challenges do male nursing students face during maternity clinical placement?
- (b) What strategies do male nursing students use to deal with the challenges they encounter during their maternity nursing clinical placements?

Sample

The study participants were male student nurses enrolled in maternity nursing clinical course across four semesters. The participants were purposively chosen following their successful posting in the intra-natal units of a tertiary hospital. All participants expressed willingness to participate after they were explained the terms and conditions of their involvement.

Eligibility Criteria for Sample Inclusion

To be eligible for our study, the participants were:

- Registered in the BSN nursing program.
- Registered for Maternity Nursing in two consecutive semesters.
- Willing to participate in the study voluntarily.
- Willing to sign the informed consent.

Ethical Considerations

The College of Nursing, Sultan Qaboos University Research and Ethics Committee granted permission to conduct the study through Protocol number 14/2017. Each participant was informed about the purpose, benefits as well as the risks associated with participating in the study and the principal researcher made any needed clarifications. Each student who

accepted to participate in the study proceeded to sign an informed consent mentioning that their participation in the focus group interview was voluntary. The anonymity and confidentiality of study participants and their data was upheld during the focus group interviews and data analysis. Each participant was assigned a unique code number, which was used throughout data analysis and reporting phases. Furthermore, confidentiality of the data and anonymity of the participants was further assured with research-related data kept safe, under lock and key with access only available to the research team.

Data Collection

Male nursing student's experience during the maternity nursing clinical posting was documented using focus group discussion method. Focus group is an efficient method used by social science researchers to obtain qualitative data from multiple participants (Nyumba et al., 2018). Focus groups are less intimidating for participants and allow researchers to encourage groups to explain their experiences in depth. Furthermore, the description of the shared group and personal experiences often highlight consensus or diversity of experiences, resulting in richer description of the experience in question (Seshan et al., 2021).

The Principal Investigator moderated the focus group discussions. The interviews began with a series of questions regarding demographic data and then proceeded to their experience in the clinical areas. Further questions focused on the challenges the students faced in the intra-natal clinical area, where exposure and hands-on training are often limited for male student nurses. In total, data was generated through five (5) focus group interviews, with each focus group comprising between four to six nursing students. All the students had recently completed their clinical training and the focus group interviews lasted from 60 and 90 min. The focus group interviews continued until data saturation occurred in all the focus groups. Before each session ended, the Principal Investigator summarized the key findings and asked participants for additional comments. All the focus group interviews were audio-recorded, transcribed verbatim, and then authenticated for accuracy and completeness by the most experienced qualitative researcher.

Measures to Ensure Trustworthiness

As a quality control measure, the research team carefully observed the following processes.

Credibility

The participant's descriptions were digitally audio-recorded to ensure that no essential data was lost. In addition, to ensure that the findings are accurate, the research team used verbatim transcriptions of the recordings as the final data augment with interview field notes. As additional

quality control measure, necessary interpretations were verified, and supported with literature.

Transferability

The research team provided detailed description about the setting, participants, sampling technique, and the process of data collection and analyses. Relevant verbatim quotes are included to facilitate transferability of the study results.

Dependability

In effort to address dependability of the findings, the research team ensured that the entire research process is clearly documented, traceable, and logical to the end user.

Confirmability

As required in qualitative research, the research team ensured that the results were confirmable by taking the aforementioned steps to render the study findings credible, dependable, and transferable.

Data Analysis

Data were analyzed manually after the lead researcher integrated the verbatim transcriptions with the extensive field notes to form the final data set. The thematic analysis focused on deciphering the main challenges reported by the male nursing students, which interfered with their learning of maternal health nursing in the classroom and in the clinical area. In addition, the researchers also extracted the remedial strategies adopted by the students to improve their performance in the course. The researchers used the six (6) steps approach to conduct a trustworthy thematic analysis: (1) familiarization with the research data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining and naming themes, (6) writing the report (Nowell et al., 2017). The analysis process started with each team member individually reading and re-reading the transcripts several times and then identifying meaning units linked to the three thematic areas. The co-authors then discussed in-depth the various meaning units linked to the thematic statements until consensus was reached and final themes emerged based on the two main study objectives.

Results

The researchers identified three main themes: "*Cultural constraints in the clinical learning process*," "*Traditional gender-biased role expectations*," and "*Remedial teaching learning strategies*."

Theme 1: Cultural Constraints in the Clinical Learning Process

Cultural beliefs in Oman affected male students' beliefs and behaviors in caring for female patients. The students reported experiencing inhibitions when they were required to approach and speak to expectant mothers about details considered culturally too private to be discussed with strangers:

I had difficulties when our teacher told me to talk and ask [personal] details from the female patient. (NS#2)

We do not talk to female members in our families about such details, and I had asked a complete stranger [patient]... It was my first time. (NS#4)

Cultural inhibition was particularly evident in the labor unit. The students reported that the labor unit presented a challenge for both patients and students themselves, since neither the patients nor the students were prepared to face each other in such an intimate atmosphere. The students emphasized that they lacked confidence to enter the labor room because of their cultural inhibitions:

...it is culturally difficult to understand and witness normal delivery. We were able to witness cesarean section, but normal delivery; we did not get a chance. (NS #1).

I agree ...it is difficult to work with females in labor wards, both patients and midwives... culturally, we are not supposed to be there. (NS #3).

One of the focus group discussions revealed that students perceived themselves as a "*complete misfit for midwifery*" because they saw certain tasks as being completely feminine in nature. This belief was reinforced by the widespread cultural practice of such duties being performed only by females, as males were considered "*culturally unsuitable*" to perform such roles as here described:

There are certain procedures taught to us in the skills lab, like baby bath, personal hygiene of the baby, conducting vaginal examination for intranatal women...and many more... I think, these things are never meant to be done by men. (NS#7).

In agreement, another student added:

I agree, you see, I was not even comfortable with these procedures on the manikin in the lab, though the teacher explained that we need to learn it as part of the course requirement. (NS#9).

This cultural constraint did not end with the students only. In fact, one participant also mentioned that care providers and

sometimes their family members prevented students from interacting with their female relatives, especially when they were in the delivery room or shortly after giving birth:

Some relatives... mothers... husbands were not willing to let us talk to the patient. (NS#11).

Another student added that:

One father even refused when the nurse asked permission to involve us in his newborn baby's care. (NS # 4).

Theme 2: Traditional Gender-Biased Role Expectations

An overriding experience the male student nurses reported was that they experienced maternity nursing as "*female dominated*," with almost no male mentors in the maternity clinical settings:

I never felt at ease in the clinical area as there were no males among healthcare professionals; only female nurses and doctors worked in this area. (NS #21).

Furthermore, the students reported that they felt as "*never belonging to*" the maternity clinical area:

Patients were never comfortable to find us around" ... we'd to switch places in the ward when a patient would walk around or move in the labor room. (NS #19).

The participants added that their female counterparts had more opportunities and better learning experiences given that assisting in childbirth is a traditional role of females in Omani society:

Patients were more comfortable with female students ...with us (male students), I felt that the patient was hiding important information from us during the time of history collection

Such gender-based biases exacerbated the feeling of "not belonging to maternity clinical area." Ironically, the male nursing students were not surprised by the fact that many female patients did not like to talk to them freely including sharing with them personal details as this was considered to be culturally inappropriate within Arab populations in the Middle Eastern region. However, while they expected the rejection, the fact of not being accepted and being isolated in the maternity clinical area was a constant source of worry for poor academic performance in the course as herein affirmed:

I was always worried of my ongoing clinical evaluation as I was not doing anything to the patients in the clinical area other than simple observation (NS #13)

Similarly, another participant lamented that:

Girls in our course were scoring better marks because they were able to practice in the clinical area with patients freely, but we [males] could not. (NS #6).

Theme 3: Remedial Teaching Learning Strategies

As a remedial measure to address the existing challenges, the participants reported the need for improvements in the clinical learning environments. They particularly emphasize the need to enhance teaching strategies in maternity nursing course to make up for the “lost learning opportunities” male students experience due to the cultural constraints during clinical placements:

Instructors must prepare male students initially in the lab before taking them to the hospital. (NS# 12).

In addition, another participant suggested overhauling the pairing of students for clinical placement:

Male and female students should be mixed in the group during clinical rotation so that girls can share their experience with us [males] (NS# 10).

Furthermore, another participant suggested that the unit midwives and nurses should do more to involve male students in clinical procedures which are culturally acceptable to make up for the limited learning opportunities. Such clinical procedures include vital signs monitoring, immediate newborn care, and placental examination to name a few:

Nurses and midwives can help us by involving us in procedures in the clinical area, which will make us feel more confident in the maternity clinical area.(NS# 7).

In addition, one of the students recommended increasing the frequency of high fidelity simulation to aid male students’ learning of clinical procedures involving all the three stages of labor. This the students argued would increase the opportunity for male students to learn critical skills in maternity nursing in the safe space of skills laboratory, since they are unable to practice in the clinical areas:

More simulation sessions should be planned throughout the clinical posting for male students to get more hands-on experiences (NS #17).

In further support of the clinical simulation, one of the students added:

I could understand clearly the concepts of vaginal examination. (NS #14).

Finally, in order to overcome the challenges experienced during the maternity clinical placement, the students recommended the need to foster a closer and more positive relationship with the clinical instructors and the midwives and nurses from the assigned clinical areas:

For us to be successful in this [maternity] course, a positive relationship between the clinical instructor and the students is essential, with more involvement of midwives and nurses from the clinical area. (NS# 20)

Discussion

In this study, the researches explored the challenges faced by male students during a Maternity Nursing Course as well as its implication on their performance. In addition, the remedial strategies adopted by the students for improving their performance were investigated as well. Three main themes emerged, “*Cultural constraints in the clinical learning process*” and “*Traditional gender-biased role expectations*” representing the challenges faced by the students and “*Remedial teaching learning strategies*,” adopted by students to minimize the impact of the challenges.

Cultural Constraints in the Clinical Learning Process

In terms of cultural constraints experienced in the clinical workplace, the nursing students perceived their presence in the maternity unit as cultural misfit. Cultural misfit implies that the students felt they did not “fill well” in midwifery clinical practice routines. The male students reported not thriving as well as their female counterparts in the wards. This misalignment with the unit culture made them prone to underperforming in their expectations. They also felt disproportionately frustrated by unit practice, which tended to favor their female colleagues. This observation is similar to what Cheng et al. (2018) reported about novice male nurses in Taiwan. The male nurses in the study reported facing challenges in their interpersonal relationships in the workplace, which consists mainly of female nurses and patients with their own unique culture. The authors recommended that culturally congruent nursing care is achievable when unique needs of the male nurses’ are timely addressed with the sensitivity required to promote male nurses careers. Similarly, our findings are comparable to the result reported by Chinkhata and Langley (2018) who reported in a Malawian study that one-fifth of male student nurses in midwifery course experienced role conflicts

in midwifery education because of conflicting cultural and professional expectations. The authors recommended formulation and implementation of gender sensitive policies to strengthen male nurse education. In fact, recently, in South Korea, Chang and Jeong (2021) observed that male nurses continue to experience workplace gender discrimination because of being in the minority. The authors recommended a makeover in terms of not classifying clinical roles according to gender, and developing new standards that align with the experiences of men. They further advocate educating stakeholders to increase sensitivity to the challenges experienced by minorities during their practice.

Traditional Gender-Biased Role Expectations

In terms of the traditional gender biased role expectations, the male students reported several gender biased roles, which made their performance of intranatal duties quite stressful. The students identified gender discrimination, social rejection and isolation, and role discrimination. The students perceived that the absence of direct hands-on experience hindered their learning. This study also found that cultural orientation and influence play a significant role in the acceptance of male student nurses in the maternity clinical area. The gender-based discrimination reported in the present study is consistent with the findings of a survey on 181 patients attending a gynecologic clinic in Malaysia that found that patients who would far more allow female students to observe their genital area and perform a pelvic examination compared to male students (Zahid et al., 2015). Likewise, in a recent study in Hong Kong, Chan et al. (2014) report that many patients in labor still prefer female students to perform care procedures, implying that male student nurses face more gender-biased role stress compared to female student nurses. The authors call for the need to promote gender awareness among faculty and clinical mentors in order to improve the male nursing experience during the maternity practicum. When the gender-biased placement is not addressed, it means that male students are unable to get sufficient hands on experience in obstetrical care, which has a negative impact on their grades in the maternity nursing course. The stressful experience reported by the male students in our study is congruent with the results of Egyptian male students experience in maternity clinical area where 83% of students decided to escape from clinical area and 85% reported they felt like crying when they saw women in labor and could not help (Eswi & El Sayed, 2011). In addition to the relatively poor performance because of minimum learning opportunities, the students perceived the rejection by patients as insulting and it negatively affected their stress levels and overall performance in the maternity clinical course. Similar findings are reported by investigators in the Western Cape Province in South Africa

where male student nurses experienced constant rejection from female patients who did not trust them enough to provide nursing care compared to their female counterparts (Buthelezi et al., 2015).

Another important form of gender-based bias observed by the male students is the perceived lack of support of clinical nurses in promoting interaction of male students with female patients. Contrary to their expectations, most male student nurses noted that clinical nurses did little to encourage student's clinical learning by facilitating integration with women in the labor room. To address such inconsistencies in nursing education, Golden (2018) recommended that nurse educators, professional nurses, and clinical supervisors should create gender-neutral teaching and learning environment including the allocation of clinical responsibilities to student nurses. In other words, practicing nurses and clinical instructors accompanying students should ensure both male and female nursing students have equi-opportunity to practice nursing skills according to their learning objectives.

Remedial Teaching Learning Strategies

In terms of the student's response to their challenges in the maternity course, the students recommended proper preparation in the skills laboratories before clinical exposure in the maternity units. In support of this view point, Buthelezi et al. (2015) following a study in Western Cape Province in South Africa, recommended that clinical instructors must use different teaching strategies to ensure that male students gain an optimum learning experience. The researchers observed that a positive relationship between the students and the clinical supervisors had a positive impact on the self-esteem and made the students feel supported. They noted that the preclinical orientation by the clinical supervisors should include in-depth orientation about the possibilities of gender discrimination during clinical practice as a form of social support to prevent "reality shock."

Similar call for alternative learning opportunities for both male and female students, received further boost when U.S.-based scholars Harris et al. (2016) advised nurse educators to adopt various teaching methods to facilitate equity in students learning. This call followed a research about student's experienced using high fidelity simulation conducted in a Midwestern university setting, following advanced health assessment and practicum courses.

A second remedy to aid male students learning during the clinical rotation was pairing males with female students during clinical placement. The students in the present study noted that such pairing could enable both male and female students to achieve learning objectives equitably. Likewise, Egyptian authors, Eswi and El Sayed (2011) earlier reported that 50% of the male students participating in their study recommended placing each male student with a female student during in the maternity unit to help them gain comparable clinical competency in maternity nursing practice.

The third remedial strategy to overcome the challenges experienced during the maternity clinical placement, recommended is fostering a closer relationship with the clinical instructors and clinical staff in the maternity units. In support, Komaraju et al. in a study published in the John Hopkins University Journal of College student development observed that student–faculty interactions could be crucial in developing students’ academic self-concept and enhancing their motivation and achievement. These authors observed that positive relation with faculty increase student’s desire to work hard, stimulated them to enjoy learning, and encouraged them to strive toward high achievement standards in their college education (Frade & Veiga, 2017).

Strengths and Limitations

The study hopes to promote more research about this topic by detailing the participants’ perceptions, allowing others to explore and compare the experiences of male nursing students in their area. This study is not intended to assess the effectiveness of the clinical sites; however the experiences of male nursing students reported here will hopefully shed light to topics involved with male nursing student’s perceptions about working in women’s health that may have been overlooked and need further interventions in education and clinical practice site.

Although this study provides data regarding male students perception on challenges faced in maternity nursing clinical placement, especially in the Middle Eastern perspective, one of the major limitation of this study is limited sample size. Secondly, there are chances of the opinions expressed in this study being influenced by culturally accepted norms and general opinion, which emerges as a major bias of this type of method of data collection used.

Implications for Practice

This study identified the challenges faced by male students and elicited certain remedial strategies to improve their learning experiences. Hence, nurse educators, professional nurses, and clinical supervisors should acknowledge the existence of gender discrimination and create teaching and learning environments that are neutral in terms of gender expectations. Nurse educators and clinical nurses should provide male nursing students with learning opportunities equal to those provided to female students, as affirmative actions to lessen the lingering gender divide in nursing education.

Finally, policy makers need to sensitize society on the role of male nurses in childbearing in hospital setting especially during emergencies. As a beginning point, training workshops and public events could provide opportunities for discussing the plethora of challenges experienced by male student nurses as they navigate through the complex health-care system during their clinical training in female dominated clinical units. Such dialogue would potentially serve to

educate key stakeholders in education and health about the plight of male student nurses. In addition, it would present the opportunity to unveil coping strategies that male nursing students and nurse educators have adopted to deal with the inequalities and challenges in undergraduate and postgraduate nursing education.

Conclusion

Male student nurses continue to experience several challenges in clinical areas where patients are mostly females. As a result, in such clinical settings, male students need additional support and more interaction with clinical educators, as well as staff nurses. Furthermore, since gender imbalances continue to persist in maternity units with gender-related difficulties still being insufficiently investigated, there is therefore need for stakeholders to do more in-depth research focusing on enablers for male involvement especially places where cultural and religious sensitivities still exist.

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