

MIDWIFERY EDUCATION AT A NURSING COLLEGE IN LIMPOPO: CLINICAL LEARNING EXPERIENCES OF MALE NURSES

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ABSTRACT

This research explored the clinical learning experiences of male nurses during midwifery training at a nursing college in Limpopo, South Africa. A qualitative, explorative and descriptive study design was followed. Ethical approval was obtained and participants agreed to voluntarily take part in the study. Newly qualified professional male nurses were purposively selected. Eight individual interviews were conducted to collect data until data saturation was reached. Transcribed interviews were analysed, using Tesch's method of qualitative data analysis. Consensus regarding themes and subthemes was reached between the researcher and independent coder. Trustworthiness was achieved through the employment of the principles of credibility, conformability, dependability, transferability and authenticity. The findings revealed the clinical learning experiences of participants



in the maternity wards, which is part of their midwifery education at the nursing college. The experiences of participants in the maternity ward were categorised according to ante-partum, intra-partum and post-partum care. Participants considered intra-partum clinical learning to be difficult. Recommendations include a planned supervision programme and the accompaniment of all learners, to assist in achieving the learning outcomes and improving communication between the nursing college and hospital operational managers in the maternity ward to address the needs of male learners during midwifery training.

Keywords: experience, male learner, midwifery

INTRODUCTION AND BACKGROUND INFORMATION

The nursing and midwifery professions are predominantly women's practice and male nurses remain a minority in these professions. Male nurses are present in various units in hospitals and primary health-care settings, however, few registered male nurses are found in nursing education institutions (Tzeng, Chen, Tu & Tsai, 2009:1). Since nursing was first registered as a profession, women have dominated in this field (Nursing Education Association, 2010:6). In South Africa, male nurses were allowed to participate in midwifery training for the first time in 1977 (Evans, 2004:326). Despite the decades that have passed, nursing and midwifery practice remains a highly female-dominated profession.

Keogh and Gleeson (2006:1172) stated that although there is a growing number of males choosing nursing as a career, nursing in Ireland remains a female-dominated profession. Males who join nursing are regarded as unintelligent and their promotional opportunities remain limited (Takase & Kershaw, 2002:196). Nursing is associated with caring, which is perceived to be a feminine trait and, therefore, appears to be incongruent with masculine qualities. This strengthens the perception that men's ability to care is somehow inhibited by their gender and that their masculinity is compromised by engaging in caring activities (Brown, 2009:125).

Male learners in nursing in the United States of America have more difficulties than females during their placement in the maternity units. For example, male nurses are often rejected by patients or patients' families and are not allowed to practice in certain maternity clinical areas such as the labour wards (Tzeng et al, 2009:2). According to Kantrowitz-Gordon, Ellis and McFarlane (2014:516), male midwives are required to recognise themselves as minority because of their being few in midwifery practice that is a female-dominated profession. In 1973, in Canada, nursing education for males excluded midwifery training or, at best, the course content was modified with limited opportunities for the clinical contact between patients and male nurses (Evans, 2004:326). This is evidence that male nurses in nursing and midwifery practice experience problems with regard to access to female patients during their clinical placements in certain maternity settings. The consequences of limited access to pregnant women during intra-

partum care are that male nurses experience limitations with regard to the correlation of theory and practice in their training.

The purpose of the study by Mabuda (2008:20) was to explore male student nurses' experiences in the maternity ward during their clinical practice. One of the findings was that learners (student nurses) carried out certain procedures without supervision. Lack of learner supervision during clinical placement could result in them performing procedures incorrectly or cause a delay in the accomplishment of learning outcomes. This kind of practice (lack of supervision) was a challenge for male nurses who were placed in the labour ward as part of their clinical practice as they had to perform procedures such as vaginal examinations without supervision. Keogh and Gleeson (2006:1173) point out that male nurses have had to protect themselves from sexual abuse allegations by requesting that they be accompanied by female nurses during the performance of certain procedures or they have had to resort to excusing themselves from performing procedures that are deemed to be intimate. Male nurses also are scared of being thought to inappropriately handle female patients during the performance of procedures perceived to be intimate (Kantrowitz-Gordon et al. 2014:516). The absence of a clinical instructor, tutor, midwife or any female learner to accompany male learners often resulted in missed opportunities to adequately assess and perform procedures.

In order to complete their midwifery education, learners are allocated to maternity wards as part of their clinical practice in ante-partum, intra-partum and post-partum care. The learners participate in the performance of various procedures including abdominal palpation, internal vaginal assessment, catheterisation, back rub or massaging, breast examination and checking of the perineum before and after birth. Some of these midwifery procedures are perceived to be intimate as the assessors' hands and fingers are used to perform such procedures. During the performance of such procedures, male nurses require support and accompaniment so that adequate learning takes place. Since midwifery practice is carried out mostly by female nurses in hospitals, health-care clinics and primary health-care settings, midwifery practice is perceived as a woman's domain in which male nurses are considered to be visitors, as confirmed in the study by Patterson and Morin (2002:266).

In South Africa, midwifery education is included in the four-year diploma and four-year Bachelor of Nursing (BCur) degree programmes. Both lead to registration as a nurse (general, psychiatric and community) and midwife (South African Nursing Council, 1985). In order to be registered as a professional nurse in South Africa, a learner is expected to pass all four major subjects, that is, General Nursing Science, Psychiatric, Community and Midwifery at the end of four years. Male nurses often do not qualify as a result of incomplete midwifery practical skills. In addition, newly qualified professional male nurses decline placement in maternity wards during the period of compulsory community service, which is the year after completion of the course. This situation prompted this research, whereby the clinical learning experiences of male nurses during midwifery education at a nursing college in Limpopo were explored.

STATEMENT OF THE RESEARCH PROBLEM

The researcher is a nurse educator responsible for the facilitation of the theoretical and clinical practice of learners enrolled for the four-year diploma programme at a nursing college in Limpopo. This programme leads to registration as a nurse (general, psychiatric and community) and midwife. For a learner to be considered for programme completion, it is expected that the theoretical and practical learning outcomes are achieved. With regard to practical learning outcomes, a midwifery register is allotted to each learner to record the required number of observed and performed procedures during placement in maternity settings. For this study, the researcher observed that male learners often had less than the required number of conducted deliveries and vaginal examination procedures recorded in their midwifery registers. Incomplete practical training in these procedures delayed male learners' registration as professional nurses, since they would not qualify according to the South African Nursing Council's requirements. Male learners were offered remedial actions on an annual basis in order to complete the skills they need to complete the course. Over the course of a few years, it emerged that most male learners passed only the theory component of their midwifery training and not the practical.

For the purpose of this study the statistics of all enrolled learners, including male learners who experienced clinical learning challenges, were collated for the years 2004 to 2007. In other words, the problem dates back as far as 2004 and it could be ongoing. A remedial programme for clinical learning was planned yearly, where the majority of male learners repeated the required skills in order to qualify for re-examination. Information regarding the clinical learning experiences of male nurses during midwifery education was lacking in the context of the current study. The total statistics of all learners admitted for the four-year diploma course, including male learners who were enrolled in the remedial programme, is shown in table 1. The total number of male learners enrolled in the remedial programme is also shown in table 1.

Table 1: Total number of learners enrolled for training annually from 2004 to 2007 and the number of male candidates who had had to attend the remedial programme

Group	Female	Male	Number of male nurses in the remedial programme
2004	68	25	21
2005	30	9	6
2006	32	17	15
2007	40	15	14
Total	170	66	56

The following research question arose: ‘What are the clinical learning experiences of male nurses during midwifery education at the nursing college in Limpopo?’

PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the clinical learning experiences of male nurses during midwifery education at a nursing college in Limpopo.

Definition of concepts

Experience refers to the nature of events undergone by someone (Neill, 2004:493). For this study, experience is related to events which were experienced by male nurses in clinical settings for learning about midwifery-related skills and procedures.

Male refers to the ‘anatomical and physiological characteristics that relate to a male person’s procreative capacity’ (Freshwater & Maslin-Prothero, 2005:345).

A learner is a person registered with the South African Nursing Council in terms of Section 32 of the Nursing Act no 33 of 2005. A male learner refers to a person with male physical characteristics who is registered for the four-year diploma programme leading to registration as a professional nurse according to the aforementioned Nursing Act.

Midwifery refers to the practice of supporting women in childbirth (Freshwater & Maslin-Prothero, 2005:362). Midwifery learning in this article refers to the profession practiced by male nurses to assist a woman during the ante-partum, intra-partum and post-partum period at clinical facilities. This usually spans over a period of two academic years of training.

RESEARCH METHOD AND DESIGN

The research design was qualitative, explorative and descriptive in nature (Polit & Beck, 2010:17).

Population and sampling

The population comprised all newly qualified professional male nurses who trained for the four-year diploma nursing course at a selected nursing college in Limpopo. The selection criteria included that each professional male nurse had received remedial intervention for midwifery clinical practice during training and all were purposively selected. A total of eight newly qualified professional male nurses participated until data saturation was reached (Bless, Higson-Smith & Sithole, 2013:179).

Data collection

Participants met at a hospital at which the researcher introduced herself and explained the purpose of the meeting, and appointment dates for the actual interviews were arranged. Each participant was provided with an information leaflet regarding the purpose of the research. A day before the meeting for the semi-structured interviews, a reminder was sent to each participant. A pretest was done to assess if the required information was obtained and the pretest data was excluded from the data analysis, as the purpose was to refine the questioning technique. Interviews were conducted between January and March 2012 in a private room in the ward, in order to reduce disturbances, at a convenient time for participants. The researcher asked participants to describe their experiences in the clinical setting during midwifery training. Interviews were audio-recorded and were transcribed, verbatim, by the researcher. At the end of each interview the researcher summed up what the participant had said to ensure that correct information was gathered (Rossouw, 2003:146). Field notes included observational, theoretical and personal notes and each interview lasted for an hour.

Data analysis

Transcribed data and field notes were analysed according to Tesch's open coding method, as described in De Vos (1998:343–344). Transcripts were read several times to achieve familiarity with data by the researcher. Thoughts were jotted in margins of the code book and similar thoughts were clustered. Data belonging to similar grouping were assembled to create themes and subthemes.

TRUSTWORTHINESS

'Trustworthiness' refers to the degree of confidence qualitative researchers have in their data and in this study it was established according to the criteria identified by Polit and Beck (2010:570). Prolonged engagement, persistent observation and member checking with participants ensured credibility. Confirmability and dependability of the data were safeguarded through the use of an independent coder, member check and audit trail. Transferability of findings was achieved through a detailed and in-depth description of the research process and through literature control as the findings were compared to findings of similar studies. Authenticity was qualified by multiple realities experienced by participants through their direct quotations during report writing. Sample representativeness was ensured by including all male professional nurses who had received remedial intervention and had completed their four-year diploma course between the years 2009 and 2010 to accomplish sample sufficiency (Botma, Greeff, Mulaudzi & Wright, 2010:200).

ETHICAL CONSIDERATIONS

Permission to conduct the research was obtained from the Student Ethics Committee of the Faculty of Health Sciences of the University of Pretoria (ref: S27/2011), the Limpopo Provincial Ethical Committee (ref: 4/2/2) and the chief executive officers of the three hospitals in Limpopo. Participants were provided with information about the research and were informed that participation in the study was voluntary. Participants were further assured of their right to withdraw from participation at any time without sustaining any penalties. Written consent was obtained from each participant.

RESEARCH FINDINGS

Participants' demographic profile

The ages of participants ranged from 25 to 49 years and 50 percent of them had one year's experience, while the other 50 percent had two years' experience as professional nurses. Eight adult male professional nurses participated in the study. All participants were exposed to the maternity clinical settings for three months during community service after the completion of their four years of basic diploma training.

Themes and subthemes

Table 2 outlines the themes and sub-themes described in this study.

Table 2: Table 2: Clinical learning experiences of male nurses during midwifery education

Themes	Subthemes
Ante-partum experiences	Better environment
Intra-partum experiences	Difficulty in adaptation
	Frustrations
	Role conflict
	Lack of supervision of male learners
	Insufficient learner accompaniment
Post-partum experiences	Acceptable with learning opportunities

Experiences during ante-partum care

The experiences of participants during ante-partum care were recognised to be acceptable and participants referred to positive interactions between them and the pregnant women as they related well to each other during care provision. Participants expressed their experiences as follows: ‘It was nice to intermingle with pregnant women especially during health talk. Women listened carefully and I was able to offer information. I liked that I could do work freely’.

Experiences during intra-partum care

The experiences during intra-partum care that were identified as challenging included difficulties in adapting, feelings of frustration, lack of adequate learner supervision, role conflict and insufficient learner accompaniment during clinical practice in labour wards. Difficulties in adapting with regard to the execution of procedures that were perceived to be intimate, contributed to unacceptable experiences by participants. Carrying out such procedures contributed to difficulties among participants as these were considered a ‘no-go area’ by the participants, particularly in the absence of an educator, midwife or female learner.

The male nurses’ feelings of frustration during placements in labour wards were attributed to the execution of procedures perceived to be intimate. Such procedures included frequent insertion of fingers into the vagina for internal examination to diagnose the progress of labour. The situation was aggravated by the fact that the male nurses were unsupervised when they had to perform these procedures. As a participant stated: ‘Vaginal examination is a difficult skill because you had to spend some time with your fingers inserted inside the vagina so that you come up with a diagnosis. This was embarrassing and frustrating to be with the woman alone checking her private parts. I felt bad’.

The participants blamed the lack of supervision as the reason for their limited exposure to clinical practice, particularly during intra-partum placements, where male nurses regularly avoided performing specific procedures to avoid trouble. This was expressed as follows: ‘We were wondering around and nobody bothered. Some midwives had negative attitude towards us as male nurses. They did not care if you were doing the job or not. Midwives were interested in finishing the routine’.

The participants pointed out that they experienced role conflict as their duties as a nurse impinged on their cultural belief system, particularly during intra-partum care where it was compulsory to perform procedures perceived to be intimate. Participants considered it to be a taboo to assess genitals through observation, prior to internal vaginal examination. On the other hand, some of the women were also not ready to be cared for by male nurses during the intra-partum period. The participants expressed their experience as follows:

It was difficult to perform certain procedures in the labour ward. I had to do those procedures because it is compulsory. The other problem was that some women refused when I wanted to check them. It was not nice. Males should not be part of such practice.

Inadequate accompaniment of learners during placement in labour wards refers to practicing midwives who could not provide continuous sufficient involvement of male nurses during performance of specific procedures. It was indicated to the participants that it was the role of clinical instructors or nurse educators to accompany learners. Participants expressed their views as follows: 'Midwives would tell you that it is the duty of clinical instructor or your educator to show you until you know the procedures'.

Insufficient learner accompaniment was also mentioned as a challenge by participants, whereby their educators rarely came to clinical settings to demonstrate certain skills and procedures, except to come for learner assessment. This information was expressed as follows: 'Educators from my college show you the skill once and next time you see them, you know it is time for assessment so that a year mark for practical is obtained'.

Experiences during post-partum care

The participants referred to post-partum care as acceptable, because there were limited restrictions to what they could do and, as a result, learning opportunities were realised. Acceptable post-partum care, according to participants, meant that they were able to freely interact with post-partum mothers and they were provided with the opportunity to provide health education to mothers. The above information was supported as follows: 'I did not have any problem in the post-partum ward because mothers accepted me and it was easy to interact with them. I offered baby care and health education freely'.

DISCUSSION

The research results showed the experiences of male nurses during ante-partum, intra-partum and post-partum placements for clinical learning. Ante-partum clinical settings were recognised as an acceptable environment for learning by the participants as they were able to perform procedures and pregnant women related well to them. The participants reported that ante-partum related skills were attained as there was adequate interaction between pregnant women and themselves as male learners. Opportunities for male learners to offer support were realised. In the study by Pilkenton and Schorn (2008:31), male nurses were reported to be considerate and more caring as they created time to listen and understand the feelings of pregnant women more than female nurses. The ante-natal findings for this study were further consistent with the findings of Ali and Burchett (2004:12), where some women preferred health-care from males, because men were perceived to be more sensitive rather than females, who were considered to be very insensitive, according to the participants in that study.

Male nurses experienced greater challenges in intra-partum settings, where poor adaptation, feelings of frustration, role conflict and lack of supervision, and insufficient learner accompaniment were identified as problems. Participants felt that their female colleagues adapted more easily than themselves as males in the labour ward. This was attributed to the fact that the participants were males in a female-dominated environment, where patients and staff are mostly female. According to Patterson and Morin (2002:266), maternal-child nursing was viewed as the domain for women. The practice of nursing by men made them experience challenges in adapting to a female-dominated field (Brown, 2009:125).

Participants described their intra-partum clinical learning as frustrating, because, like any other learner, they were expected to perform procedures perceived to be intimate. Such procedures included the performance of an internal vaginal examination to diagnose the progress of labour. Such procedures were often done by learners without any supervision, which brought about feelings of embarrassment among participants in this study. Feelings of embarrassment among male nurses during performance of procedures, which participants perceived as intimate, were also reported in the study by Inoue, Chapman and Wynaden (2006:562).

The research findings further revealed that role conflict had contributed to lack of balance between performing procedures perceived to be intimate in order to achieve the skill and avoiding performing the procedures and remaining with an incomplete midwifery register. It was necessary for the participants to perform procedures as learners because a diagnosis is vital and skill attainment was a requirement to complete their diploma. However, learners often avoided the performance of procedures, particularly in the absence of a mentor. The physical proximity of a male evokes feelings of discomfort for women patients according to Inoue et al (2006:562). One traditional belief, cited by health-care providers, was that men lose power if they see naked women (Mullick, Kunene & Wanjiru, 2005:129). On the other hand, some women who were in labour were not ready to be cared for by the male learners in this study. This unwillingness by pregnant women made it difficult for male learners to achieve their learning objectives. In the study by Zamanzadeh, Valizadeh, Negarandeh, Monadi and Azadi (2013:54) male nurses indicated that they had to adapt during interaction with patients because patients in clinical situations expected care from female nurses. The adaptations included avoiding the touching of intimate parts (Zamanzadeh et al, 2013:54). Health-care professionals, according to the findings by Mullick et al (2005:129), felt that the involvement of men (partners of pregnant women) during antenatal care provision was against their culture and male partners should not be involved when health care was offered. According to Patterson and Morin (2002:266), male nurses expressed concerns about achieving their clinical learning outcomes and personal goals during intra-partum care, because of possible misperceptions of their care. The misunderstandings lead to limited experiential clinical learning, which contributed to the failure of male learners to complete their intra-partum learning.

Participants in this study were of the view that there was a lack of clinical supervision during intra-partum care training. The practicing midwives often cited work overload and the shortage of staff as hindrances to adequate learner supervision. The experiences of the participants were that they were frequently left on their own to perform procedures, because nurse educators were unavailable and most practicing midwives showed a lack of interest in providing learner supervision. Likewise, in Mabuda's (2008:23) study learners were expected to perform procedures on patients alone, without any supervision from registered nurses. This means that clinical learning is not prioritised and this kind of attitude could lead to poor skills attainment by learners and this, in turn, could result in a poor quality of care provision. Lack of learner supervision was also found by Cude (2004:345) who states that staff perceived male learners to be an asset that could be used as long as they were willing to turn, move, bath or walk patients without being supervised. Clinical supervision is important to ensure that learners achieve clinical learning outcomes in order for them to become independent practitioners.

Participants felt neglected as they were unable to cope with intra-partum procedures as a result of poor involvement by midwives. For learners to become competent, it is important to involve them during the performance of procedures which formed part of their learning outcomes. According to Mabuda (2008:25), learner involvement is critical for clinical learning. The role of clinical learning is to ensure that learners benefit from available opportunities in practice (Bruce, Klopper & Mellish, 2011:255), however, midwives were not ready to involve male learners during the performance of certain procedures.

Clinical learning moments that make it possible for learners to develop skills for independent practice should be created and learners should be actively involved in their own learning (Bruce et al, 2011:255). Insufficient learner accompaniment was raised as a concern by participants in this study. It was revealed that nurse educators lacked dedication when it came to providing learner accompaniment opportunities in clinical settings. The lack of a structured accompaniment programme also presented challenges for male nurses, as learners' needs were not identified in clinical learning settings.

Participants described their experience of post-partum care as acceptable, because they were allowed to learn without any restrictions. In addition, post-partum mothers received male nurses well and the learners were able to provide care such as baby care and health education to mothers with ease. The views of the participants of the current study are congruent with those in the study by Cude (2004:346) and Patterson and Morin (2002:270), who maintain that post-partum care holds more opportunities for male nurses to interact and provide health education to patients.

The participants in this study avoided procedures perceived to be difficult and intimate and this resulted in them failing to complete their midwifery registers in the allocated time. The consequence for the participants in this study was a delay in completing the four-year diploma course in the allotted time. Participants felt that

midwifery should not be compulsory as it is a challenging subject for them as male learners.

CONCLUSION

The findings of this study indicated that male nurses who participated in this study found clinical learning during intra-partum care a challenge. Difficulties were experienced during the intra-partum care aspect of clinical learning, because of various obstacles such as difficulty in adapting, feelings of frustration about working in a female-dominated labour ward, the experience of role conflicts on the part of the male learners, awkwardness about being exposed to the nakedness of women during birth, lack of learner supervision, and an unstructured learner accompaniment plan. These challenges limited essential education for male nurses. Participants suggested that intra-partum clinical learning contributed to their delay in completing the four-year course on time.

RECOMMENDATIONS

The recommendations include counselling for male nurses, prior to their placement in the labour ward, to prepare them for the midwifery-related activities. This may assist them with regard to adapting to the situation. Clinical instructors and practicing midwives should be sensitive to gender issues, so that the necessary support for male nurses is offered. Debriefing sessions are required during midwifery education for male learners in order to identify and address challenges in good time. Nurse educators are expected to design a structured accompaniment plan that is implemented for all learners, to make it possible for learners to grow through the guidance of educators in clinical settings. The appointment of preceptors might be helpful in providing continuous accompaniment of learners during midwifery training. Further study on this topic is needed to gain more insight into the experiences of male nurses during midwifery training in other intra-partum clinical settings. Intra-partum clinical learning for male nurses could be explored from the perspectives of practicing midwives.

LIMITATIONS OF THE STUDY

The interviewer was the participants' former midwifery educator and that might have influenced participants' responses and resulted in some valuable information being held back. The size of the population was also limited; therefore, the generalisability of the results is restricted. There is a need for further research in other intra-partum clinical settings to compare findings and to gain broad information on the research phenomenon.

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