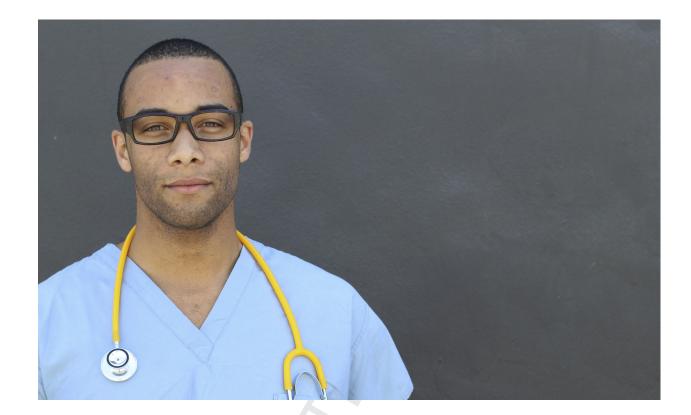
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Strategies to Overcome Gender Bias in Maternity Nursing

Steven E. Golden

ABSTRACT: Male nurses and nursing students who work in maternity care often experience role strain, reverse discrimination, and gender bias. There are various strategies that clinical instructors, floor nurses, nursing school faculty, and nurse managers can implement to help maintain gender equality in maternity nursing while still considering how to honor the wishes of some women who may be uncomfortable with a male presence.

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KEYWORDS: birth, gender bias, labor, male nurses, maternity, nursing students, obstetrics, reverse discrimination

n a 2013 press release, the U.S. Census Bureau reported that, out of 3.5 million registered nurses (RNs), licensed practical/vocational nurses, nurse practitioners, and nurse anesthetists in the Unites States, 9.6% are men. That number is small compared with the number of women o2 in the profession. Although nearly 350,000 men are employed as nurses (U.S. Census Bureau, 2013), it would be fair to conclude that few men practice as obstetric nurses. Indeed, an area of consistent concern for men in nursing is maternity care, and male nurses report experiencing gender bias and reverse discrimination, leading to role strain (Carnevale & Priode, 2018; Cudé &

Winfrey, 2007; Eswi & El Sayed, 2011; McRae, 2003; Meadus & Twomey, 2011).

Role Strain in Obstetric Care

Male nurses entering the realm of maternity nursing, whether as student nurses, new graduates, or even seasoned RNs, often verbalize discomfort. A misconception exists among nursing students that obstetric care is a "highly feminine" specialty (McLaughlin, Muldoon, & Moutray, 2010), and some male nurses and students express concern about how their use of caring touch will be understood by faculty, staff, and female patients, because of social perceptions of caring as

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CLINICAL IMPLICATIONS

- Obstetric care providers should accommodate a woman's preference for female-only staff while still communicating trust in male nursing staff to deliver competent maternity care.
- Nurses, clinical instructors, and nursing school faculty need to examine their own gender assumptions about men working in obstetrics
- Nursing school faculty should create experiences to emphasize the unique contributions of women and men to nursing care.
- Recruitment of male RNs to labor and birthing units may be aided by nurse managers working with educators to correct the impression that maternity nursing is feminine.

feminine and male touch as sexualized (Cudé & Winfrey, 2007; Grady, Stewardson, & Hall, 2008; Harding, 2008; O'Lynn, 2004; Whiteside & Butcher, 2015). Although no exact numbers on the prevalence of such experiences exist, findings from qualitative research studies show that male nurses and nursing students in maternity care experience instances of gender bias and reverse discrimination; these experiences cause what researchers call role strain, defined as a "felt difficulty in fulfilling role obligations" (Goode, 1960, as cited in Callister, Hobbins-Garbett, & Coverston, 2000, p. 409). The concept of role strain is part of role theory, which operates on the notion that people are actors performing socially constructed roles (e.g., a gender role). Male nursing students who work in maternity care must grapple with two roles that seem to have differing expectations: the compassionate nurse who performs all care, versus the man-a foreigner in the "woman's world" of labor and birth.

Gender Bias and Reverse Discrimination

Bias exists in many forms, including ageism, racism, homophobia, and Islamophobia, among many examples. The presence of bias in the workplace creates a toxic environment, which is aptly demonstrated by the rise of the recent #MeToo movement. Through the use of the hashtag #MeToo, women share their experiences of sexual harassment and assault in the workplace, sometimes occurring as prerequisites for job opportunities and promotions, to show that gender bias still quietly prevails in some settings.

Gender bias, generally considered unequal treatment of a person based on his or her gender, may occur because of social perceptions and may become institutionalized, with policies that tend to favor one gender over another. Gender bias is often driven by implicit bias—the subconscious stereotyping of individuals based on membership in certain social groups. When it comes to direct health care, research indicates that implicit bias is alive and well among health care

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Grappling with gender bias in maternity nursing requires changes in mindsets and expectations at the nursing school level and at the employer level

workers, who tend to show as much implicit bias in every area (e.g., gender, race, socioeconomic status) toward patients as in the population at large (FitzGerald & Hurst, 2017; Hall et al., 2015).

In the maternity care setting, gender bias often exists as implicit bias. Examples of implicit bias reported by male nursing students include gender-based assumptions, such as male nurses or nursing students consistently being assigned to care for violent patients or being asked to assist with lifting patients on the basis of a perception that men are stronger than women (Carnevale & Priode, 2018; Meadus & Twomey, 2011). The classroom is no exception. Lending credence to the notion that implicit and even institutionalized gender bias and discrimination occur among nursing faculty. O'Lynn (2004) surveyed 111 male RNs about 30 gender-based barriers in nursing education. Barriers identified from this research included failure to present the history of men in nursing (86.5%), "anti-male remarks" made by faculty in the classroom (89.1%), differences in expectations or requirements for male students in obstetrics clinical rotations (80.0%), and faculty references to nurses almost exclusively with the pronoun "she" (65.8%; O'Lynn, 2004, p. 233). Although making anti-male remarks or jokes and referring to nurses primarily as "she" demonstrate an implicit gender bias, that same gender bias becomes institutionalized in nursing schools when the curricular expectations are changed on the basis of a student's gender or when there is a failure to present the historical influence of an entire gender on the field.

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