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SAN JOSE STATE UNIVERSITY**SCHOOL OF NURSING****MASTER'S PROGRAM PROJECT OPTION (PLAN B)****PROJECT SIGNATURE FORM****STUDENT NAME** Teri A. Lind**SEMESTER ENROLLED** F. Spring 2009**TITLE OF PROJECT** Role Strain of Nursing Students in Obstetrical Clinical
Rotation: Is Role Strain Greater for Male Students?**NAME OF JOURNAL** Journal of Nursing Education

project and the manuscript have been successfully completed and meet the standards of the School of Nursing University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

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**Role Strain of Nursing Students in Obstetrical Clinical Rotations:
Is Role Strain Greater for Male Students?**

Teri Lind, RN, Daryl Canham EdD. RN, BC, Deepika Goyal, PhD, FNP, RN

Abstract

As increasing numbers of men enter the career of nursing, it is important that nursing educators identify areas of role strain and learning needs that may be different from their female counterparts. This research project examined the role strain factors of nursing students who have completed the maternal/newborn (obstetrical) clinical experience in a baccalaureate nursing program. The research question addressed in this research project was: Do male nursing students experience greater role strain than female nursing students in the maternal/newborn setting? A convenience sample of male students (N=23) and a random sampling of female students (N=23) participated in this study. The Junior and Senior level nursing students who had completed the obstetrical rotation within the last 3 semesters were recruited to complete the Sherrod Role Strain Scale (40 question Likert scale survey tool) at specified times during fall semester 2008. Data was analyzed as grouped data and female/male responses were also compared. The overall score showed no gender differences in role strain (p value = 0.917). The four subcategories (Overload, Conflict, Incongruity, and Ambiguity) also did not reflect gender differences in this sample. The findings of this study did not support the concept of male students experiencing greater role strain than their female counterparts. Further studies examining role strain factors, student perceptions of role strain, and comparing men students in various nursing programs are recommended.

Do Male Nursing Students Experience Greater Role Strain than Female Nursing Students in the Obstetric Setting?

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Do Male Nursing Students Experience Greater Role Strain than Female Nursing Students in the Obstetric Setting?

The first documented male nurses were many years before Florence Nightingale's influence in 1850 that began to steer nursing into the profession as it is today (Kelly, Shoemaker, & Steel, 1996). It was Nightingale's influence in nursing that led to the association of nursing as a feminine profession. Unfortunately, today nursing still is not an easily accepted profession for men (Inoue, Chapman, & Wynaden, 2006). However, recent research suggests resistance to men as nurses is slowly changing (Dorman, 2008). Schools of nursing have become a predominantly female dominated environment. Males have chosen to venture into nursing as a profession, thus creating a discomfort in their experiences as students in the schools. It has been described as a 'chilly' learning environment for men within their nursing educational process (Bell-Scriber, 2008).

Background

The Health Resources and Services Administration (2008) reported that in 2007 male nurses represented about 9% of the student nursing population. This was an increase from 6% noted in the 1980's (Health Resources and Services Administration, 2008). Although this seems like an impressive growth in the number of male nursing students, in 2006 there was a 9.3% male enrollment in nursing schools across the nation, indicating that there was a decrease in the male nursing student enrollment in 2007. Currently at a metropolitan university in northern California, where this research was conducted, there is a 16% enrollment of male students (Abriam-Yago, 2009).

Sherrod (1991) conducted the first published study in the southeastern United States examining role strain of male nursing students enrolled in the obstetric rotation in nursing

school. The Sherrod Role Strain Scale (SRSS) was created and used to evaluate the role strain of nursing students. All students in the study (n=34, 18 male and 16 female) completed the obstetric clinical rotation within the last 12 months of participating in the survey. Sherrod found that male students had a significantly higher role strain than women, in the areas of conflict, incongruity, and ambiguity subscales. The over load subscale had little significant difference (Sherrod, 1991).

Another study using the SRSS (Callister, Hobbins-Garbett, & Coverston, 2000) replicated the Sherrod study. The Callister et al. study was conducted in Utah with male (n=20) and female (n=20) students who had finished their obstetric clinical rotation within the last 3 months. The findings were similar to those of the Sherrod study. Callister also collected qualitative data to further illuminate the findings. It was discovered that male students tended to feel inadequate in caring for childbearing families and they also had fears of gender stereotyping by other members of the health care team (Callister et al. 2000).

Literature Review

Role theory originated in the 1930s as a theatrical metaphor, where actors took on the expectations of the characters they were portraying in a play (Biddle, 1986). As a professional there are behaviors which must be fulfilled in order to meet the expectations of the profession. There are five areas within role theory, one of which, cognitive role theory, focuses on the relationships between role expectations and behavior (Biddle, 1986).

Exploring role theory in relation to the medical and health care professionals indicates gender roles in the medical profession are becoming less of an issue. For example, more women are becoming physicians, and more men are entering nursing. In 1970, 7.6% of all physicians were women; in 2006, 27.8% of all physicians were women (American Medical Association, 2008). Conversely a change in the acceptance of men in their role in the

profession of nursing is also changing (Waneka, & Spetz, 2006, 2008). However, the change has been slow and there is room for continued improvement.

Male and female nursing students must complete the prescribed nursing curricula and courses, and male students have to follow exactly the same curriculum as female nursing students. This can create role stress, because the male students are expected to complete all of the same tasks and procedures that are expected of female students. Male nursing students often face biases from others as they try to accomplish their work. For example, during the obstetric rotation, anticipatory role expectations of the student include taking care of a female patient, completing the course objectives and participating in all experiences required in the rotation (Biddle, 1986; Sherrod, 1991). Role strain results when a student has difficulty fulfilling expected obligations. Role strain is higher for male students when they are faced with bias from professionals in the obstetric units, when they must provide intimate care to women patients, and when they need to meet expectations of their own (Callister et al., 2000; Goode, 1960).

Giving “intimate care” as described by Inoue et al. (2006), means giving care that involves close physical contact. In obstetrics, this means touching breasts and genitals as well as discussions of the care of a patient’s breasts and genitals. Male student nurses report that it can be difficult to provide care to women patients while at the same time avoiding a misunderstanding when they touch the patients (Patterson & Morin, 2002).

Role strain theory is applicable, as male nursing students need to think like a female, in order to succeed in a female dominated profession. Men must step out of their comfort zone of thinking and acting like a man, to engage in the environment of a female dominated field. Men need to think like a woman, so they can integrate themselves into the learning process women employ, such as group collaboration. By learning to participate in these

practices, men may carry the feelings of inadequacy and the fear of gender stereotyping (Bell-Scriber, 2008).

It is not only the male student nurses who are uncomfortable being in the obstetric area, but also the nursing faculty and staff. Cude & Winfrey (2002) found that faculty and staff tried to protect patients from having a male student nurse provide care to female patients, thus providing fewer opportunities to learn important nursing skills. Male nursing students also have fewer role models in the obstetrical rotation, which adds strain to the situation (Kelly, Shoemaker, & Steele, 1996). Finally, male nursing students may experience rejection by faculty, staff, physicians, and patients, because nursing is “not a place for a man” (Turnispeed, 1986; Patterson, 2002). Other research has indicated that many patients have no objection to male nursing students, but rather it is the other care providers who object, and who try to “protect” female patients. (Morin, Patterson, Kurtz, & Brazowski, 1999).

Sherrod (1991) cites the work from Goode (1960), who defined role strain theory, a branch of role theory, as “difficulty in fulfilling role obligations”. He described role strain from a societal perspective and as social structures in a “clear and illuminating fashion”. Goode also defined four subcategories of role strain: overload, conflict, incongruity, and ambiguity. Hardy (1978) further developed concepts from these subcategories to define role strain. This categorization of role strain into four subcategories has helped researchers identify ways to concentrate the research process, providing a conceptual framework for many studies (Goode, 1960). Sherrod used role strain, a sociological theory, and applied it to nursing. All nursing students experience role strain in obstetrics due to the intimate care they provide to the patients, however, due to gender issues, men will experience a higher level of strain than women (Sherrod, 1991). These four subcategories are described in detail below.

Role Strain Overload

Role strain overload is defined as experiencing demands in excess of the time required to fulfill them, or taking on many different role obligations, which may be contradictory to each other (Goode, 1960). For a nursing student, this could be exemplified by the demands of clinical rotations along with the demands of classroom academics. For the male nursing student, this overload could be exacerbated when peers call upon him, for example, to help with the physical labor of moving patients, thus taking him away from his scheduled work. He then might feel the strain of wanting to help others, yet having the obligation to do his own work.

Role Strain Incongruity

Role strain incongruity occurs when a worker's role performance does not coincide with the expectations of those for whom they are working. For a nursing student, it is the rejection by a patient who refuses to allow students to practice when the student, or others on the health care team feel it is appropriate.

Role Strain Conflict

Role strain conflict is demonstrated when existing role expectations are contradictory. Goode (1960) explained the incongruity as being among the different role sets a person plays in relationship with others. For a student nurse, who may have experienced the birth of a baby with a family, the conflict might be between sharing the emotion of the birth and at the same time maintaining expected professional behavior. For a male student nurse in that situation, the conflict might be more intense if his masculinity interfered or prevented him from displaying emotion, as he desired (Cude & Winfrey, 2007).

Role Strain Ambiguity

Role strain ambiguity refers to situations in which role expectations are vague or unclear, thus leading to disagreement about the role expectations (Hardy, 1978). Goode (1960) described this subcategory of role strain occurring when the role being performed demands “several activities and responses”. For student nurses in the obstetric rotation, this ambiguity may occur when the patient requires assessment and care of intimate anatomy, and the students feel uncertain as to the appropriate limits in giving this care. For the male student nurses, being a man would probably increase that uncertainty. For example, a male student nurse might wonder if it would be all right to touch the patient’s breasts or her genital area as part of patient assessments, or whether the supervising nurse or the patient expect him to do those assessments. Sometimes instructors need to give students permission to complete assessments for obstetrical patients. Learning any craft or profession can cause a role strain, as one internalizes the characteristics of the new role expectations.

Nursing school can be very stressful and can create strain as students are put into new situations, which may include unfamiliar activities. The purpose of this research project was to look at students in the obstetric clinical rotation, where the expectation is to care for a female in an intimate way. Both genders were evaluated by completing the Sherrod Role Strain Survey (SRSS) questionnaire, and a comparison of responses by men and women were made.

Purpose

Very little research has examined the experiences of male nursing students in the obstetrical setting. Given this gap, the purpose of this study was to revisit the differences in role strain between men and women in the school of nursing using the SRSS scale. Earlier studies reported participants with a mean age of 24 years and similar marital status (Sherrod,

1991; Callister et al., 2000). The number of male nurses has increased in the workforce over the past 10 years, along with an increase in marketing to entice more men into the nursing profession. This has brought about changes in role perceptions, both from the students and the health care team. The ethnicity of the students and the location of the study may also be of significance. The study by Sherrod was conducted in the southeastern United States with an 89% Caucasian student representation, whereas Callister et al. conducted their study in Utah with 100% Caucasian population. These results may not be representative of the United States as a whole. Modeling these studies in the northern California area would examine the role strain of male nursing students of an ethnically diverse population living on the West Coast.

Methodology

This study utilized a quantitative, cross-sectional, descriptive design. All students enrolled in the baccalaureate nursing program at a large metropolitan university in Northern California, who had completed the obstetric clinical rotation in the last year were invited to participate in the study. After Institutional Review Board (IRB) approval from the university and School of Nursing, arrangements were made to attend one class meeting of the three semester levels in a theory class session. The Sherrod Role Strain Scale (SRSS) was used as the research tool to measure role strain in the students. All students were pre-licensure.

The survey was distributed to all students in each of the three designated semesters and participation indicated consent. Surveys were submitted to the researcher at the end of class, and students were offered See's lollipops whether they did or did not complete the survey.

An equal number of men (n=23) and women (n=23) were selected to be in the study. Each survey was numbered. All male surveys were pulled from each group and counted;

twenty-three males were enrolled into the study creating a non-randomized sample. Females from each semester were chosen to equal the number of male students in each class. All female (n=112) student numbers were put into a bowl, and numbers were drawn randomly, until a sufficient number of female students were selected to meet the twenty-three required to fulfill the requirements of the study. The group of male and female students from this point on will be called the 'study group'. All others (all female) will be identified as the 'non-study group'.

Data Analysis/Study Results

Results suggested that there were no significant gender differences in role strain in the overall score or within the four subcategories ($p = .917$). Demographic data revealed similar age and ethnic diversity between the male and female participants (table 1). Similar findings were noted in both male and female students in the overall and subscales of role strain, in their obstetric rotation in their education (table 2).

Discussion

Sherrod's (1991) study was conducted in the southeastern United States. The mean age of the participants was 23.39 years of age and 89% of the sample was Caucasian. The participants were in a baccalaureate program in the early 1990's. Callister's study (2000) was conducted in Utah, also at a baccalaureate level of education. In this group of participants 100% were Caucasian with a mean age of 24.5 years of age. This researcher's study was conducted in northern California at a baccalaureate school of nursing. Demographic data indicated a mean age of 26 years amongst the research participants and 19.6% indicated they were Caucasian. The age matched, but the ethnicity differed.

The age of the participants and the level of education of the participants in all three studies were also consistent. Other variables which may have contributed to the difference in

the results in the current research are: 1) Time between studies: the Sherrod study was published in 1991, the Callister study was published in 2000 and the current study was completed in 2009. A period of almost twenty years: 2) the cultural background, especially in the diversities in the third group; and 3) differences in the social environment between the different areas of the United States (attitudes and beliefs can vary geographically). The percent of Caucasians in the 2009 study was 19.6%, a vast difference from the prior two studies, Sherrod (1991), 84% and Callister (2000) 100% Caucasian. Grossman and Northrop (1993) found that high school students viewed nursing as an accepted profession when there was a higher ethnically diverse background in the study group. There is little evidence in the literature to support whether this would lead toward a conclusion that male nurses are more highly valued in more diverse ethnic groups. Future research studies could explore attitudes of ethnically diverse nursing students related to the role of male nurses. Almost 68% of the 2009 study participants were Asian/Pacific Islander.

Another factor, geographic location, may also have influenced the responses in the 2009 study. The numbers of male students were reported as higher in California. This could possibly indicate a greater acceptance of male nursing students on the west coast than other parts of the United States. Does the west coast have a higher degree of tolerance of nurses being of male gender? Is there a difference in attitudes regarding male nurses between geographic areas?

There has been a conscious effort over the years to promote nursing as a profession for males. The health care products company, Johnson & Johnson spearheaded a campaign to promote nursing as a career to the general public, recognizing the potential nursing shortage in the United States. Along with promoting different cultural and ethnic groups into the nursing profession, they are also promoting men to enter the profession, as nursing is a viable

career for men to consider. This \$20 million campaign provided marketing information to high schools and to the general public, promoting the profession of nursing (Minority/nurse.com, 2002). The campaign marketed visual views of nurses, showing not only a female Caucasian, but also a person of ethnic and gender diversity. Within the campaign, scholarships were offered to men entering schools of nursing. Nursing also has moved into a profession in which the salaries are competitive with other professions and a man can support his financial obligations. (LeMoult, 2006). With this support, the male nursing presence has improved to the point where there are now role models for future students.

The current study suggests different findings from the earlier studies by Sherrod (1991) and Callister et al. (2000), where role strain for the male nursing students was found to be higher than the female nursing students in the obstetric clinical rotation. Callister et al. (2000), did not report all of the results, however this positive shift in the current study could be attributed to the change in attitudes of the populations studied. Ethnicity, location, and years when the studies were conducted all may have had an influencing factor.

Limitations:

Limitations of this study included: 1) the lack of control for the disparity in the ethnicities of the participants; 2) convenience sampling of the male participant sample: and 3) vast differences in the clinical placements experienced by the participants.

Recommendations

Recommendations for future research include continued evaluation of the role strain of nursing students on a continual basis to see whether the momentum continues. Evaluation of different ethnic groups in nursing could be studied to identify how nursing is perceived in different cultures. Does this make a difference in the attitudes toward male nursing students?

Exploring attrition rates of male nursing students once they are enrolled in nursing programs and does this have an impact on the enrollment of male students? Bell-Scriber (2008) discussed the criterion of a 'warm' environment for male nursing students. Is this a factor in the enrollment of male nursing students? Further investigation of the attrition rates, environmental support and how these may affect enrollment and success of male nursing students is needed to more effectively support male nursing students.

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Table 1: Age and Ethnicity of Males and Females Students

	Male (N = 23)	Female (N = 23)
Age		
Mean (SD)	28 (7.95)	24 (1.33)
Race		
Caucasian	6	3
Asian etc	15	16
Other	2	4

Table 2: Comparison of Male and Female Reported Role Strain

<i>Type of Scale</i>	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Df</i>	<i>t</i>	<i>P</i>
SRSS overall	Male	23	87.39	29.44	44	.105	0.917
	Female	23	86.48	29.63			
Overload	Male	23	19.74	8.05	44	.352	0.727
	Female	23	20.57	7.88			
Conflict	Male	23	21.39	7.95	44	.111	0.912
	Female	23	21.13	7.93			
Incongruity	Male	23	24.13	7.38	44	.262	0.795
	Female	23	23.57	7.25			
Ambiguity	Male	23	22.13	8.37	44	.378	0.707
	Female	23	21.22	8.00			