

Chinese Male Nursing Undergraduates' Experience of Learning Obstetrics and Gynecology Nursing: A Qualitative Study

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Background: Obstetrics and Gynecology Nursing (OB-GYN) is a critical yet challenging field of study for male nursing undergraduates due to traditional gender biases and the perception of it being a female-dominated profession.

Objective: The study aimed to better understand the experiences of male nursing students in learning OB-GYN.

Methods: This study used a qualitative method of phenomenological study approach. The purpose sampling approach was used to recruit participants from April to May 2024. The interviews were recorded and transcribed verbatim. Van Manen's method of phenomenological hermeneutics was adopted to analyze the text.

Results: The study interviewed 10 participants and identified three key themes: (1) negative future appraisal, (2) breaking out of information bubbles, and (3) positive capacity-building among male students.

Conclusion: In this study, male nursing undergraduates expressed negative future appraisal, but experienced the growth and gain of personal skills in the learning process. An important finding was that male nursing undergraduates expressed the need to overcome traditional cultural biases. Future OB-GYN class is recommended to introduce male role models for male nursing students, encourage their discussion on gender-bias. Researchers are recommended to investigate the barriers and facilitators in OB-GYN education for male nursing students.

Keywords: male nursing undergraduates, obstetrics and gynecology nursing, qualitative study

Introduction

Obstetrics and Gynecology Nursing (OB-GYN) originates from the growing interest in prenatal, postpartum, and reproductive healthcare. It is a specialized discipline that focuses on the care of women, addressing their health needs from puberty, during and after pregnancy, to menopause and beyond. OB-GYN addresses both existing and potential health issues. In China, Dr Mabel Poulter played a pivotal role in the establishment of OB-GYN education. She established the earliest nursing education in Fuzhou in 1906 and opened the first Chinese obstetric unit in 1911.¹ Today, modern nursing calls on the sophisticated integration of knowledge through extensive formal training and certification. OB-GYN is a compulsory and core course for nursing students,² as well as a mandatory component of the national examination for a registered nurse in China, applicable to all candidates irrespective of gender.

According to the report from the National Health Commission, the number of registered male nursing practitioners in China has increased from around 45000 (1.8% of the total number) in 2012 to 150000 (3% of the total number) in 2021. Due to traditional expectations and social bias, OB-GYN is still considered a female-dominated sub-specialty.³ Therefore, there is a significant discrepancy in male nursing students' education; they have to learn OB-GYN, but might not become a nurse in OB-GYN. They tend to be observers rather than participants in the OB-GYN classroom and

clinical unit. To encourage male students' engagement in the OB-GYN education, there are studies that explored educators' strategies in nursing education programs,⁴ such as blended teaching² and collectivist teaching.⁵ However, there is still a lack of theoretical framework for choosing and implementing strategies in OB-GYN teaching.² Instead of focusing on clinical nursing skills and critical thinking, few studies described in detail the process of constructing the interventions and strategies based on students' personal experiences.⁶

Qualitative studies have emerged to explore educational experiences in male students in OB-GYN. Compared with female students, male students have problems such as low engagement, low professional identity, and greater psychological pressure.⁷ However, students' personal experiences of the OB-GYN course in classroom have rarely been explored directly. Some studies merge the experience with the general impression in nursing.⁸ More studies focused on OB-GYN experience in clinical settings,⁹ eg, clerkship,¹⁰ internship,¹¹ clinical rotation.¹² It is of interest to know undergraduate male nursing students' experience in learning OB-GYN in classroom before stepping into clinical environment. The objective of this study was to gain insight into the experiences of male nursing undergraduates in learning OB-GYN. By addressing the above gap, this study provides foundational data for developing more effective strategies to encourage their engagement in the classroom.

Materials and Methods

This study used a qualitative method of phenomenological study approach. Individual qualitative interviews were conducted with male nursing students to understand their feelings, needs, and responses to the OB-GYN course. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was employed as a guideline.¹³ This study was conducted in compliance with the ethical principles outlined in the Declaration of Helsinki (<http://www.wma.net/en/30publications/10policies/b3/index.html>). The study protocol was submitted to and approved by the Ethics Committee of Rugao Boai Hospital (2025-L02), adopting an oral informed consent process to mitigate potential coercion stemming from teacher-student power dynamics.

Participants

Purposive sampling was used to recruit male participants who met the following criteria: (1) enrolled in a Bachelor of Science in Nursing program, (2) currently studying or have studied OB-GYN in the nursing school setting, (3) not yet graduated, and (4) have experience in clinical observation (clerkship) but no internship experience. To avoid the influence of teaching style on the participants' learning experience of OB-GYN, we recruited male students from two student groups taught by the same teacher (who was not involved in the study) by offering electric poster with contact information. Students who contacted the researcher (ZL) and agreed to participate were interviewed within the following 3 days by the ZL. Participants were anonymized using "P-" codes (P-01 to P-10), where "P" denotes participating numbers indicate individual identifiers. The sample size was determined based on the saturation of information collected.¹⁴ Interviews were stopped after the tenth participant (P10), as no new data emerged after eighth participant (P08), P09 and P10 were included to confirm saturation.¹⁵

Data Collection

The questionnaire used for the interview process comprised two primary components: (1) Informed Consent, and (2) Interview Records. The interview records include four distinct elements: procedural logs documenting interview dates, locations, and duration (recorded in minutes); participant demographics comprising anonymized ID codes, age, region of origin, Urban/Rural residency, only-child status, and religious affiliation; the outline of the questions and field notes. The formal oral consent to participate the qualitative interview was recorded at the beginning of each interview. ZL explained the purpose and procedures involved in the interview, and their right to withdraw at any time without any consequences. Oral informed consent was obtained from all participants prior to their participation in the study. Interview questions were generated based on previous published research.^{16,17} Two pre-interviews were conducted with the participants on the day they agreed to participate, to refine the interview outline before the formal interview. The final outline of the questions was as follows: Please recall the experience of the OB-GYN practical training course you are taking or had taken, and briefly talk about it. Q1: What do you think of your experience in studying the OB-GYN course? Q2: What psychological concerns do you have during the study and practical

training of OB-GYN? Q3: What benefit/gain have you experienced from studying OB-GYN? Q4: What are the challenges in learning OB-GYN? Q5: What expectations and suggestions do you have for male students learning OB-GYN?

Individual interviews were conducted in a private interview room (a psychological consultation room in the Wuxi Taihu University). The face-to-face, open-ended, and semi-structured interview method¹⁸ was employed to collect meaningful information from the participants. The participants shared their understanding, experience, sense-making process, and feedback of the OB-GYN course as male nursing students. Each interview lasted approximately 25–45 min. The interview outline was used as a guide to avoid the influence of personal emotions and values during the interview process. The researcher used active listening and clarified with appropriate questioning on important content that was unclear to ensure the authenticity and validity of the interview data. In addition, observations to changes in the interviewee's expression, attitude, and body language were made. All interviews were recorded by a digital recorder and were transcribed into written transcripts before being sent to interviewees for verification.

Data Analysis

Based on the qualitative research methodology, we used the Interpretive Phenomenological Analysis (IPA)¹⁹ as a tool to understand the experience and feedback of male nursing undergraduates who learn OB-GYN. Specifically, Van Manen's method for data reduction²⁰ and NVivo 12 was employed to analyze the interview materials. The start of the analysis involved randomly selecting three of the ten interviews for iterative reading to gain an initial understanding of the data. Secondly, we (CW and ZL) encoded meaningful statements in response to the questions used in the interview independently, compared results, and resolved discrepancies through discussion to establish a consistent coding framework. Final inter-rater reliability was calculated using Cohen's kappa, yielding a score of 0.80, indicating acceptable agreement. Thirdly, we strategically delved into the interview data, generate codes to aggregate and refine the data, and eliminate redundancy and extraneous details. Fourthly, we generated themes and subthemes from the coded statements to form a summary of meaning units. Fifthly, we analyzed and identified the underlying logic and relationships between the themes generated, matched the themes to corresponding examples, and provided explanation of the identified themes. Finally, member checking using synthesized analyzed data²¹ was adopted 4 weeks later after the interview, key participants (n = 10) were invited to review preliminary summarized findings (anonymized theme summaries) and give dissenting interpretations to ensure their perspectives were accurately represented. All confirmed the face validity of core themes.

Results

Characteristics of Participants

Ten male nursing undergraduates from Wuxi Taihu University were interviewed between April and May 2024. The detailed characteristics of the participants are reported in Table 1.

Table 1 Participant Characteristics

Participants	Age (years)	Province of Birth	Urban/Rural	Single Child	Religion
P1	23	Henan	Urban	Yes	Catholic
P2	20	Shanxi	Urban	Yes	None
P3	21	Henan	Urban	Yes	None
P4	21	Jiangxi	Rural	No	Buddhist
P5	20	Jiangsu	Urban	No	None
P6	20	Jiangsu	Rural	Yes	None
P7	21	Zhejiang	Rural	Yes	None
P8	22	Sichuan	Urban	No	Buddhist
P9	22	Anhui	Rural	Yes	None
P10	21	Jiangsu	Urban	No	None

Identified Themes

Theme 1: Negative Future Appraisal

The negative future appraisal of undergraduate male nursing students in learning OB-GYN stem mainly from the construction of negative clinical scenarios, which refers to the process of designing or simulating challenging, adverse, or unfavorable situations that may occur in clinical or healthcare settings. These scenarios were considered to be intentionally created to reflect real-world difficulties, which were further divided into three sub-themes, *unsatisfactory practical opportunities*, *unbearable psychological pressure*, and *negative media coverage* (Figure 1).

Sub-Theme: Unsatisfactory Practical Opportunities

One student stated that the opportunities for training during internships would be inequitable in the future clinical setting.

P01: I will not go to the obstetrics and gynecology department for an internship in the future. And I do not think I will have the chance to train in the obstetrics and gynecology department, even if I am there. Girls will. (have chance to train)

This lack of opportunity made interns feel expectations were mismatched.

P01: Perhaps the promotional materials mentioned clinical internships, which gives us the expectations of practical training opportunities, but in reality, it's just observation with no hands-on opportunities. (A downturned mouth)

Another participant also complained about the timelessness of OB-GYN training for his internship.

P02: The time constraints. I do not think I need (have time) to actively practice those (OB-GYN) operations

Sub-Theme: Unbearable Psychological Pressure

Construction of negative clinical scenarios over internships and future work was also described as inferring from the imagination of pressure experienced by male doctors in the OB-GYN unit.

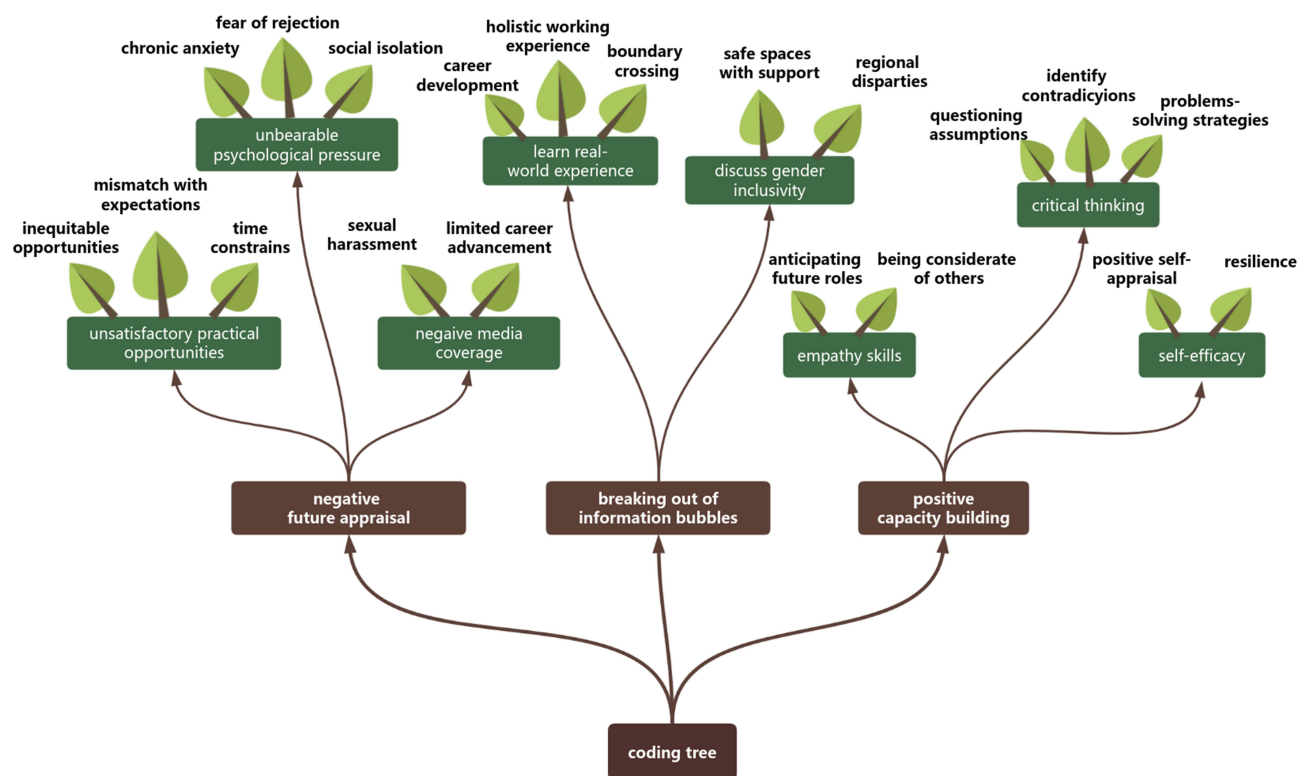


Figure 1 Coding tree.

P03: Currently, male doctors in obstetrics and gynecology are under great pressure to take care of female patients, and it is almost impossible for male nurses to work in the OB-GYN unit. At the very thought, my pulse quickens.

As traditional gender perspective suggests that female patients would be more likely to psychologically accept female nurses, male students expressed the concern of rejection with their service and concern of social isolation.

P01: Female patients would be more likely to psychologically accept female nurses. I am very much concerned about the possibility of rejection

P05: I worry that revealing my vulnerability might lead to losing more trust and practical opportunities, leaving me isolated in daily activities. I also worry that if I'm too proactive about seeking hands-on opportunities, my classmates and professors might talk about me behind my back. I cannot bear this.

Sub-Theme: Negative Media Coverage

The negative experiences of male doctors in obstetrics and gynecology that are reported in the social media have caused considerable concern among male nursing students.

P05: I wish gender would not bring me trouble or even disputes to my work. I have seen similar situations in the reports before. I feel really disturbed by news stories where routine medical examinations are misinterpreted as sexual harassment.

P08: Men may encounter many problems in obstetrics. According to media reports, the reduced caseloads faced by male OB-GYNs could potentially hinder their academic contributions, promotion prospects, and overall professional impact over time

Theme 2: Breaking Out of Information Bubbles

Breaking out of information bubbles²² refers to the process where individuals step out of their familiar information environments to engage with and comprehend different perspectives and information. This theme is presented further in two sub-themes. First, participants have the curiosity to *learn real-world experience* as a male nurse to avoid confirmation bias. Second, participants prefer to *discuss gender inclusivity*. They wish gender perspectives to be included in the curriculum.

Sub-Theme: Learn Real-World Experience

Participants were curious about future employment and the holistic working experience of a male nurse. The participants expressed a need for pertinent information on the experiences of male nurses in clinical practice in general. This information is not adequately covered in textbooks and current teaching models, which fails to provide a sufficiently vivid impression of these experiences.

P04: My sister is a doctor. There are other members working in the medical industry, but I am the only male nurse in my family, and there are no male nursing teachers in school. I am eager to know what future career development will be like as a male nurse, not only from social media.

P07: I hope that there are male nurses who can give me some introduction to internships in the OB-GYN unit. I want to know more about their holistic experience as a male nurse rather than only negative aspects.

Some individuals were interested in comprehensive learning about reproductive systems both in male and female.

P08: Actually, I am very much looking forward to learning about case studies related to the nursing of male reproductive system diseases at a urology hospital, and if possible, I would also like to study on my own both for male and female reproductive system diseases.

Sub-Theme: Discuss Gender Inclusivity

Participants prefer to *discuss gender inclusivity in safe spaces with support*. Specifically, they wish that the OB-GYN curriculum would be more gender inclusive to discuss *regional disparities*.

P02: Traditional gender perspectives are old-fashioned. The viewpoints cannot be openly and widely discussed. I wish we will have safe spaces to freely talk about this and gain support.

P08: The degree of gender inclusivity differs between coastal and central regions. I hope there will be more inclusivity and understanding of male medical practitioners in OB-GYN unit in different regions.

Theme 3: Positive Capacity-Building

Positive capacity-building refers to the process of developing and strengthening the skills, knowledge, resources, and abilities of individuals in a constructive and empowering way. In the process of studying OB-GYN, undergraduate male nursing students expressed that they experienced the growth and gain of personal skills, including *empathy*, *critical thinking skills*, and *self-efficacy*.

Sub-Theme: Empathy Skills

During the OB-GYN course, male nursing students expressed that they had the opportunity to strengthen their empathic skills by anticipating their future roles (eg, husband, father and so on) and being considerate of others (eg, partner, mother and so on).

P01: I will also become a father in the future. While studying, I am becoming more understanding and respectful of lives and women's hardships in this process.

P03: I will talk to my girlfriend about the courses I am studying now, and she is very supportive. To be honest, this exceeded my expectations. I told her about the knowledge and experiences I had learned and discussed with her. She felt that I was more considerate of her, which made our relationship even better.

Sub-Theme: Critical Thinking

The OB-GYN curriculum fosters the development of a rational and enlightened perspective on gender issues, encouraging male undergraduate nursing students to engage in critical and objective reflection on traditional binary thinking patterns. Some participants reflected that the course had broadened their understanding and challenge of preconceived notions, and fostered a more inclusive and equitable mindset in the healthcare profession.

P05: To be honest, I chose nursing, this has already reflected my attitude towards the current professional gender perspectives. I don't understand why this outdated gender perspective still exists. This perspective sometimes delays the treatment of patients. For example, if a woman needs to receive CPR (cardiopulmonary resuscitation), can I, or should I, give her CPR as a gender-neutral nurse? However, this should not have been a question to think about at that time.

P07: Although there are hospitals/clinics to treat male reproductive system diseases, there are almost no male nurses there, and there are few relevant contents in the curriculum.

P08: When encountering complex problems in OB-GYN learning, I first break them down into smaller components and then analyze each one individually.

Sub-Theme: Self-Efficacy

Through their involvement in the OB-GYN course, the participants exhibited a more positive self-appraisal and resilience in their future work (or future role as nurses) in OB-GYN.

P06: Boys may have different views on obstetrics and gynecology from our perspective. Differences will produce complementary effects.

P07: Traditionally, women are compassionate and good at being caregivers. However, there are also many male obstetricians and gynecologists in clinical practice. Men also have irreplaceable advantages in medical care, such as dealing with emergencies. The ability to respond to emergencies, physical fitness, and mental endurance.

P03: Despite secular concepts, I still feel I am confident that I can do a good job in nursing in the obstetrics and gynecology department, and I take the initiative to practice in every practical class.

Discussion

Previous qualitative research on the perceptions of male nursing students towards the nursing profession has seldom focused on a specific course.^{16,17} This study interviewed male nursing students to gain a deeper understanding of their experiences with the OB-GYN curriculum. Despite its status as a mandatory component, OB-GYN challenges the prevailing gender stereotypes more than any other subject. The negative future appraisal of undergraduate male nursing students in learning OB-GYN stem mainly from the construction of negative clinical scenarios, which was further divided into three sub-themes, unsatisfactory practical opportunities, unbearable psychological pressure, and negative media coverage. However, they experienced the growth and gain of personal competencies in the learning process, including empathy, critical thinking skills, and self-efficacy. The challenges and expectations come mainly from their efforts to break out of information bubbles, ie, their curiosity to know real-world experience to avoid confirmation bias and preference to discuss gender inclusivity in the curriculum.

Our results revealed that male nursing students have negative perceptions about future work in OB-GYN, related to their concerns about unequal opportunities in clinical settings for learning and negative reports of male nurses from the media. Previous studies^{16,23} conducted with male nursing students in other countries, eg, the United States or Turkey, have also highlighted this gender bias associated with OB-GYN. This suggest that this bias is inherent in different cultures. “To change the culture of nursing through intentionally forming and fostering the professional identity of the nursing discipline” is the mission of the International Society for Professional Identity in Nursing (ISPIN).²⁴ The objective of nursing education should be to provide the fundamentals for students to think, act, and feel like nurses. However, limitations of the environment and available resources make it a challenge to fully foster a professional identity in nursing in school.^{25,26} Fostering a professional self-identity was identified as one of the challenges in OB-GYN teaching for male students.

A novel insight that emerged from this study was that the students were cognizant of the need to break out of the information bubbles engendered by traditional cultural notions. Social stigma and social bias that are deeply ingrained should be removed, or at least be discussed in class. More knowledge and real-world experience beyond books are needed to promote the career prospects of male nurses, especially from role models of the same gender.^{17,27} The media is recommended to portray positive clinical experiences of the male nurse to help engender positive perceptions among male students about this subject. Male nursing students may also benefit from mentorships,¹⁶ eg, clinical nursing mentor, senior male peer, and psychological support mentor.

Although male nursing students experience negative future appraisal due to social stigma and social bias, nevertheless, they experienced the growth and gain of personal skills while learning OB-GYN, including empathy, critical thinking, and self-efficacy. This distinction enables male students to gain a comprehensive understanding of OB-GYN by combining both internal and external viewpoints,²⁸ which is a skill needed to facilitate to critical thinking. Male nursing students in the OB-GYN class also observed themselves, assessing their own proficiencies and performance, which can influence the formation of self-efficacy. Their experience of empathy explored in this study suggested that identifying “teachable empathy moments”^{29,30} during procedures and modeling vulnerable self-disclosure³¹ in class while teaching could be embedded into OB-GYN curricula for empathy-building.

Limitations

Limitations should be taken into consideration. Firstly, the teachers and students involved in this study were from the same university. Although they come from different areas in China, they may not be representative for all teachers and students in China. Secondly, we interviewed each participant only once. Changes in their perceptions of OB-GYN from before to after the course or internship in the clinical ward were not addressed in this study. Consequently, longitudinal research is needed to gain a comprehensive understanding of the experiences of male nursing undergraduates from different regions and in various stages of nursing education. Thirdly, although we employed multiple strategies—

including anonymous interviews, oral informed consent, and member checking—to enhance the authenticity and accuracy of the interview data, these measures could not fully eliminate the power dynamics inherent in participant–researcher relationships, particularly in teacher–student contexts. Despite the aforementioned limitations, these challenges themselves serve as signposts for delineating the “gray zones” in male nursing students’ education research. We recommend future studies: (1) employ maximum variation sampling to enhance sample diversity; (2) adopt longitudinal digital ethnography to compensate for single time-point constraints; (3) establish a cross-cultural research consortium to validate the transferability of our findings.

Theoretical Implications

This study significantly enriches the educational experience of male undergraduate nursing students as they engage with the OB-GYN curriculum. Despite not having entered clinical practice yet, these students have already developed negative expectations for their future careers, influenced by prevailing stereotypes. However, during their learning journey, they have also experienced the positive transformation in their capabilities that comes from acquiring new knowledge. A key novel finding of this study is that in the context of today’s rapidly diversifying information landscape, these students have become acutely aware of the cognitive limitations imposed by information cocoons. They express a strong desire to break free from these constraints and gain practical experiences in the real world beyond the confines of textbooks and classrooms. Moreover, they are eager to develop a deeper understanding of gender inclusivity, recognizing its importance in their professional development. The identification of the students’ efforts and their emerging needs suggests that the avenues for addressing these challenges can be theoretically expanded. It underscores the importance of leveraging the role of school education to better prepare these students before they step into clinical practice.

Practical Implications

In terms of practical implications for current educational practices, it is recommended to design gender-responsive teaching modules within the OB-GYN curriculum. These modules could include male-specific procedural guides, such as communication script libraries tailored for gynecological examinations, as well as standardized response protocols for scenarios involving simulated patient refusal. These resources would provide targeted support to address the unique challenges faced by male nursing students. Additionally, extracurricular support initiatives should be implemented to enhance students’ real-world experience. For example, structured panel discussions featuring male nursing students sharing their practicum experiences can offer valuable insights and foster a supportive peer community. Furthermore, creating psychologically safe environments where male nursing students can openly discuss the impact of gender on their learning and future work is essential. Facilitated critical reflection sessions that explore coping strategies and systemic solutions would also be beneficial, empowering students to navigate and address gender-related challenges more effectively.

Conclusions

In this study, the experience of male undergraduate nursing students studying OB-GYN was addressed. We found that the male nursing undergraduates expressed negative future appraisal, but they also experienced growth in personal and professional competencies in personal skills in the learning process. An important finding is that male nursing undergraduates are aware of and open to discuss information bias. Moreover, they expressed the need to break out of the information bubbles generated by traditional cultural notions on gender. A recommendation is to introduce male nurse role models for male nursing students and encourage discussion on gender-bias in future OB-GYN. Researchers are recommended to investigate the barriers and facilitators in OB-GYN education for male nursing students.

Ethics Approval and Informed Consent

This study was conducted in compliance with the ethical principles outlined in the Declaration of Helsinki (<http://www.wma.net/en/30publications/10policies/b3/index.html>). The study protocol was submitted to and approved by the Ethics Committee of Rugao Boai Hospital (2025-L02), adopting an oral informed consent process to mitigate potential coercion stemming from teacher–student power dynamics.

Prior to recording, participants reviewed a written consent form outlining the study's purpose, voluntary nature, confidentiality measures, and right to withdraw. Key assurances (eg, "non-participation will not affect academic standing") were verbally reiterated by the interviewer. Formal interviews commenced only after participants orally confirmed "I agree". All personally identifiable information was removed during transcription, with participants assigned codes (eg, P01-P10). Anonymized interview summaries were shared via secure anonymous Email for participant verification. While oral consent reduced power imbalance concerns, pre-existing teacher–student relationships may still influence responses. Our anonymous feedback mechanism partially addressed this, but future studies could involve non-affiliated interviewers.

Consent for Publication

The participants have provided informed consent for publication of the personal details in [Table 1](#) and in the interview context.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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Disclosure

The authors report no conflicts of interest for this work.

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