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Female Patients' Experiences of Barriers to Communication with Male Nurses: A Qualitative Study

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Abstract

Background: Male nurses face various challenges in caring for female patients, such as the patients' refusal of nursing care and sexual accusations. Communication, as a prominent element in providing high-quality health care services, can lead to or inhibit patient satisfaction and health. Professional nurse-patient communication is so important that some nursing theorists have based their theories on this type of communication and consider it an art in the nursing profession. Accordingly, this study aimed to investigate female patients' experiences of barriers to effective communication with opposite-gender nurses.

Methods: The present qualitative study was conducted using conventional content analysis. Purposive sampling was used to select 15 female patients. These patients were hospitalized in different wards and received care from an opposite-gender nurse. Interviewing was the main method of data collection. Graneheim and Lundman's method was used to perform content analysis. The general stages of data interpretation include initial encoding and the formation of subthemes and themes based on the similarities and differences.

Results: The main theme extracted following data analysis was *ignorance of the patient in communication*. This theme comprised of three subthemes, including *negligence in maintaining patient privacy*, *one-way communication*, and *biased behavior*.

Conclusion: Based on the findings, the experience of female patients receiving care from male nurses was accompanied by feelings of annoyance. Male nurses are suggested to respect patient privacy, obtain permission before doing private procedures, and provide care for female patients without prejudice and abuse.

Keywords: Communication, Female patient, Male nurse, Qualitative study

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Introduction

Nursing has been established as a feminine profession in societies. However, due to its good job market and people's improved attitude toward nursing profession, men are entering the profession at higher rates in recent decades (1,2). Based on nursing codes of ethics, nurses should provide proper and thorough care to both male and female patients without any gender discrimination (3). Nevertheless, studies show that male nurses face various challenges in caring for female patients, such as the patients' refusal of nursing care and sexual accusations (2,4-6). The reactions of patients to male nurses can be largely due to their current or former communication with male nurses in therapeutic settings. Therefore, communication plays an important role in facilitating or hindering nursing care provided to female patients by male nurses (7).

Nurse-patient communication is a type of professional communication. In other words, nurses communicate with the person in need of receiving nursing care based on their professional mission and utilize their knowledge and skills to improve the patient's health status (8). Professional nurse-patient communication is so important that some nursing theorists have based their theories on this type of communication and consider it an art in the nursing profession (9). The review of literature showed that appropriate professional communication increases patients' trust in nurses (10), adherence to treatment, and satisfaction with nursing and medical care (7).

On the other hand, nurse-patient communication is a two-way process and mutual respect and cooperation are essential for a successful communication (8). However,

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patients may have a lower irritability threshold and bad temper in their communication with nurses due to pain, stress, and anxiety they have to endure and also due to receiving care from an opposite-gender nurse, making the rejection of the nurse more probable (11,12). Therefore, the role of nurses is more critical in their communication with patients and they have to demonstrate more professional behaviors so as to achieve the primary goal of nursing, which is to establish professional communication with the patients in a way that reduces patients' discomfort and illness and ensures their maximum satisfaction with the care received (13).

Studies have generally examined the barriers to the formation of a proper professional communication between nurses and patients. Factors such as age, culture, religion, language, and gender differences have been addressed as barriers to proper nurse-patient communication by patients. On the other hand, factors such as staff shortage, heavy workload, patient family's intrusions, patient's stress and illness, and gender differences have been detected as barriers to proper nurse-patient communication by nurses (14-16). However, no study has been specifically conducted on the effect of gender differences on nurse-patient communication yet. Therefore, it appears that the communication of nurses with a patient of the opposite gender poses more challenges than communication with a patient of the same gender. This issue is more challenging in countries such as Iran, where the relationship between men and women is limited due to cultural backgrounds as well as Islamic beliefs (17). For instance, Vatandost et al showed that male nurses face cultural-religious challenges and inappropriate organizational structure in caring for female patients (4). Similarly, Cheraghi et al revealed that nursing students' and nurses' attitudes toward caring for the opposite gender is not appropriate (1). Sharifi et al also showed that a high percentage of female patients have a negative attitude towards receiving care by a male nurse (6). Although there is an attempt in hospitals to match the gender of the nurse with the patient, this gender matching is not always possible and sometimes nursing care is provided by an opposite-gender nurse. Nevertheless, for reasons such as gender mismatch between nurses and patients, as well as wards where patients of both sexes are hospitalized, this gender matching is not always possible and sometimes male nurses care for female patients (16).

Identifying barriers to effective communication between a nurse and a patient and their consequences can be an initial step toward further addressing and modifying nursing practices in professional communication with patients. The views and experiences of male nurses and female patients in this field can be different, hence it is necessary to examine the information in this field separately. Since quantitative methods do not allow for the collection of rich data and make the results limited and superficial, this study was conducted using a qualitative method to identify and extract data based on female patients' experiences in this regard. This study was conducted to explain the experiences of female patients with communication with male nurses.

Methods

The present qualitative study was conducted using conventional content analysis. The main purpose of this approach is to obtain in-depth information about the phenomenon under study. According to this approach, the understanding of facts is formed by a combination of personal interpretations and the interaction of the researcher and participants under the influence of values. The general stages of data interpretation include initial encoding and the formation of subthemes and themes based on the similarities and differences (18).

In this study, 15 female patients were selected by purposive sampling. These patients were hospitalized in different wards and received care from an opposite-gender nurse. The inclusion criteria were willingness to participate in the study and having mental health, proper verbal communication skills, and a history of receiving care from male nurses. The study was conducted from January 2021 to May 2021 in Sanandaj, Iran.

Semi-structured face-to-face interviews were performed by the first author for data collection. Interviews were held in a quiet environment allowing concentration on the subject and were recorded by a voice recorder. Interviews began with some general questions, such as "What are your experiences regarding communication with male nurses in medical settings", "In your opinion, what nurses' behaviors can be a barrier to an effective nurse-patient communication?", and "Can you provide some examples of your experiences in this regard?". Then, based on the interview process and findings related to the study objectives, other questions were posed to gain richer information. The interviews lasted 35 to 45 minutes. A total of 16 interviews were conducted. Since interviewing with one of the patients during the data analysis stage revealed a need for clearer and more in-depth information, this patient was interviewed again. Data analysis was done after the completion of the first interview and the interviews continued until no new data was extracted. Data saturation was achieved after conducting 14 interviews.

Data were analyzed based on Graneheim and Lundman's approach. This approach includes the following stages: (*i*) transcribing each interview after each session (*ii*), reading the interview transcripts for gaining an overall understanding of the content (iii), identifying meaning units and primary codes (*iv*), classifying the primary codes into more comprehensive categories, and (*v*) specifying subthemes and main themes (*19*). After each interview, it was transcribed verbatim into Microsoft Word and

then crosschecked by the first researcher against audio recordings. Then, data were entered into MAXQDA-10 for analysis and classification. After carefully reading the transcribed interviews, the primary codes and meaning units were extracted to access the study phenomenon. The initial encoding was performed in an in-vivo and implicated manner. The codes were then subdivided based on their similarities and differences and attempts were made to maintain maximum homogeneity within the categories and maximum heterogeneity between the categories until the themes emerged.

The rigor and trustworthiness of the study were confirmed by assuring credibility, confirmability, dependability, and transferability of the data obtained (20). Credibility was assured by spending a long time engaging in data collection, recruiting diverse participants in terms of demographic characteristics, and using different data collection methods. Data were analyzed with the participation of all research team members and reaching final consensus. In order to match the perceptions of the researcher and participants, statements or parts of the statements were re-uttered to the participants during the interviews. Finally, data were shared with four of the participants to verify their consistency with participants' experiences and views. After sending the extracted data to a qualitative research expert who was not part of the research team, his analysis and understandings were compared with those of the research team to assess dependability, and the results indicated high agreement between the research team and the external researcher's analyses. To increase confirmability, the study process was carefully described for other researchers to be able to follow up on the results as well. To increase transferability, the study background and participants' characteristics were described in detail, so that others could decide about whether or not to use the study results in other settings in the future.

This article reports the results of a research project approved by Kurdistan University of Medical Sciences (ethical code: IR.MUK.REC.1399.231). The study objectives were explained to the participants and they were ensured of their anonymity and confidentiality of their information before submitting the informed consent for participation.

Results

The demographic characteristics of the patients are demonstrated in Table 1. The patients aged between 20 to 65 years and were admitted to different wards.

The main theme extracted following data analysis was *ignorance of the patient in communication*. This theme involved three subthemes, including *negligence in maintaining patient privacy*, *one-way communication*, and *biased behavior*.

Table 1. Demographic Characteristics of the Participants

Participant Code	Age	Diagnosis	Job	Ward
1.	32	Gastritis	Clerk	Internal
2.	40	Pneumothorax	Housewife	Surgery
3.	20	Renal failure	Student	Hemodialysis
4.	50	Epistaxis	Housewife	ENT
5.	30	Rhinoplasty		ENT
6.	33	Myasthenia gravis	Housewife	Neurology
7.	45	Abdominal pain	Housewife	Emergency
8.	39	Abdominal pain	Clerk	Emergency
9.	25	Inguinal hernia	Student	Surgery
10.	65	Diabetic foot	Housewife	Internal
11.	38	Gastritis	Clerk	Internal
12.	51	Pancreatitis	Housewife	Surgery
13.	58	Pancreatitis	Housewife	Surgery
14.	29	Renal failure	Housewife	Hemodialysis
15.	41	Headache	Architect	Neurology

Negligence in maintaining patient privacy

Based on the patients' experiences, nurses were not sensitive and did not pay enough attention to the privacy of the female patients when providing care and simply ignored it. The subcategories included exposing the patient's body more than necessary while providing care, unnecessary presence of other personnel during private procedures, failure to pay attention to the patient's clothing while leaving the bed, providing private care measures in busy environments, not dressing the patient during interruptions of care, and non-use of folding privacy screen or curtains between patients.

One of the patients said, "*When one of the nurses was changing the dressing on my thigh, there were several other male coworkers around doing nothing, just talking to each other, and my body was undressed. I didn't like that*" (Participant 9).

Another patient stated, "*A young nurse was changing the dressing on my spine but the door of my room was open. Meanwhile, other patients' companions came to my room to seek their patient' condition and saw my body. I was embarrassed that part of my body was naked and people other than the nurse were watching me*" (Participant 6).

One-way communication

Based on the patients' experiences, it was found that some male nurses did not inform or consult the patient at the beginning of provision of some care. They did not actively communicate with the patient as a human being who should be involved in this process. The subcategories were disrespectful behavior toward the patient, starting the procedure while the patient was asleep, not getting verbal permission before touching the patient, giving unexplained instructions, and removing the patient's blanket without waking them up first.

One of the participating patients described her experience as follows, *"It was midnight and I was asleep when I felt someone grab my hand. I woke up startled and saw a male nurse at my bed. I was scared and felt uneasy that a man had touched me without waking me up. He said he wanted to check my blood pressure. I got upset by his behavior and told him why didn't you wake me up first*" (Participant 10).

Another patient said, *"My daughter and I were in the room where I was hospitalized. Suddenly, one of the nurses entered the room without knocking on the door and told me to take your medicine, and I was shocked why he did not inform me before entering the room"*(Participant 11).

Biased behavior

The study data showed that some nurses communicated with the patients from the beginning of the relationship based on personal prejudice and personal beliefs. The subcategories included communicating with the patient based on the personal beliefs, relying on the negative personal experiences of communicating with women during provision of care, colleagues' negative experiences of caring for female patients, family's negative attitudes toward care provision to opposite-gender patients, and providing care and behaving based on the physical beauty of the patient or his/her companion.

One of the patients said, *"I told my nurse, who was a young man, please give me a scarf and he replied that you are sick and I think you don't need a scarf!*" (Participant 5).

Another patient said, *"I told my nurse several times that I was in a lot of pain and could not rest and he replied that women generally make a lot of excuses. I just want to have a male patient"* (Participant 14).

Discussion

Just like any profession, nursing has a set of ethical values (3). These values serve as a framework for nurses' performance; therefore, awareness of professional values and their practice is crucial to achieve professional socialization, obtain the necessary commitment in the profession, and provide quality nursing care. One of these ethical codes of practice in health care system is provision of respectful care to patients (21). The findings of the present study showed that some male nurses did not adhere to professional and ethical principles in communication with female patients and offended them.

According to the results of the present study, one of the themes was negligence of the patients' privacy. Nurses are known as patient advocates (22). In the nursing profession, advocacy means maintaining human dignity, enhancing patient equality, and providing freedom from suffering. Therefore, a professional nurse is expected to do his/her best to respect the patient's privacy, even if the disrespect is unintentional (3). Patients' privacy is exposed to medical staff and especially nurses at different levels based on clinical conditions and care needs, and their body must be exposed to the medical team, especially the nurses, which is to a large extent acceptable provided that the patient has a good understanding of the situation and when the intention is solely to assist the patient in his/her care and treatment. Meanwhile, if this undressing is unnecessary, it will be unacceptable and considered an invasion of privacy (23). This issue needs greater attention and becomes more prominent in situations where the care is delivered to an opposite-gender patient. Some nurses may justify the exposure of a patient's body on the grounds that their profession requires this exposure and that it is normal for them. However, the exposure of body is not a routine in the patient's life, and negligence in ensuring maximum respect for patient's privacy is morally and professionally unacceptable.

One-way communication was another major finding of the present study on communication barriers between female patients and male nurses. The present study showed that male nurses often acted on their own decisions and did not involve the patient in the communication process or inform her before delivering the care. According to the patients' rights charter, it is necessary to obtain permission before intruding on the patients' privacy or performing any medical procedures on them (24). Informing the patients prior to intruding on their privacy and initiating measures makes the patients feel they are important, reduces misunderstandings, and increases satisfaction with nursing care (25). Based on nursing theories, nurse-patient communication is a two-way process, and it is necessary for a nurse to consider the individual characteristics, reactions, and needs of the patient to achieve a reciprocal interaction and to have a successful professional relationship with the patient (9). Therefore, male nurses are suggested to act regardless of their previous negative experiences when communicating with female patients, take positive lessons from their experiences, and seek to modify previous unsuccessful behaviors to form a more appropriate communication with their patients.

Providing nursing care to patients without discrimination and not being affected by the patient's individual characteristics are some of the ethical codes in the nursing profession (3). The results of the present study showed that some male nurses communicate with female patients and provide care to them from negative perspectives and backgrounds in professional, personal, and even family environment leading to bias in communicating and caring for female patients. Discrimination in professional nursing care is immoral and can disrupt justice in patient care, lower patients' dissatisfaction with nurses and the health care system, and reduce the quality of care (26). On the other hand, since each nurse is a representative of the nursing profession, his/her behavior and performance are generalized to

all nurses and the nursing profession by the society. Therefore, the individual behaviors of a nurse can have negative collective consequences for the profession and a negative impact on subsequent communication and society's attitude towards nursing. Therefore, it is necessary for male nurses to communicate with female patients without any negative attitudes in order to avoid the mentioned negative consequences.

Given the cultural and religious background in Iran, one of the limitations of this study was that gathering information on sexual issues, especially from staff working in public and even private organizations was difficult. The researchers sought to gain in-depth information by ensuring the participants that their data would remain anonymous and gaining their trust. Nonetheless, the participants may have left out some information. Due to the influence of various factors on this issue, future studies are suggested to recruit male nurses with a different cultural and religious background.

Conclusion

The findings of the present study showed that ignoring patients while providing care by nurses was the main obstacle against a proper professional relationship between male nurses and female patients. Since proper communication is one of the important strategies in obtaining patient satisfaction and providing safe and quality care, it is essential to consider the necessary training and corrective measures to achieve more effective communication between male nurses and female patients. The behavior of male nurses in relation to female patients cannot be attributed solely to the personal characteristics of the nurse, but also to the training received during academic studies and the effect of role models at workplace. Therefore, to help radically and extensively correct these unprofessional behaviors, it is necessary to pay attention to all effective aspects.

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Conflict of Interests

There is no conflict of interest in this study.

Ethical Issues

This article was approved by Kurdistan University of Medical Sciences (IR.MUK.REC.1399.231).

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