

Lived Experiences of Male Nursing Students in Their First Delivery Room Clinical Encounter

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Abstract

Male nursing students encounter unique challenges in obstetric settings due to the sensitive nature of care and existing gender norms. This study explored the lived experiences of male nursing students during their first delivery room clinical encounter. The study used a qualitative phenomenological research design and conducted face-to-face semi-structured interviews with 10 second year male nursing students from the College of Nursing at Lorma Colleges, San Fernando City, La Union. Interviews continued until data saturation was reached. Colaizzi's method was used to analyze and understand the data. Findings revealed five major themes: (1) Emotional Responses During Initial Exposure, (2) Gender Based Barriers in the Delivery Room, (3) Clinical Learning Barriers and Gaps, (4) Coping Mechanisms and Support Systems, and (5) Patient Interaction and Professional Growth. Participants initially experienced nervousness, fear, discomfort, and uncertainty, along with gender related limitations that restricted participation in certain procedures. They also encountered inconsistencies between theoretical knowledge and actual clinical practice. Despite these challenges, participants gradually adapted by utilizing coping strategies, developing confidence, improving patient interaction, and achieving professional growth. Addressing these challenges requires strengthened clinical preparation, supportive instruction, and gender-sensitive practices to ensure equitable learning experiences in obstetric care.

Keywords: *Male nursing students, delivery room, lived experiences, gender barriers, clinical learning*

1. Introduction

Male nursing students entering the delivery room for the first time often encounter gender-based bias, ranging from subtle skepticism to direct exclusion from patient care. In a clinical setting where childbirth is closely associated with women's experiences, their presence may be questioned by both patients and healthcare professionals. Despite nursing being rooted in competence and compassionate care, it has historically been constructed as a female-dominated profession. This perception stems from traditional caregiving roles and was further reinforced by the work of Florence Nightingale, whose emphasis on nurturing and moral duty aligned nursing with traits culturally associated with femininity (Stewart, 2025).

Although the profession has gradually become more gender-diverse, men still comprise only about 11–12% of registered nurses, highlighting the persistence of gender imbalance (American Association of Colleges of Nursing, 2024). This disparity is particularly evident in maternity settings. Existing literature shows that male nursing students face significant barriers during delivery room and obstetric rotations, including patient refusal, exclusion from procedures, and limited hands-on learning opportunities (Iheduru-Anderson & Agomoh, 2024). These experiences are often reinforced by gender stereotypes that portray men as less capable of providing emotional care or more suited to technical roles. As a result, male students are sometimes assigned “masculine” tasks, leading to unequal clinical exposure compared to female students (Bailey et al., 2022).

These challenges are not limited to a single context. Studies conducted in regions such as the Middle East and Asia reveal similar patterns, where cultural and religious norms further restrict male participation in maternity care (Raghavan et al., 2023; Murad et al., 2025). For instance, male nursing students report being marginalized during clinical rotations, with limited opportunities to engage in essential procedures due to patient preferences and institutional practices (Alanzi et al., 2023). Iheduru-Anderson and Agomoh (2024) further identified key themes such as exclusion from learning experiences, differing expectations for male students, and the misinterpretation of touch in labor and delivery settings. These barriers not only hinder skill acquisition but also contribute to psychological distress. Bailey et al. (2022) found that male nursing students experience heightened stress and anxiety, often stemming from fear of misinterpretation and repeated exclusion, which can negatively impact their self-efficacy and discourage them from pursuing careers in maternal health.

While current studies provide substantial insight into the general experiences of male nursing students in maternity care, an important gap remains. Much of the existing research examines experiences across entire clinical rotations or focuses on simulation-based learning (Murad et al., 2025), thereby overlooking the significance of the first delivery room encounter. This initial exposure is a critical moment in clinical training, as it shapes students' confidence, emotional responses, and professional identity.

However, the lived experiences associated with this first encounter remain underexplored, particularly from a phenomenological perspective.

Addressing this gap is essential, as early clinical experiences can influence not only learning outcomes but also long-term career decisions. Without a clear understanding of these initial encounters, nursing educators may be limited in their ability to design inclusive and supportive clinical environments. This is especially relevant in the context of ongoing nursing shortages, with projections reaching up to 200,000 by 2030 (American Association of Colleges of Nursing, 2024), further emphasizing the need to support diversity within the profession.

In response, this study aims to explore the lived experiences of male nursing students during their first delivery room clinical encounter. This study seeks to examine the barriers they face, the implications on their emotional well-being and learning, and their perceptions of gender roles within the clinical setting. Ultimately, the study intends to generate insights that can inform the development of more inclusive, gender-sensitive nursing education and clinical training practices, promoting equity, diversity, and improved patient care outcomes.

2. Objectives

This study aims to explore the lived experiences of male student nurses during their initial clinical encounter in the delivery room.

3. Materials and Methods

This study employed a descriptive phenomenological research design to explore and understand the lived experiences of second-year male nursing students during their first delivery room clinical encounter. This design was selected because it emphasizes describing participants' experiences as they are lived, without attempting to manipulate variables or establish cause-and-effect relationships. It is particularly appropriate for studies involving sensitive and personal experiences, such as exposure to the delivery room, which may evoke varied emotional and psychological responses among male students. By using this approach, the researchers were able to capture the students' genuine thoughts, feelings, and interpretations as they navigated an unfamiliar and gender-sensitive clinical environment. Descriptive phenomenology allowed for a rich and in-depth understanding of how these students made meaning of their experiences and how such encounters contributed to their personal and professional development (Ho & Limpaecher, 2022).

The study involved 10 purposively selected second-year male nursing students from the College of Nursing at Lorma Colleges, City of San Fernando, La Union, who had successfully completed their first delivery room clinical exposure. Purposive sampling was used to ensure that all participants had direct and relevant experience with the phenomenon being studied, allowing for more meaningful and information-rich data.

Data were gathered through a semi-structured interview guide composed of open-ended questions, which enabled participants to freely express their emotions, challenges, and learning experiences during their clinical exposure. The interview guide underwent validation by four nursing experts to ensure its clarity, relevance, and alignment with the study objectives. Interviews were conducted online via Google Meet, lasting approximately 25–30 minutes, and all sessions were audio-recorded, transcribed verbatim within 24–72 hours, and returned to participants for member checking to enhance accuracy and credibility.

Data analysis was carried out using Colaizzi's seven-step phenomenological method, which involved repeated reading of transcripts, extraction of significant statements, formulation of meanings, clustering into themes, and development of an exhaustive description of the participants' experiences (Praveena & Sasikumar, 2021). This systematic approach ensured that the findings remained grounded in the participants' narratives while capturing the essence of their shared experiences. To ensure trustworthiness, the study applied the criteria of credibility, dependability, confirmability, and transferability through strategies such as member checking, reflexive journaling, audit trails, and consistent use of an interview guide. Ethical considerations were strictly observed, including obtaining informed consent, ensuring voluntary participation, maintaining confidentiality through pseudonyms, and securing all data in password-protected storage. The study adhered to ethical standards outlined in the International Ethical Guidelines for Health-Related Research Involving Humans (2022) and the Philippine Health Research Ethics Board (2023), ensuring the protection, dignity, and welfare of all participants throughout the research process.

4. Results

The results of the analysis of the selected participants provided an understanding of male nursing students' lived experiences during their first delivery room encounter. Their responses reflected Five major themes which emerged from the data; (1) Emotional Responses During Initial Clinical Exposure, (2) Gender-Based Barriers in the delivery room,(3) Theory–Practice Gap, (4) Coping Mechanisms and Support Systems, (5) Emerging professional identity through patient interaction. The following themes will provide insight into the Lived Experiences of Male Nursing Students in the Delivery

Room.

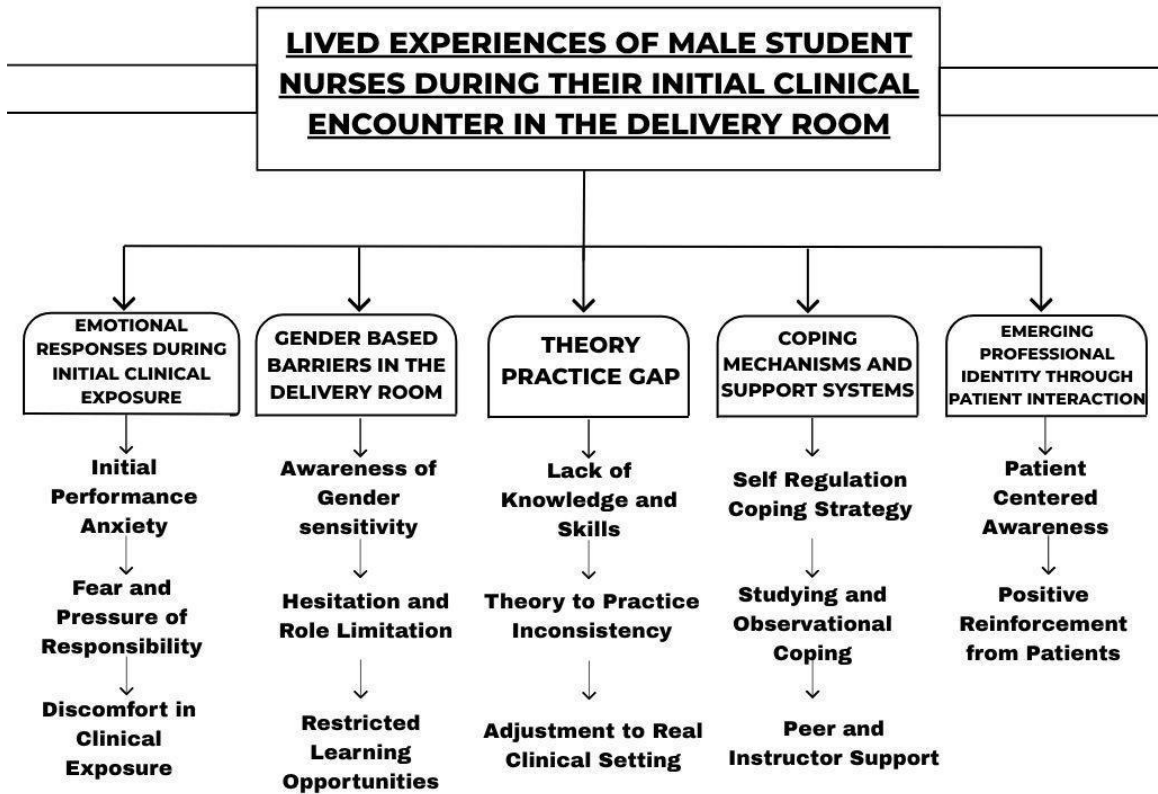


Figure 1 lived experiences of male student nurses during their initial clinical encounter in the delivery room were analyzed, revealing five major (5) themes and fourteen (14) sub themes. “Emotional Responses During Initial Clinical Exposure” describes the initial anxiety, fear, and discomfort experienced by students, “Gender-Based Barriers in the Delivery Room” highlights challenges related to gender sensitivity, patient preference, and limited participation, “Theory–Practice Gap” reflects the mismatch between classroom learning and actual clinical practice, “Coping Mechanisms and Support Systems” which shows how students managed stress through personal strategies and support from others and, “Emerging Professional Identity through Patient Interaction” which illustrates the development of confidence, empathy, and growth through patient care experiences.

5. Discussion

Under the major theme **Emotional Responses During Initial Clinical Exposure**, It looks at how male nursing students felt during their first time in the delivery room. When they entered this specialized and sensitive area, they experienced a mix of emotions that shaped their view of obstetric care. The fast pace setting and high stakes meant they had to adapt quickly and manage their feelings while staying ready to help. Many students felt nervous, afraid, pressured, and uncomfortable, with these emotions coming from both inside themselves and the environment around them. These feelings were a normal part of moving from classroom learning to real clinical work. Before this, students had only practiced in controlled settings such as classrooms and labs. Their first real clinical experience brought some unpredictable situations, real patients, and urgent needs. This sudden change made them feel vulnerable and unsure, since mistakes could have serious consequences. Knowing these risks intensified their emotions, making the experience both overwhelming and important for their professional growth.

The sub-theme **Initial Performance Anxiety** describes how students felt anxious when they first entered the delivery room, mostly because they had little hands-on experience and were unsure how they would perform. Moving from classroom learning to real clinical work made them doubt themselves, as they had to use what they had learned in a stressful setting. Their nervousness grew when they saw experienced healthcare workers and felt pressure to do well, even though they were new.

The sub-theme **Fear and Pressure of Responsibility** shows the emotional weight students felt when they realized the importance of their role. They knew their actions could affect both the mother and the baby, which made them feel even more pressure to do things right and a strong fear of making mistakes. Taking care of two patients at once added to their stress, as they needed to be precise, alert, and quick in a critical situation.

The sub-theme **Discomfort in Clinical Exposure** focuses on the unease male nursing students felt when dealing with the personal and sensitive parts of obstetric care. Having to be physically close to female patients often made them feel embarrassed, awkward, or self-conscious. Being in the minority as men in a mostly female environment made some students feel out of place. Seeing the pain and strong emotions of labor added to their stress.

The major theme **Gender Based Barriers in the Delivery Room** focuses on the different challenges encountered by male nursing students in relation to gender dynamics during their exposure in the delivery room. As they entered this highly sensitive clinical environment, they became more aware of how gender influences patient interactions, task assignments, and their overall participation in care. Unlike other clinical areas, the delivery room involves intimate procedures and situations where patient comfort and cultural expectations play a significant role. Because of this, male students often find themselves navigating not only clinical responsibilities but also issues related to acceptance, trust, and appropriateness.

The sub-theme **Awareness of Gender Sensitivity** highlights how students became increasingly mindful of patient comfort, privacy, and cultural expectations, often leading them to question their role in specific situations.

The sub-theme **Hesitation and Role Limitation** reflects how these gender-related concerns influenced their participation, causing reluctance, reduced confidence, and missed opportunities to perform key procedures.

The major theme **Theory practice gap** highlights the different difficulties and learning gaps experienced by male nursing students during their first exposure in the delivery room. As they entered this clinical setting for the first time, they were placed in an environment that required quick thinking, accuracy, and confidence, qualities that were still developing at their level. Because of this, they became more aware of the limitations in their knowledge, skills, and overall preparedness.

The sub-theme **Lack of Knowledge and Skills** reflects how unfamiliarity with instruments and procedures limited the students' ability to perform tasks effectively and communicate with patients.

The sub-theme **Theory to Practice Inconsistency** shows how differences between classroom teaching and actual clinical practices created confusion, making it difficult for students to determine which approach to follow.

The sub-theme **Adjustment to Real Clinical Setting** highlights how students gradually adapted through observation, repeated exposure, and experience, allowing them to become more confident over time.

The major theme **Coping Mechanisms and Support Systems** focuses on how male nursing students managed stress, anxiety, and uncertainty during their first clinical exposure in the delivery room. Entering a unfamiliar environment, they were challenged not only to perform clinical tasks but also to regulate their emotions and maintain composure while assisting in procedures. These experiences encouraged them to develop different coping mechanisms that helped them stay focused, reduce nervousness, and adapt to the clinical setting. At the same time, support from peers and instructors played a significant role in helping them feel guided, reassured, and more confident in performing their responsibilities.

The sub-theme **Self-Regulation Coping Strategy** reflects how students managed their internal emotions and reactions through personal efforts. Many participants relied on self-reassurance, reminding themselves that feeling nervous was normal and that they were capable of handling the situation. Others coped by shifting their focus toward the tasks they needed to accomplish to avoid mistakes, while some used short breaks to relax, listen to music, or express their emotions through conversations. These strategies show how students actively controlled their thoughts and emotions to remain calm and effective despite the pressure.

The sub-theme **Studying and Observational Coping** highlights how students used preparation and learning strategies to deal with uncertainty. Participants shared that they engaged in advance reading and reviewed their previous lessons from lectures and skills laboratory to feel more prepared before duty. During actual exposure, they coped by carefully observing procedures and recalling learned steps to guide their actions. This approach allowed them to better understand the clinical flow, reduce confusion, and build confidence in applying their knowledge in real situations.

The sub-theme **Peer and Instructor Support** emphasizes the role of social and professional support systems in helping students cope with challenges. Clinical instructors and head nurses provided guidance, clear instructions, and reassurance, which created a supportive learning environment. This helped reduce fear and encouraged students to participate more actively. In addition, peer support was essential, as students shared their experiences and, processed their emotions together. These interactions helped them feel understood, less overwhelmed, and more motivated to continue learning.

The major theme **Emerging Professional Identity through Patient Interaction** focuses on how male nursing students developed a better understanding of patient care and gradually improved their professional behavior through their interactions in the delivery room. During their first clinical exposure, they were not only learning how to perform procedures but were also becoming more aware of how patients feel and respond during labor. Being in this environment allowed them to observe that patients are often focused on giving birth, experiencing pain, and feeling anxious, which made the students realize that their role is not limited to assisting but also includes providing comfort and reassurance. At the same time, they became more conscious of respecting patient preferences, such as not forcing procedures and understanding their role as helpers rather than decision-makers.

The sub-theme **Patient-Centered Awareness** reflects how students became more sensitive to the needs, emotions, and preferences of their patients. Based on their experiences, they noticed that patients tend to focus on the delivery process and may feel nervous or overwhelmed, which made them realize the importance of offering reassurance and emotional support. They also learned to respect patient autonomy, especially when patients refuse certain actions, and understood that their role is to assist rather than impose. These realizations helped them become more mindful in how they approach and communicate with patients.

The sub-theme **Positive Reinforcement from Patients**, shows how the responses of patients and their families influenced the students' confidence and motivation. Some participants shared that patients expressed gratitude for their presence and assistance, while others mentioned that patients were open to being observed and cared for, even by male student nurses. Families were also described as understanding and cooperative, allowing the students to perform their responsibilities. These positive reactions helped

lessen the students' anxiety and encouraged them to participate more actively in patient care.

6. Conclusion

The findings of the study revealed the lived experiences of male nursing students during their first exposure in the delivery room. These experiences were characterized by emotional responses, gender-based barriers, theory–practice gaps, coping mechanisms, and the development of professional identity through patient interaction.

The male nursing students initially experienced nervousness, fear, and anxiety during their first delivery room encounter. As first-timers, they felt pressured by the responsibility of caring for both mother and newborn, which contributed to uncertainty and emotional strain in a high-stakes clinical environment.

They were also conscious of being male in a female-dominated setting. Patient preference for female nurses led to hesitation and limited participation in certain situations, as students became more cautious when engaging in intimate or sensitive procedures.

Participants further struggled with unfamiliar equipment and procedures, as the gap between classroom instruction and actual clinical practice resulted in confusion and reduced confidence during hands-on exposure.

Despite these challenges, the male nursing students were able to cope through self-motivation, preparation, and the support of their clinical instructors and groupmates. These strategies enabled them to manage stress and gradually carry out their duties more effectively in the delivery room.

Over time, participants developed patient-centered awareness and growing confidence through direct patient interaction. They learned the value of reassurance, respect for patient autonomy, and the provision of emotional support, which collectively contributed to the formation of their emerging professional identity as future nurses.

Based on these findings, several recommendations are proposed to improve student preparation and clinical learning experiences. First, there is a need to strengthen pre-clinical preparation prior to delivery room exposure. Since participants experienced anxiety and fear despite prior instruction, structured emotional preparedness orientation and simulation-based training should be implemented to build confidence and readiness before actual deployment in the delivery room.

Second, reinforcement of patient-centered communication and therapeutic interaction is recommended to address gender-based barriers. Training students to clearly introduce their roles, seek consent, and prioritize patient comfort may help reduce patient hesitation and improve opportunities for male students to actively participate in care.

Third, efforts should be made to bridge the theory–practice gap in clinical training. The inconsistencies between classroom learning and actual procedures highlight

the need for enhanced supervised practice during Related Learning Experience (RLE) to ensure better alignment between theoretical instruction and clinical application.

Fourth, stronger peer and instructor support systems should be maintained in sensitive clinical areas such as the delivery room. Structured debriefing sessions after duty and student pairing strategies may further enhance coping, encourage reflection, and provide real-time guidance, thereby improving student confidence and performance.

Finally, to strengthen patient-centered awareness and professional development, a structured “patient interaction reflection” approach may be introduced. Through guided reflection and instructor feedback after duty, students can better process patient encounters, improve communication skills, and develop more consistent compassionate care practices.

Future research may further explore similar experiences across different levels of clinical exposure and investigate long-term strategies to reduce barriers in learning, particularly in high-stress and gender-sensitive clinical environments such as the delivery room.

7. Acknowledgments

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We also acknowledge the Research Ethics Committee for ensuring that our study adhered to ethical standards and for granting us the approval required to conduct our work responsibly and professionally.

The researchers also give their their gratitude to the validators who shared their time in assessing the validity and relevance of the research questions. Their insights greatly improved our questions alignment with the study.

Our heartfelt appreciation also goes to our parents and families, who have given us unconditional love and support in every way possible. Their moral guidance, emotional encouragement, and financial assistance provided us with the strength and motivation to continue despite the obstacles we encountered.

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9. Appendices

APPENDIX A

Approval Sheet from the Research Ethics Committee



March 9, 2026

To: **John Rainier P. Pascua, Stephanie D. Madayag, Antoinette Nicole Mangaoang, Mike Jester C. Olaires, and Gabriel Y. Pimentel**
LORMA Colleges, College of Nursing

Subject: Approval of the Research Study – “LIVED EXPERIENCES OF MALE NURSING STUDENTS IN THEIR FIRST DELIVERY ROOM CLINICAL ENCOUNTER” – by the Research Ethics Committee (REC).

Dear Researcher/s,


The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the District Hospitals in La Union with you as the Principal Investigators within a duration of March 9, 2026 to March 9, 2027.

The Following documents have been reviewed and approved:

1. Endorsement of the Research Coordinator
2. Title and Statement of the Problem/Objective
3. Literature Review
4. Methods and Procedures
5. Population and Locale
6. Exclusion/Inclusion Criteria
7. Data Analysis
8. Ethical Considerations

The institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,



JEROME P. VERA, LPT
Chairman, LC-REC

10. Author(s) Biodata

Mr. John Rainier P. Pascua, a BSN III student from Lorma Colleges, leads a team of passionate peers alongside their research adviser, Mrs. Jesusa D. Gurtiza, in exploring the lived experiences of male nursing students in their first delivery room clinical encounter. Together, they bring energy and commitment to their research endeavors, providing in-depth learning in maternity care.