

Effects of nurse gender on nursing situations and difficulties experienced by nurses in a women's emergency psychiatric ward

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ABSTRACT

The present study aimed to clarify how a nurse's gender affected nursing situations and consequent feelings of difficulty experienced by nurses working at a women's emergency psychiatric ward. We conducted semi-structured interviews (mean interview time, 28 min) with 6 nurses (3 males, 3 females) who worked at a psychiatric hospital/women's emergency psychiatric ward in the Kinki region of Japan. The recorded contents of interviews were transcribed and coded, subcategorized, and categorized. Using 164 codes, we extracted 4 categories from 9 subcategories which were revealed as the effects of nurse gender on nursing situations and consequent feelings of difficulty experienced by these nurses in a women's emergency psychiatric ward.

A large proportion of patients in emergency psychiatric wards are often severely ill, at risk of harming themselves or others, and behaviorally unpredictable. In addition, unique circumstances emerge which often require medical staff to deal with patients who lack knowledge of their disease, or situations in which patients refuse medication. In light of these circumstances, our study subjects expressed "feelings of confusion, insufficiency, and conflict due to a gender difference." They also felt that their roles as professionals were hampered, for example, in "impairment of patient-nurse relationship by becoming overly conscious of a gender difference" or "situations in which effective utilization of the gender difference is prioritized too heavily." Furthermore, they encountered "situations in which inappropriate sexual interest is directed toward nurses" due to psychiatric symptoms.

Keywords: nursing situations, nurse gender, emergency psychiatric ward

1. Introduction

Many patients hospitalized in psychiatric emergency wards require urgent medical treatment and are at risk of harming themselves or others. As such, medical treatment and nursing care for these patients become complicated and diverse. In addition to dealing with patients with high levels of psychomotor agitation and those at risk of harming themselves or others, nurses must provide assistance for daily living that is impaired by psychiatric symptoms such as hallucinations and delusions, as well as continual support including rehabilitation towards self-reliance. Nurses face varying circumstances in these therapeutic environments which require them to conduct many forms of care for patients and their families. In particular, psychiatric nursing care often requires innovation and methods that effectively utilize gender differences. Historically, the field of psychiatry has had

many male nurses who became prominent due to their physical prowess (Akeno, 2004) [1]. In fact, this apparently lay down the customary practices of psychiatric care, in which female nurses dealt with bathing and male nurses handled violent situations (Yamada et al., 2007)[2]. For these and other reasons, male nurses are more numerous in the field of psychiatry than in other fields of medicine; this also means that psychiatry wards tend to present an environment in which persistent role division occurs along gender lines.

Gender differences among nurses have been studied from the viewpoints of male and female nurses as well as from patient perspectives, and many have focused on the social aspects of gender or gender roles and associated factors. Other studies have identified feelings of difficulty and insufficiency that emerge in such conditions, while still others have investigated the relevant factors concerning gender differences and role conflicts (Kojima

et al., 2004; Kainuma et al., 2008; Deguchi, 2009; Matsuo et al., 2010)[3-6]. It is not difficult to imagine how nurses in emergency psychiatric wards have experienced such difficulties in similar conditions. That is, it is likely that the situations they encounter inevitably magnify the awareness of the gender differences as well as the difficulties that these situations embody. However, very few studies have focused on the impact of nurse gender on nursing situations in emergency psychiatric wards (Yamada et al., 2007) [2].

Therefore, the present study aimed to elucidate the effect of nurse gender on nursing situations in a women's emergency psychiatric ward and characterize the difficulties experienced by nurses.

2. Purpose of the study

The purpose of this study is to clarify the impact of nurse gender on nursing situations and the difficulties created among the nurses in a women's emergency psychiatric ward.

3. Definition of terms

The term gender is used to indicate social/psychological masculinity and femininity, which refer to the roles expected of each gender, i.e., strength and security for males, and kindness and warmth for females.

4. Research methods

(1)Research design: Qualitative descriptive study

(2)Research subjects: Five nurses working at a women's emergency psychiatric ward (excluded ward nursing managers such as the head or principal nurse).

(3)Study period: Early April 2012 to late August 2013.

(4)Recruitment method

The representative of the facility targeted by the study was given an explanation of the research aims and asked to select study participants. Study participants were given oral and written explanations on issues such as protection of privacy, guaranteed anonymity, assurance that research participation was voluntary, and that transcripts would be handled with care. All participants were nurses who provided their consent to participate in the study.

(5)Data collection

Data were collected on basic characteristics of the study participants and included age, sex, number of years worked at the emergency psychiatric ward, and years of experience as a nurse. Semi-structured interviews were conducted on issues such as the impact of gender on nursing situations and the consequent feelings of difficulty engendered when implementing nursing practices. Interviews lasted approximately 30 minutes and were conducted in a private room where

privacy was ensured, on a day chosen by the study participant.

(6)Data analysis

Transcripts were prepared from data recorded on an IC recorder. Data were coded, subcategorized, and categorized by focusing on how gender differences affected nursing situations and the consequent difficulties experienced by nurses—a topic related to that of the present study. Associations between categories were then investigated. In addition, to confirm that the experienced content was not erroneously analyzed, member checking was performed repeatedly among the researchers, with supervision provided as needed by a researcher competent in qualitative research analysis. Efforts were made to increase reliability and validity by confirming in writing the analysis results of the spoken content with each study participant.

(7)Ethical considerations

Appropriate protocols were followed to ensure that the privacy of study participants was protected, anonymity was guaranteed, the voluntary nature of research participation was respected, and that the transcripts were stored and handled properly. This study received approval from the ethics committee of the Faculty of Health Science Department of Nursing, Kyoto Koka Women's University (the institution of affiliation of the educational activity committee and researchers) which served as the surrogate research ethics committee of the facility targeted by the study.

5. Results

Study participants comprised 6 nurses (3 males, 3 females) in their 30s to 40s. Mean interview time was 28 minutes (range, 20-40 minutes). The number of years worked in an emergency psychiatric ward ranged from 1.5 years to 4.5 years, while years of experience as a nurse ranged from 14 to 18 years (Table 1).

We extracted 164 codes from the transcripts, and 9 subcategories and 4 categories were extracted from these codes (Table 2).

Table 1. Attributes of study participants

	A	B	C	D	E	F
Age, sex;	30s•m	30s•m	40s•m	30s•fe	30s•fe	40s•fe
Years of experience as a nurse	14	15	18	15	15	17
Years working at an emergency psychiatric ward	1.5	3	4.5	3	3	3

Table 2. Classification of categories and subcategories.

Category	SubCategory
Feelings of confusion, insufficiency, and conflict due to a gender difference	Patient refusals due to gender differences
	Feelings of difficulty in female nurses
	Feelings of insufficiency in female nurses
	Feelings of difficulty in male nurses
	Feelings of insufficiency in male nurses
Impairment of patient-nurse relationship by becoming overly conscious of a gender difference	Situations in which behavioral modification of patient due to a gender difference is observed
	Excessive defensiveness from becoming too conscious of a gender difference
Situations in which effective utilization of a gender difference is prioritized too heavily	Situations in which effective utilization of a gender difference is prioritized too heavily
Situations in which inappropriate sexual interest is directed toward nurses	Situations in which inappropriate sexual interest is directed toward nurses

6. Discussion

(1)[Feelings of confusion, insufficiency, and conflict due to a gender difference]

Many patients in emergency psychiatric wards are severely ill, at risk of harming themselves or others, and behaviorally unpredictable. Given these unyielding environmental factors, nurses must prioritize aspects of safety (such as seamless introduction and maintenance of treatment situations) for both patients and nurses as they conduct their work as nurses. Gender-dependent roles, such as the strength and security of male nurses, are required in many aspects of this work. However, it is likely that these same situations also make female nurses sense the limitations of nursing care, which give rise to <feelings of difficulty in female nurses> or <feelings of insufficiency in female nurses>, as reflected in the following narratives: “when the patient becomes violent, a female nurse cannot always respond adequately”; and “when the patient turns violent, I can’t use my abilities.” Thus, it was evident that male and female nurses were trying to complement their feelings of insufficiency or difficulty by adapting the conventions of psychiatric nursing, such as allocating violent situations to male nurses and bathing situations to female nurses (Yamada et al., 2007) [2]. Tsubonouchi et al. (2008) have shown that male nurses bring role conflicts to their jobs because they are in the minority to begin with [7]. However, this study revealed that feelings of insufficiency or difficulty were engendered in the narratives of female nurses as well.

Male nurses had experienced <patient refusals due to gender differences>. Although the recognition of male nurses is increasing, the prevailing state of affairs, in that male nurses are still frequently refused in performing care (Momoda et al., 1998; Oyama et al., 2009), also occurs in the emergency psychiatric ward [8-9]. Additionally, we surmise that <patient refusals due to gender differences> were causing confusion or conflict, as reflected in the narrative, “my professionalism as a nurse is being questioned.”

(2)[Impairment of patient-nurse relationship by becoming overly conscious of a gender difference]

In the women's emergency psychiatric ward, not all nursing situations were negatively affected by gender differences. In fact, as reflected in the narrative of a male research subject (“being of the opposite gender makes some interactions easier”), they were associated with feelings of anticipation or achievement in <situations in which some sort of behavioral modification in the patient due to a gender difference is observed>. Kainuma et al. (2008) have pointed out that depending on the task, it can be difficult for male nurses to perform certain tasks in the same manner as their female counterparts [4]. However, in these settings, the high expectations for reduced friction in the workplace help to overcome the gender differences. Similar results were obtained in the emergency psychiatric ward. However, male nurses also experienced feelings of resignation and reservation due to gender differences; i.e., they felt limited in certain nursing situations, as reflected in narratives such as “I can’t help that they prefer a female nurse” and “Because of gender differences, there is no avoiding the fact that some care cannot be provided by nurses of a certain gender.” Kimoto et al. (2011) revealed that care from male nurses is often rejected due to patient embarrassment, and that difficulties arise when handling such situations [10]. This happened not only in male nurses working in general practice, but among those working in the emergency psychiatric ward as well.

The present study identified situations in which nurses noted <excessive defensiveness from becoming too conscious of a gender difference>, as reflected in the following narrative of a research subject: “when obtaining a cardiogram I think about the psychological impact and become more reserved.” This situation could potentially suppress an appropriate response required in a life-threatening crisis situation for the patient. Medical practices such as cardiography and blood collection in these situations where the patient condition changes rapidly do not particularly require the consent of the patient

or consideration of gender differences. However, even in such situations, nurses still performed medical practices with the intense awareness of gender differences. This suggests that [impairment of patient-nurse relationship by becoming overly conscious of a gender difference] had a great enough impact to undermine the nurse's primary role as a medical professional.

(3)[Situations in which effective utilization of the gender difference is prioritized too heavily]

Apart from situations in which patients suffer psychomotor agitation, nurses working in psychiatric emergency wards frequently encounter situations in which a patient is given an injection after refusing medication. In such difficult situations, nursing care can be provided more smoothly if male nurses are utilized readily, given the gender differences. Needless to say, the backdrop for this is that the initiative is the result of assessing the accuracy of nursing care in light of the safety of both patient and nurse. However, overemphasizing a gender difference in nursing care is likely to make it a factor in ultimately reducing one's ability to practice nursing, as is reflected in the following narratives of female research subjects: "I don't think that the response must necessarily be provided by a male nurse, even if the patient is rude and difficult to handle"; and "I feel that it is misleading to say that situations involving drug administration or injections cannot be handled without the help of a male nurse." Additionally, such conditions may exacerbate <feelings of difficulty in female nurses> or <feelings of insufficiency in female nurses>, which may even lead to excessively heavy roles for male nurses given the expectations for them to assume a leader-like role (Kainuma et al., 2008) [4]. Furthermore, [situations in which effective utilization of the gender difference is prioritized too heavily] likely contained an element of risk in harming the professionalism of psychiatric nursing, as reflected in the following narrative: "regardless of the nurse's gender, giving medicine orally to a patient who refuses drug administration brings out the differences in nurses' abilities." Therefore, [situations in which effective utilization of the gender difference is prioritized too heavily] may lead to the exacerbation of the effects of gender differences in these nursing situations as well as complicate further the feelings of confusion engendered by these differences.

(4)[Situations in which inappropriate sexual interest is directed toward nurses]

Given that the patients at a women's emergency psychiatric ward are female, male nurses occasionally become the object of a patient's delusions and experienced "becoming a love object and going through difficulties" or "being asked by a prurient patient to provide physical assistance." Conventionally, patients with schizophrenia

have unique psychiatric symptoms including hallucinations and delusions; in some cases, these psychiatric symptoms can involve the aforementioned love delusions or erotic aberrations. Hence, [situations in which inappropriate sexual interest is directed toward nurses] were considered unique yet unavoidable situations which occur in an emergency psychiatric ward. For this reason, provision of nursing care by male nurses may become a factor that exacerbates symptoms, thereby making it difficult to improve oneself professionally. Notably, it is quite possible that these situations have emerged as a technique of sorts that is grounded in psychiatric nursing expertise, with the aim to maintain deliberately an appropriate distance from the patient and prevent the deterioration of psychiatric symptoms. As such, opinions on this issue are likely to be divided.

In the context of occupational fields of male versus female nurses, Kitabayashi et al. (2007) have noted that the workplaces of male nurses seem to be restricted to psychiatry departments [11]. These limitations on occupational environments of male nurses, compounded by situations in which they are refused by women patients with psychiatric symptoms such as erotomania and tend to be kept at a distance (Kofuji et al., 2012), are triggering negative mutual interactions which represent a sense of burden in male nurses [12]. However, the occupational field in this study was a women's emergency psychiatric ward. Hence, the present study presents a limited view of the situations involving women patients, which cannot be extrapolated to represent the opinions of female nurses at a men's emergency psychiatric ward. Accordingly, further studies are required to clarify these speculations. In the present study, we extracted 4 categories and 9 sub-categories from the narratives of nurses.

7. Conclusions

The results revealed how gender differences affect nursing situations and the feelings of difficulty it engenders in nurses in a women's emergency psychiatric ward. The 4 categories were [feelings of confusion, insufficiency, and conflict due to a gender difference], [impairment of patient-nurse relationship by becoming overly conscious of a gender difference], [situations in which effective utilization of the gender difference is prioritized too heavily], and [situations in which inappropriate sexual interest is directed toward nurses].

8. Study limitations and future challenges

Our study subjects comprised nurses working at a women's emergency psychiatric ward. Nurses working at a men's emergency psychiatric ward were not targeted for the study, however, and thus our results may not be

applicable to the impact of nurse gender on nursing situations and difficulties faced by nurses at other emergency psychiatric wards. Expansion of the attributes and fields of research subjects, with the aim to generate a more systematic verification, will be necessary in the future.

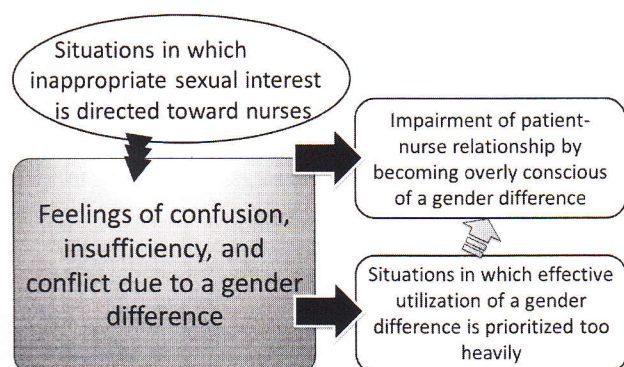


Fig.1 Effects of nurse gender on nursing situations and difficulties experienced by nurses in a women's emergency psychiatric ward

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