

## Case Report

# Teaching Midwifery Module to Male Undergraduate Nursing Students: Case Report in Jordan

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## Abstract

This case report presented our experience of teaching male student nurses a midwifery course. The aim was to present the teaching experience of midwifery module to male undergraduate nursing students at the School of Nursing at The Hashemite University. In teaching a midwifery course, an educational approach has been adopted, focusing on a more holistic perspective of the problem in its own contextual nursing environment. Using Problem Based Learning (PBL) as a model of education instead of the traditional way of teaching played a major role in overcoming the challenges of involving male students in midwifery module education in Jordanian conservative culture.

**Keywords:** Learning environment, midwifery education, midwifery module, nursing curriculum

## Introduction

Many cultural challenges have been confronted while teaching such a module to the male students in a nursing school that led to the use of a nontraditional approach in teaching. Although many colleagues questioned the feasibility of applying a female-centric module in a preservative culture within a stiff health system without modification to the traditional approach of teaching, this work can serve as an additional reference to further enrich the body of nursing education literature in similar settings.

Nursing education in Jordan is offered legally at the level of undergraduate and postgraduate education where midwifery education is separated from nursing and offered for females only as a direct entry after high school (2-year certificate, 3-year diploma or 4-year bachelor degree with bridging program) and postgraduate education (1-year higher diploma). At Hashemite University we do not have a direct entry midwifery program; however, we have a bachelor's degree in nursing for both males and females.

Through the 4 years of nursing education, students needed to finish five specialty elective courses (3 credit hours each). One of these courses is the midwifery one. Our female graduates of nursing education are prepared to work in any clinical/practical areas, but male graduates are not allowed legally to work in midwifery/women's health practical areas. This case report article presented the experience of teaching male nursing students the midwifery module within a conservative culture.

## Case Presentation

### Bachelor of Nursing Curriculum at the Hashemite University, Jordan

The deanship of the school of nursing gave approval to present and discuss this case presentation. Our school of nursing (established in 1999) graduates' students with a bachelor's degree in general nursing (BSN). The degree entails the student to complete 136 credit hours requiring at least 4 years. The annual uptake of students is average 200 students of both sexes. However, females are usually more with

a female to male ratio of (75:25). Aligning with international standards of nursing education, the degree includes both mandatory and elective courses. Having been shaped, modified, and refined through the years, the current curriculum includes an elective midwifery course, which is being taught to third-year nursing students in either first or second semester over 16 weeks. At the same time, the students have a mandatory 6 credit hours (three theory and three clinical) Maternity and Family Health Nursing course, which includes women's health issues. This course is thought to positively expand students' competencies and at the same time sustain our focus to support nursing students' education to help build active learners and to keep abreast of current knowledge. The module is expected to provide general nurses with basic midwifery knowledge and women's health issues, which will help them direct their own learning; exercise clinical judgment and work in a range of clinical settings, including antenatal and postnatal departments; and collaborate effectively to promote quality outcomes for women and their babies. Involving males in such a course could overcome the common gender stereotyping that maternal care is a woman issue and men do not have anything to do with it.

### Males in "Midwifery" Education

Midwifery educators encountered several challenges, including transitions, trajectories and pathways to midwifery, specialized curricula, and clinical mentorship and teaching/learning strategies (Fullerton et al., 2011). Therefore, midwifery education must

be carefully considered in the context of midwifery workforce shortages (Middleton et al., 2014). While men were involved in the care of pregnant women from the 16th century, the Royal College of Midwives has recommended it in 1982. However, many challenges confronted male nursing students in both education and practice besides male gender characteristics and existing public image. Therefore, men did not consider midwifery as a career choice. In a female-dominated profession, male students faced several challenges related to role strain and stereotyping, particularly regarding caring behavior. An important culturally originated challenge being faced by male students during their clinical placements is touching and direct contact with patients (Abushaikha, 2006).

Given such challenges, we have been challenged to create a supportive environment for male students studying this midwifery module. Stereotypes, gender bias, and societal attitudes are the concerns that are stopping male students from taking a module with midwifery content. This can explain the disparity between male and female students entering a course with midwifery content.

In the case of teaching midwifery module for male students in the faculty of nursing experience at the Hashemite University, the concern was based on both the content and the curriculum of nursing. While the value of including midwifery module in general nursing curricula has been subject to significant debate internationally and locally, little literature has been written about how and why midwifery should be integrated into a general nursing curriculum. Therefore, it is an obligation to share this experience of teaching a midwifery course to uninterested undergraduate male student nurses, which, of course, was the first midwifery module embedded in a general nursing program in the country.

### Discussion

#### The Challenges of Teaching Midwifery in A General Undergraduate Nursing Curriculum for Uninterested Students

The experience in teaching midwifery as an elective course for nursing students (males and females) created its own set of difficulties, specifically for male students. Studies found that students were more interested in learning specialized units and not midwifery (Birks et al., 2010). Most students who took

**Table 1**

*Midwifery Module Teaching Using Problem Based Learning (PBL) Methodology and Interactive Learning*

<b>Theoretical part of midwifery module: Teaching methods in classroom</b>	<b>Clinical part teaching methods in laboratory</b>
- PBL: using scenario-based level	- PBL methodology
- Teacher is facilitator in the classroom	- Interactive learning techniques
- Using brainstorming and concepts mapping to facilitate learning process	- Using one maternal and neonatal birthing simulator's comprehensive teaching system
- Application will be through clinical part	- Other tools included colored papers, whiteboards, reference books, and art or presentation supplies

Note. PBL: Problem based learning

this course were not interested. They either could not match a desired course with their semester schedule, or the desired courses were full; hence, they were obliged to take midwifery. Therefore, it was important to wisely consider how this module could be approached. During the last decade, therefore, the department of maternal, child, and family health care nursing encountered different challenges through offering the midwifery module to undergraduate students. The first was to show students, especially males, the importance of this module. Jordanian males believe that pregnancy and its issues are totally women's jobs and it is not their business because the midwifery profession was traditionally seen as care of pregnant women by women. The second big challenge was the content of the module. Because, on one hand, we have to respect the Jordanian cultural constraints, and on the other, to cover the content as it is internationally recommended. The third challenge was the clinical/practical part of this module. This was two folds: The first was the limited number of credit hours allowed for this course (3 hours), hence we could not add any extra credit hours on the current curriculum, and the second was the Jordanian conservative culture where males were not allowed to enter labor and pregnancy assessment rooms. Finally, an inevitable but important challenge was answering the many questions about the module, importantly "what is in it for me, as a graduate of general nursing I am not allowed to work in a maternity ward nor labor rooms?"

### **Overcoming the Challenges**

To overcome these challenges, the traditional teaching methodology has been changed to a different suitable method that successfully helped deliver both theoretical and clinical sides of the course. Therefore, both sides of the course (theory/clinical application) have been integrated within the one -3 credit hours course. The theoretical part equals 2 credit hours per week, while the clinical part is covered in laboratory by using case studies, videos, pictures, and hyperlinks, which equals 1 credit hour per week. Regarding the content of the module, the high-risk pregnancies, specialized antenatal investigations, abnormalities of early pregnancy, problems of pregnancies, medical disorders associated with pregnancies, and multiple pregnancies have been only covered. Furthermore, stages of labor and its complications such as prolonged pregnancy and disorders of uterine action, malposition of occiput and malpresentations, and obstetric emergencies have

been included. Some gynecological issues such as reproductive system infections, abnormal development of fibroid uterus and its surgical management, menopause, ovarian cysts, menstrual disorders, disorders of the pelvic floor, and prolapse incontinence have been also focused on this module. At the same time and to give students the opportunity to practice what they have learned, nursing simulation laboratories using hybrid-teaching methodologies including Problem Based Learning (PBL) have been used in teaching midwifery module. Using the PBL methodology actually helped influence male students to accept the module as an important part of their education. This is especially as they learned many obstetrical emergency cases, which they might encounter in other units as emergency rooms or intensive care units. Hence, they felt more confident and equipped in different settings and situations. Of course, this accomplishment could not be built and disseminated without applying interactive learning classes and simulation labs.

### **How Does the Innovative Teaching Methodology Work and Facilitate the Teaching Process?**

The choice of using the PBL methodology in teaching midwifery module played an important role in achieving the objectives of the module. The PBL classrooms were by nature unpredictable and, to an extent, student guided. As teachers, we were flexible, supportive, and engaged in the learning process, even if we sometimes felt like spectators. Although some studies questioned its efficacy (Norman & Schmidt, 2000; Alexander et al., 2002; Yuan et al., 2011; Wenberg et al., 2004), one survey showed that PBL produced proactive learning and recommended its incorporation in nursing education (Rideout, 2001). Beers and Bowden (2005) reported that nursing students taught with a PBL methodology had significant improvement in long-term knowledge retention compared with their counterparts. A study from Korea indicated that nursing students who were taught by PBL had better test performance than the traditional group (Hwang & Kim, 2006).

This approach by using PBL involved activating prior knowledge that is then expanded to small group discussions. This process facilitates learning and knowledge retrieving (Norman and Schmidt, 2000). Retrieving knowledge and using it in a clinical setting is an important measure to help a novice learner to become an expert (Benner et al., 1996; Pang et al., 2002).

Regarding the clinical part of the module which is taught only in laboratory practices and case studies, the students were given the necessary resources to research concepts and apply them in practice. In the simulation lab, PBL methodology was combined with interactive learning techniques using one maternal and neonatal birthing simulator's comprehensive teaching system. It was designed to provide a complete birthing simulation experience before, during, and after delivery. We were able to change scenarios in the way that suits the subject. Students were allowed to make the procedures themselves. They assessed the uterine contractions, fetal descending, and vaginal dilatation during the whole process of labor and birth. Students were able to deliver the baby too. They were able to practice the newborn assessment and resuscitation. Using a nontraditional methodology of teaching helped to reverse students' expectations who became more positive and accepted the module. Students became more active learners rather than passive learners and built important workplace skills. Through this experience, students worked with their peers and solved problems. In a university classroom, portable tables were an excellent alternative to traditional desks, at least during group work periods. Facilitators (teachers) located themselves in a central location where all students can congregate to hear scenarios or project instructions, taking into consideration enough room beyond that for breakout group work. Facilitators' role was oscillating between teaching and observation, and then they restrained to step back and let students make mistakes now and again. Besides the simulation labs, other tools included colored papers, whiteboards, reference books, and art or presentation supplies. The multi-disciplinary classrooms were divided into subject themed areas that organize and display manipulative, learning materials, and other supplies such as interactive learning required.

We managed to overcome the challenges of involving male students in midwifery module education in the Jordanian conservative culture. Generally, teaching the midwifery module for male students was a challenge. However, using good assessment supported by good planning and careful implementation ended with excellent results. All the students passed the midwifery module with average results ranging from good to excellent. So, now several midwifery classes each semester is offered and all of them reach its highest allowed number of male and female students.

## Conclusion and Recommendations

The rapid growth and modernity of the world and its openness to Arab world bound the teaching institutions to change nursing schools' curricula and keep pace with this growth. Midwifery and reproductive health are among the most critical issues and the world's sustainable development goals; hence, should be added to different nursing curricula in order to keep abreast of the development of education in the world. The introduction of new methods and modern teaching modalities can help overcome difficulties.

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