Original Article

The Challenges of Iranian Female Nurses Caring for Male Patients: A Qualitative Study

Abstract

Background: Caring is a multidimensional concept with many factors that can affect its quality such as caring for the opposite sex. This study aims to explore the experiences of Iranian female nurses caring for male patients. **Materials and Methods:** A descriptive qualitative study was conducted via conventional content analysis and purposeful sampling. Seventeen female nurses including staff and head nurses participated. Unstructured, face-to-face, in-depth interviews were conducted from June to December 2019 in Iran. The interviews were recorded by an MP4 player**.** When no new codes were extracted from the interview the data saturation was achieved. All interviews were immediately transcribed verbatim and were analyzed via Graneheim and Lundman's conventional content analysis guidelines. **Results:** Four themes emerged from the data: 1) women nurses' concerns about caring for men, 2) women nurses' unpleasant feelings while caring for men, 3) Ignoring women nurses' dignity, and 4) efforts to avoid unpleasant situations. **Conclusions:** Female nurses in Iran are faced with multidimensional challenges when providing care to men. Not only can these challenges decrease the quality of nursing care for male patients, but also make the hospital a stressful environment for female nurses and may lead to them leaving the work.

Keywords: *Female, Iran, nurses, nurse-patient relations, qualitative research, sexism*

Samaneh Alinejad Mofrad[1,2], Ahmad Nasiri[3], Heidi Green[4]

[1]Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran, [2]School of Nursing, Faculty of Science, Medicine and Health, University of Wollongong, South Western Sydney Campus, Australia, [3]Nursing and Midwifery Faculty, Medical Toxicology and Drug Abuse Research Center, Birjand University of Medical Sciences, Iran, [4]Australian Centre for Health Engagement, Evidence and Values (ACHEEV)| School of Health and Society | University of Wollongong NSW 2522 Australia

Introduction

Caring is the basis of nursing. It is the manifestation of humanity and a unique interaction between nurses and patients. However, the nurse-patient relationship has a complex connection with culture and religious beliefs, particularly regarding the gender difference between nurse and patient, as this can be a barrier to the formation of an effective nurse-patient relationship.[1] Leininger observed that there are significant differences between health care in Western and other cultures.[2] The findings of a Lebanese-Muslim immigrant study in the United States showed that important factors for providing care are primarily related to their cultural and religious background, specifically the gender difference between nurse and patient.[3] Feeling discomfort and guilt among nurses while caring for the opposite sex has been reported in most cultures. In one study, Finnish nurses reported feeling anxious while caring for patients of the opposite gender.[4] Female nurses face problems such as embarrassment and fear of being judged while caring for men.[5] Nursing procedures such as bladder catheterization and dressing changes in the pelvic region increase the challenge of female nurses caring for male patients.[5]

Islam is one of the religions in the world that has more than one billion followers in more than 120 countries.[6] However, Islamic nursing care is limited in the nursing literature with no clear understanding of the concept and practice of nursing in the field of health care, especially regarding gender differences between nurses and patients.[7] Moreover, caring for the opposite sex is challenging for both Muslim male and female nurses, but female nurses who care for male patients can create greater issues. The reason for this depends on their position and how they are viewed in Muslim countries.[8] Islam is the main religion of Iranians. Studies in Iran showed that one of the main obstacles to establishing a relationship between nurse and patient is that they are in most cases opposite genders, which negatively affects the quality of nursing care provided.[9] According to the statistics announced by the Ministry of Health in 2015, there are about 9,000 nursing graduates, only 13% of the graduates and

How to cite this article: Alinejad Mofrad S, Nasiri A, Green H. The challenges of Iranian female nurses caring for male patients: A qualitative study. Iran J Nurs Midwifery Res 2024;29:452-9.

Submitted: 09-Aug-2022. **Revised:** 19-Feb-2024. **Accepted:** 02-Mar-2024. **Published:** 24-Jul-2024.

Address for correspondence:
Dr. Ahmad Nasiri, Nursing and Midwifery Faculty, Medical Toxicology and Drug Abuse Research Center, Birjand University of Medical Sciences, Iran.
E-mail: nasiri2006@bums.ac.ir

Access this article online

Website: https://journals.lww.com/jnmr

DOI: 10.4103/ijnmr.ijnmr_243_22

Quick Response Code:

10% of the hospital nursing workforce are men, and 90% of the nurses in Iran's hospitals are women.[10] However, there is not found specific study about Iranian female nurses caring for male patients.

In general, nurses' cultural and religious beliefs about health, illness, and recovery are intertwined with their professional values.[11] Qualitative research is the best way to demonstrate the mental dimensions and dynamic aspects of participants' experiences relating to a specific phenomenon. Therefore, the purpose of this study was to explore the challenges of Iranian female nurses caring for male patients.

Materials and Methods

This qualitative study was based on the conventional content analysis approach[12] that was conducted between February 2019 and January 2020, in Mashhad Iran. Participants included 17 female nurses, who were purposively recruited from public and private hospitals in Iran. Inclusion criteria were: 1) willingness to take part in the study; 2) at least one year of clinical work experience; and 3) experience providing care to male patients. An exclusion criterion was reluctance to continue the interview. Participants consisted of 15 clinical nurses and two head nurses. The range of work experience was from 1 to 28 years, with education attainment ranging from bachelor's degree (n = 15) to master's degree (n = 2) and age from 25 to 47 years [Table 1]. Data was collected through face-to-face, unstructured interviews. The interviews were held in a quiet place during non-working hours in the nurses' workplace or the researcher's room at the school of nursing or hospitals based on participants' preferences. Purposeful sampling was carried out based on the created categories. It means that for completing the emerging categories, the next participants were selected. Data collection was undertaken between June to December 2019. The average length of interviews was 80 minutes (range: 40–120 min). Each interview started with a general question, which was followed by specific questions related to the aims of the study to collect more detailed information. The interview questions were "Would you please describe the experience of one-day nursing care of male patients in your department" and probing questions were also asked to achieve a more accurate understanding of participants' experiences. Examples of probing questions were "What problems have you experienced when providing care for male patients," "What did you do to deal with the challenges of caring for male patients," "What do you mean by this?" and "Could you please explain more about this?" Data collection continued until data saturation was achieved. It means that no new codes were extracted from the new interviews**.** All interviews were digitally recorded by an MP4 player device and immediately transcribed verbatim.

Furthermore, data were analyzed using conventional content analysis, which provides a systematic method to describe and show the phenomenon of interest.[12] All the interviews were analyzed via Graneheim and Lundman's (2004) conventional content analysis guidelines: (i) the digitally recorded interviews were transcribed. (ii) The researchers listened to the recordings carefully and read the transcripts several times to find the exact meaning of the units. (iii) The initial codes were extracted through the meaning units. (iv) Codes were categorized under conceptual similarities. (v) This analysis procedure continued until all the categories and themes emerged.[13] The MAXQDA software (v. 18.0) was used only for data management.

In continuation, the criteria introduced by Guba and Lincoln were used to show and confirm the trustworthiness of the information.[14] Confirmability was ensured through the approval of the codes and data by participants and member checks and prolonged engagement by reading the

Table 1: Demographic and clinical characteristics of the participants (*n*=17)

ID code	Age, Y	Education level	Married Status	Type of shift working	Years of nursing work	Position title	Ward
P1	32	Bachelor	Married	Night	8	Nurse	Urology
P2	27	Bachelor	Married	Night	4	Nurse	Urology
P3	40	Bachelor	Married	Evening	12	Head nurse	Orthopedics
P4	38	Bachelor	Single	Morning	10	Nurse	General surgery
P5	45	Bachelor	Married	Morning	25	Nurse	ICU
P6	29	Master	Single	Evening	16	Nurse	General surgery
P7	25	Bachelor	Single	Morning	3	Nurse	Urology
P8	47	Bachelor	Married	Evening	27	Nurse	Neurosurgery
P9	39	Master	Single	Evening	18	Nurse	General surgery
P10	28	Bachelor	Single	Morning	10	Nurse	Neurosurgery
P11	34	Bachelor	Single	Morning	9	Nurse	Orthopedics
P12	38	Bachelor	Married	Morning	11	Head nurse	Urology
P13	32	Bachelor	Single	Evening	11	Nurse	Orthopedics
P14	28	Bachelor	Single	Morning	8	Nurse	Orthopedics
P15	44	Bachelor	Married	Morning	25	Nurse	General surgery
P16	37	Bachelor	Single	Evening	18	Nurse	Urology
P17	29	Bachelor	Single	Night	9	Nurse	General surgery

interviews several times. To ensure the creditability of the study, the author spent substantial time on data collection and prolonged engagement by reading the interviews several times Moreover, ensured a diverse pool of participants, by selection from both public and private hospitals and with various backgrounds in terms of clinical experience, education, and work shifts. Furthermore, two research team members were involved in the process of data analysis, coded separately, and compared the extracted data. Disagreements were resolved via discussion sessions until a consensus was reached. Dependability was confirmed through peer checking and external expert checking to audit the interview process, coding, and analysis of the data. Transferability was established through member checking and sampling with maximum variation. Additionally, transferability was increased by explaining in detail the characteristics of participants and the study context to enable other readers to decide about using the results in their intended setting.

Ethical considerations

Ethical confirmation was issued by the Ethics Committee of Birjand University of Medical Sciences (Ethical Code: IR.BUMS.REC.1397.363). The study objectives were explained to the participants, and they were ensured anonymity and confidentiality of information before they signed informed consent forms for participation. They provided permission to record the interviews. The confidentiality requirements were observed. For example, all identifiable characteristics of the participants, such as their names and addresses were removed from the data; all electronic files and audio recordings were securely stored on a password-protected computer, and all documents, such as the transcripts of the interviews and field notes, were stored in a locked drawer, which were accessible to only researchers involved in this study. Finally, the participants were assured that participation in this study was voluntary, and they could withdraw their consent at any stage.

Results

A total of 17 Iranian female nurses participated in this study. The mean age of the participants was 34.8(6.80) years, and the mean duration of work experience was 14(7.20) years. The majority of the participants worked in urology and general surgery wards (n = 10; 60%) and held a bachelor's degree (n = 15;88.2%) [Table 1].

Synthesis of the data resulted in 1702 total codes that were sorted into 13 categories and four themes [Table 2]. The main themes that emerged from the data are women nurses' concerns about caring for men; women nurses' unpleasant feelings while caring for men; Ignoring women nurses' dignity; and efforts to avoid unpleasant situations.

Women nurses' concerns about caring for men

One of the main themes of this study was related to the concerns of female nurses about caring for men. The consequence of these concerns was that in comparison with female patients, caring for men was more difficult. These concerns are explained via these sub-themes (female nurses' family restrictions, stereotypes of society about female nurses, limitations related to modesty, and religious prohibitions).

Table 2: Major themes and sub-themes

Themes	Sub-themes
Women nurses' concerns about caring for men	Female nurses' family restrictions
	Stereotypes of society about female nurses
	Limitations related to modesty
	Religious prohibitions
Women nurses' unpleasant feelings while caring for men	Tormented Soul
	Verbal violence
	Feeling of misjudgment
	Feelings of remorse and regret
Ignoring women nurses' dignity	Exposure to sexual harassment
	Privacy violation
Effort to avoid unpleasant situations	Caring about her behavior
	Seeking possible support
	The inevitability of the gradual acceptance of caring for men

Female nurses' family restrictions

Female nurses' families were strict about caring for the opposite gender because of specific beliefs and religious backgrounds. This is due to the culture in Iranian families regarding the need to implement restrictions on relationships with the opposite sex, especially for women and girls. Some families reacted abruptly as they learned that their daughter was working as a nurse in a ward that cares for male patients.

In this regard, one of the participants stated: *"My father is very sensitive in our dealing with men., once he found out that I had to take care of men, he got very furious and then exclaimed that I must change my ward"* (P4, 38 years old).

Also, the husbands of some female nurses were upset with their wives having to care for men. In some cases, the female nurse was prohibited from continuing her work or she was forced to change her ward: "*My husband came here to bring me the ID card when he saw me taking care of a male patient. He was very upset. He did not say anything to me at the time, but then we had at home and finally, he said that I must change my ward"* (P9, 39 years old).

Although female nurses were forced to change their wards due to these familial restrictions, hospital managers would not always agree because of insufficient nurses, finally leading to a decrease in female nurses to focus on the care of men.

Stereotypes of society about female nurses

Another concern for female nurses in caring for male patients was the mental stereotypes about female nurses in society "*Unfortunately, people in society think that most women that work as a nurse are sexy women. To protect ourselves from these interpretations, we try to avoid taking care of male patients as*

far as possible" (P7, 25 years old). Another participant also stated: *"I often hear people say," "Go to the hospital and see what is going on. Go and see the female nurses... How they have intimate relationships with men"* (P4, 38 years old).

Limitations related to modesty

The shame and modesty of Iranian female nurses in dealing with male patients were one of the other concerns in caring for male patients. Modesty, sometimes known as demureness, is a mode of dress and behavior that intends to avoid encouraging sexual attraction in others. The word "modesty" comes from the Latin word modest us which means "keeping within measure." Standards of modesty are culturally and context-dependent and vary widely. In Iran as an Islamic country, modesty may involve women covering their bodies completely and not talking to men who are not immediate family members[7,15-17] *"I really can't have eye-to-eye relations with a male patient and talk to him emotionally.... I just try to have relation with male patients to do the daily cares"* (P7, 25 years old).

Religious prohibitions

One of the major concerns in caring for male patients was the religious beliefs and background of female nurses. Participants stated that they had religious restrictions regarding touching and speaking with male patients due to their Muslim religion. In this regard, one of the participants mentioned: *"After all, we are Muslims and we have a series of religious and Islamic law considerations. For example, we should not touch men and have excessive and close conversations with them"* (P2, 27 years old).

Additionally, some participants were confused between following religious instructions and caring for male patients creating an ethical conflict for them, not knowing what they should do in the end. In this regard, one of the participants stated: *"It is more difficult to work with the opposite gender because it is in contradiction with the precepts of our religion, which makes decision-making more complicated for us" (P3, 40 years old).*

Some participants also stated that they are very careful not to cross the red line of religious laws when caring for male patients; so, they are not able to devote attention and enough concentration while caring for men. *"During caring for a male patient, I pay attention not to have unnecessary contact with him and I take care of him within the limits of the Sharia. I am very careful even in my speaking"* (P8, 47 years old).

Women nurses' unpleasant feelings while caring for men

Another major theme of this study was the unpleasant feelings that female nurses experienced while caring for a male patient. The four sub-themes of this theme are: tormented soul, verbal violence, feelings of misjudgment, and feelings of remorse and regret.

Tormented soul

Female nurses explain that they feel their soul is tormented while providing care to men. This feeling was mostly experienced during nursing care especially for men such as female nurses explain that they feel their souls are tormented while caring for men. This feeling was observed more during nursing care, especially in men, such as an inevitable touch of their body when inserting a venous catheter or changing the dressing of the thigh site. One of the participants said: *"Sometimes, the male patient's genital area is exposed for examination by the surgeon. I always feel that the door and the walls [the world] want to swallow me up"* (P12, 32 years old).

The inadvertent touch of the patient's genital area while dressing the thigh was described by one of the nurses as follows: *"Sometimes, when a male nurse is not present, we have to change the dressing of the patient's thigh.... Once, during a dressing, I touched the genital area of the patient inadvertently. It was very disgusting to me and made me feel terrible"* (P11, 38 years old).

Verbal violence

Another common distressing experience for female nurses was the lack of security they felt while providing care to a male patient, which was described as a challenging and unpleasant experience by the nurses. In this regard, one of the participants said: *"Many times, we are threatened with attacks by the patient and his companion. They do it often if they get angry. We usually have no security at work at all. (P13, 32 years old)."* Another participant said:*" I feel much more secure when there is a male nurse around me. Because the patient and his companion don't dare to say whatever they want, [..] insult, or shout savagely"* (P4, 38 years old).

Feelings of misjudgment

Feeling misjudged was commonly reported by female nurses, leaving them feeling persecuted and incapable of being able to perform their role as a nurse. In this regard, one of the nurses stated: "*In many cases, I do not like to report their harassment [male patients and their companions] because I will be accused of behaving inappropriately..."* (P15, 44 years old).

Another participant stated*: "If you want to complain about a patient because of his harassing behaviour, they (head nurses and clinical supervisors) will not be on your side*" (P12, 32 years old).

It is also mentioned by participants that sometimes manager nurses ignore the disrespectful behavior of the male patients and take no action in the workplace, which makes the female nurse vulnerable while caring for the patient, reducing her dignity. In this regard, one of the nurses said: *"...One of the male patients threatened me with verbal assault many times, when I told the matter to the head nurse she told me" "It's your fault that you have*

an Inappropriate uniform and he (male patient) has the right not to behave you properly " (P2, 27 years old).

Feelings of remorse and regret

Another distressing experience in caring for a male patient was the feeling of remorse and regret that was reported by female nurses. In this regard, female nurses blame themselves for choosing nursing as their profession. One of the nurses said: *"Sometimes when I have to change the male patient's dressing, I always think about what happened that I decided to be a nurse. And I blame myself a lot at that moment*" (P10, 28 years old).

Ignoring women nurses' dignity

Another major theme of the present study was the ignoring of the dignity of female nurses in the workplace. Two sub-themes of this theme are privacy violation and exposure to sexual harassment.

Privacy Violation

Violation of the privacy of female nurses in the workplace was one of the examples of non-observance of female nurses' dignity by male patients and some colleagues. In this regard, one of the participants stated: *"Many times when we go to visit a male patient, the doctor pulls aside the patient's cover at once and the patient's genital area is exposed. He does not think that I am there"* (P11, 34 years old).

Exposure to sexual harassment

Sexual harassment was another violation of dignity reported by female nurses. In this regard, one of the nurses said: *"Sometimes it happens to me that the patient insists on me assessing the wound in his genital area, but I understand what the patient means! (P9, 39 years old)." Another participant stated:* "*For example, it happens that I go to the patient's room for daily care, and during it, I see that he exposes his genital area under various pretexts to see.. and this is very annoying for me" (P8, 47 years old).*

Another nurse said: *"It has happened to me that when I go to the patient room, they speak in a provocative tone or, for example, they say, "My dear, can you change my vein", or, for example, "My dearest, can you measure my blood pressure?"* (P9, 39 years old).

Sexual harassment also was experienced during physician daily visits. In this regard, one of the participants stated: "*Many times when we go to visit a male patient, especially to visit patients after urological operations, the doctor pulls aside the patient's cover at once and the patient's genital area is exposed. He does not think that I am there as a woman... "* (P11, 38 years old).

Effort to avoid unpleasant situations

The latest theme of this study was related to the efforts made by female nurses to avoid creating unpleasant conditions during care for male patients. The three sub-themes of this theme are: caring about her behavior, seeking possible support, and the inevitability of the gradual acceptance of caring for men.

Caring about her behavior

One of the strategies that female nurses consider when they care for male patients is to ensure they are very careful in their behavior, adapting it as necessary to not draw attention to themselves when dealing with a male patient and his companion(s). One of the participants said:" *I always try to treat seriously the patient and his companions and try not to kid with them (P2, 27 years old)."* Another participant stated: *"I am very careful about my appearance. I do not makeup when I want to go to work and also do not wear provocative clothes I try to prevent causing problems and possible abuse"* (P1, 32 years old).

Seeking possible support

As mentioned earlier, female nurses tried to improve their working conditions so that they could remain in their profession without any particular problems at the time of caring for male patients. Seeking possible support was one of them. In this regard, one of the participants stated: *"Most of the time, when I have to take care of a male patient, I try to find a male nurse colleague and want him to care for the male patient instead of me"* (P7, 25 years old).

Another nurse said: *"If a male nurse is not there and I have to take care of the patient, I want one of my female colleagues to come with me to the patient's room so that I am not alone and have more focus on caring him"* (P16, 37 years old).

Inevitability to the gradual acceptance of caring for men

Finally, the female nurses tried to accept the reality of the need to care for male patients. In this regard, one of the nurses stated *"In the beginning, it was very difficult for me to take care of a male patient, but over time, it has become kind of normal to me, and I have become "thick-skinned" (P16, 37 years old).*

Another nurse said: *"I try to think less about the patient's gender when delivering care but more about the spirituality and reward of doing it, so, I feel less guilty or remorseful"* (P17, 29 years old).

Discussion

The results of this qualitative study revealed the experiences of 17 female nurses who cared for male patients in the clinical wards of hospitals in Iran. As can be seen from the results of this study and other research[11] caring for the opposite gender has always been challenging and stressful. In the present study, female nurses expressed concerns about providing routine care to male patients. Concerns such as religious prohibitions, family strictures, mental stereotypes in society about female nurses, and modesty-associated restrictions while caring for men were enumerated. It can be said that the cultural, social, and religious background

and beliefs of the nurses, their families, and the community play an important role for female nurses in the perceived care of men.[18] In a study, it is demonstrated that in Islamic countries, caring for men is directly related to how the relationship between men and women is described.[7] In fact, in Islamic societies, speaking with the opposite gender out of Islamic law is considered a sin, and also, touching and looking at certain parts of the body of the opposite sex is forbidden.[19] In Islamic countries, caring for men is a major challenge for Muslim female nurses[20] In the present study, the female nurses' families were sensitive and upset about them speaking, touching, and caring for the opposite sex in the hospital. Therefore, they expressed their dissatisfaction by asking the female nurse to change her ward. Although in Iran, similar to other Islamic countries, arrangements have been made for gender segregation in hospitals,[7,16] and wards are usually separated for men and women; however, due to staffing and the insufficiency in the number of male nurses, female nurses inevitably have to take care of male patients.[21] On the other hand, in many cases, it is impossible to change the female nurse's ward and she has to either take care of male patients in the same ward or because of the sensitivities and strictures of the family, she has to leave her job. The same concerns are sometimes reported in other cultures, for example in a study conducted by Zang *et al*.,[22] on the experiences of Chinese female nurses in caring for male patients, it was reported that in the culture of this country, comfortable and unlimited communication between men and women is not desirable, and female nurses do not want to care for male patients. In fact in this culture (Chinese), women have limited contact with the opposite gender, except in the case of their husbands and their near relatives, furthermore, women are expected to always maintain their chastity with strange men, and this leads to challenges for them to care of male patients.[22] Mental stereotypes in society were another concern that prevented female nurses from providing normal care for male patients. Mental stereotypes are commonly about the characteristics behavior and beliefs of a specific group of people which they (stereotypes) have no real basis[23] One of these stereotypes in the present study is the unpleasant image of female nurses that has remained in people's minds since before the Islamic Revolution in Iran. Female nurses were condemned to have sexual problems due to their special way of dressing and make-up. This type of sexual stereotype about nurses was also reported in a study that examined the experiences of male nurses in caring for female patients.[24] On the other hand, sexual attitudes and thoughts towards women are more common in countries with traditional and strict contexts and it may be the natural social part of that society.[23] Another concern in caring for male patients was the modesty and shame that existed in female nurses as Muslim women. Ashamed of having to look face to face, ashamed of touching the hands to convey peace of mind, and refusing to speak beyond the Islamic limits and boundaries, the values and the norms of the environment that was mentioned before while providing care to men, were some of the issues that prevented nurses establishing an intimate nurse-patient relationship with the male patient. Female nurses provide routine and very quick care with minimal contact and conversation with the male patient, and then immediately leave the patient's room as a strategy to reduce the attention paid to the male patient. The modesty of Saudi Arabian Muslim female nurses also prevented them from establishing close contact with male patients.[25]

Another result of the present study was the distressing feelings reported by female nurses while caring for men. For example, female nurses expressed feelings that their soul was tormented as one of the unpleasant senses. The feeling of embarrassment to death due to touching the male gentile organ while dressing his thigh was another case that was reported. It should be noted that cultural and religious differences are very involved in creating and developing this feeling. Islamic principles, such as not allowing men and women to see each other's naked bodies and not accepting intimate relationships between men and women who are strangers to each other, have increased the concern of feeling guilty in taking care of men in Iranian female nurses.[16] Similar feelings have been reported in nurses of some other cultures.[22] In fact, the sense of insecurity while caring for male patients was another distressing experience that was reported by female nurses. Fear of the threats of physical harassment, trying not to be identified by not using an ID card, and fear of unpredictable reactions from male patients during routine care were other reported concerns. Other research in Iran reports that physical and mental harassment of nurses in the hospital environment has led to female nurses feeling insecure while providing care to men.[26,27] Fear of being misjudged was another emotion reported in the process of caring for male patients. In some cases, female nurses prefer not to report the harassment caused by male patients or their companions because, according to their previous experiences, the nursing managers will accuse the female nurse. It should be noticed that the harassment by male companions of female patients is less reported. One of the reasons is because their patient is a woman, the male companions observe more cultural and ethical considerations towards female nurses.[28,29] On the other hand, the male companions of male patients, especially if they are young or their patient's problem is not too serious, such as fractures due to accidents or outpatient surgeries, have more time to harass female nurses, especially when the female nurses are young. Sometimes the hospitalization of a male patient and his male companions in the hospital is more of an opportunity for them to have fun.[30]

As mentioned before, it should be noted that the issue of causing harassment to female nurses via male patient's companions depends on many factors. Some of these factors consist of the age and social and cultural level of the male patient and his companions and the seriousness of the male patient's illness.[30]

Other studies, similarly, report the fear of being misjudged in nurses.[11,26,31] Furthermore, it was demonstrated that

women rarely complain about the harassment of men to the court or higher authorities.[23,32] There are several reasons for this: Firstly, women may not be well aware of their social and legal rights.[23] Secondly, the process of complaint assessment is very time-consuming.[23]

Another finding of this study was ignoring the dignity of female nurses in the workplace. Privacy violation was reported as one of these challenges. The idea that female nurses should have close nurse-patient relationships with all male patients is one of the examples of privacy violations.[26,33,34] The interaction required between a male patient and a female nurse to adequately take care of the male patient potentially exposes the female nurse to sexual harassment by the patient or their companions. Examples of sexual harassment in this context include looking meaningfully and provocatively at the female nurse, calling her into the room under various pretences to make close relations with her, and trying to show the genital area to her during routine care. Sexual harassment is a type of gender discrimination that women experience in different forms in various societies, and it has limited their freedom.[11] One social study on the impact of sexual harassment on Iranian women reported that sexual harassment decreases a woman's self-esteem and causes feelings of embarrassment, shame, anger, and helplessness. Additionally, it not only reduces a woman's sense of security and comfort but also limits a woman's social and cultural mobility.[23]

Another finding of this study was the efforts of female nurses to avoid making annoying situations during men's care. Female nurses knew that nursing was their main profession and so, they had to overcome the problems caused by being a female nurse through certain strategies. In a study conducted on the care of women by male nurses in Iran, it was reported that male nurses also use strategies such as not only caring for female patients and caring for them in the presence of their companions to avoid being judged while caring for women.[24] In continue, in this study female nurses avoided certain behavior to not cause any unwarranted reactions by the patient or his companion, which would eventually create a challenge and a problem for them. Female nurses behave seriously, ensuring their appearance in the workplace does not draw the attention of the male patients by using no makeup and maintaining gender privacy while caring for male patients. The results of another study revealed that some strategies can be used to reduce the incidence of workplace violence against nurses, for example, teaching nurses strategies to cope with violent behavior; continuous assessment of dangerous situations and providing an abuse-free working environment; demonstrating training program for nurses on how to interact with aggressive patients and their relatives and teaching them anger management methods; establishing clear procedures for reporting incidents of violence and encouraging healthcare professionals to report cases of violence.[35]

Although the concept of care and the perception of nurses regarding caring for the opposite sex is different in various cultures, making suitable contexts in each country needs to be based on social and cultural values. Increasing the introduction of the nursing profession in the public media are important step in acquainting people in the community with nurses and reducing misunderstandings, challenges, and problems for female nurses in the workplace. One of the limitations of the study was that it was conducted just in two hospitals in Mashhad that is a city in one state of Iran. As such, the members of female nurses who were caring for male patients and were interested in participating in this study may not be comparable to other hospitals in the country. Generally, this study demonstrated that the challenges of female nurses in caring for male patients are important issues to nurses' services in a major two hospitals in Mashhad.

Another limitation was the issues related to sexual matters that are regarded as a taboo in Iran, and it is difficult to address them. Asking questions related to this dimension was therefore difficult. To alleviate this limitation, attempts were made in this study to gain participants' trust; however, it seems that the study was not completely successful in obtaining all aspects of information on this issue.

Conclusion

The findings of this study reveal the challenges of Iranian female nurses while caring for male patients. Female nurses during the care of male patients due to religious restrictions, mental stereotypes prevailing in the community, and restrictions due to family and social background cannot have normal care of these patients. They also experience unpleasant feelings and various problems while caring for male patients. On the other hand, part of the results and discussion in this study focused on the effects of male-female communication restrictions based on Islamic culture. Issues such as invasion of privacy, religious prohibitions, and embarrassment about expressing some nursing care issues while caring for men.

Therefore, some strategies such as providing more support for female nurses from Nursing managers, caring for same-gender patients by female nurses, the presence of a female companion while caring for men, and attracting more male nurses for male patients may be effective ways for female nurses to be more comfortable in their workplace. It is also recommended that the qualitative studies about challenges of nursing care from the opposite sex (both male and female nurses) will be conducted in other states of Iran and then based on the results of these studies, the quantitative tools will be designed due to the challenges of opposite sex nursing care in Iran.

Acknowledgments

We thank Birjand University of Medical Sciences for providing permission for this study and all participants for their sincere cooperation.

Financial support and sponsorship

Nil.

Conflicts of interest

Nothing to declare.

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