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The nature and manifestations of bullying in midwifery

Dr Patricia Gillen

Professor Marlene Sinclair

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Research supported by RCM Ruth Davies Research Bursary

FOREWORD

As General Secretary of the RCM, I feel privileged to be writing this foreword at this particular time when we are acutely aware of the shortage of midwives in the profession and the need to do all we can to reduce the number of midwives leaving the profession because they have been bullied. It is of particular concern to note the bullying experienced by our young midwives and this is one of the areas we must target. The RCM works assiduously to support midwives who experience bullying in the workplace and is committed to taking the necessary steps to develop strategies to reduce the incidence and tolerance of bullying in order to protect midwives, especially the newest recruits, on whom our future depends.



Dame Karlene Davis, DBE
RCM General Secretary

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The RCM Board for Northern Ireland

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AIM

To define and examine the nature and manifestations of bullying in midwifery.

BACKGROUND

The first systematic description of the phenomenon of bullying is attributed to Heinemann (1972) and referred to bullying behaviours at school. Adams (1992) was one of the first authors from the UK to write about bullying in the workplace while research from other European countries, Scandinavia in particular, highlighted the nature, extent and consequences of bullying in a variety of workplaces (Einarsen et al 1996; Einarsen and Skogstad 1996; Leymann 1996; Vartia 1996; Niedl 1996). In the UK, the Health Service Unions were amongst the first organisations to examine bullying in the workplace (Royal College of Midwives (RCM) 1996, UNISON 1997, Royal College of Nurses (RCN) 2002).

There are many terms which may be used as an alternate name for bullying (RCM 1996, RCN 2002). These terms include *psychological terror* (Leymann 1990), *work abuse* (Bassmann 1992), *harassment*, *intimidation*, *aggression*, *bad attitude*, *coercive management*, *personality clash*, *poor management style*, *brutalism and working in a funny way* (Adams 1992: p 12-13).

An issue which further confounds the true picture of bullying is the lack of consensus about the definition of bullying with most researchers adopting a definition which best fits the needs of their research (Quine 1999). In addition, most of the instruments used to date have weak theoretical bases with little account given to their reliability and validity. A variety of time related criteria are also applied without any firm rationale for their inclusion.

MacKenzie Davey and Liefhooghe (2003) suggest that bullying is an inevitable part of work and perceived as *the legitimate exercise of power* (p 453). However, even if such behaviour is to be expected in the workplace, it does not follow that it should be accepted. Bullying has been identified as the cause of more long term sickness and trauma than all other forms of work related stress (Wilson 1991) with the suggested cost to UK businesses reported as being in the region of two **billion** pounds per year (CIPD 2005).

Comparative international studies and statistics (Einarsen 2000) suggest that the lowest incidence rates of bullying tend to come from the Scandinavian countries (2-25%). This may, in part, be explained by the fact that researchers apply strict criteria (such as duration and frequency of bullying behaviour) when measuring the nature and extent of bullying. By contrast, two studies of NHS Trust employees in Britain show a prevalence of between 11% (self reported exposure to bullying in the preceding six months) (Hoel & Cooper 2000) and 38% (exposure to one or more types of bullying behaviours during the previous year). In

2002, a survey of the Royal College of Nursing's membership revealed that 17% (n=670) of respondents indicated that they had been bullied at some time in the 12 months prior to the survey.

These examples indicate the differences in the rates of workplace bullying reported across a range of workplaces and countries, using a variety of definitions, criteria and instruments. Bullying behaviours can be classified in many ways. One such classification is that by Rayner and Hoel (1997) who placed bullying under the following five categories:

- *Threat to professional status- belittling opinion, public professional humiliation, accusation regarding lack of effort*
- *Threat to personal standing- name-calling, insults, intimidation, devaluing with reference to age*
- *Isolation- preventing access to opportunities, physical or social isolation, withholding information*
- *Overwork- undue pressure, impossible deadlines, unnecessary disruptions*
- *Destabilisation-failure to give credit when due, meaningless tasks, removal of responsibility, repeated reminders of blunders, setting up to fail (p183).*

While these represent only one of the ways in which bullying behaviour is categorised, it clearly indicates the diverse nature of the phenomenon.

BULLYING IN MIDWIFERY

In 1996, the RCM undertook the first large scale research into bullying in midwifery and surveyed 1000 midwives and student midwives with a reported response rate of 46% (n=462). Nearly half of the respondents (43%; n=197) reported experience of bullying. Although duration or frequency of bullying behaviour(s) was not examined, a list of behaviours was identified: intimidation (67%; n=132); undervaluing of skills (67%; n=131); humiliation (66%; n=130); belittling of work (60%; n=119); undervaluing effort (57%; n=114); questioning of professional competence (51%; n=101) and excessive criticism (51%; n=101). Case studies by Hadikin and O'Driscoll (2000) further illustrate the culture of bullying with midwives recalling occasions when they had been 'undermined, belittled, controlled, victimised, sent to coventry, had work devalued and been passed over for promotion'. Midwives were reported as having left their jobs as a way to escape the bully (Hadikin and O'Driscoll 2000).

Manifestations of bullying in the midwifery workplace have emerged from research by Begley (1999), Ball et al, (2002) and Curtis et al (2003). Begley (1999a, 1999b, 2001, and 2002) reported the feelings and views of student midwives who became more aware of the

hierarchical environment and exposed a *subculture of nursing/midwifery subordination* as they progressed through their education programme in Ireland (Begley:310).

A study by Ball et al (2002) into why midwives leave the midwifery profession, identified managers as bullies. Follow-up research by Curtis et al (2003) reported that while managers accepted certain types of bullying behaviours did take place, they were keen to minimise their importance and blamed colleagues for misinterpretation of events or claimed they were *oversensitive* (p 30).

There is much anecdotal, but little recent empirical evidence beyond case study, to support the existence of bullying in midwifery practice. The definition of bullying is not clear: therefore this study was undertaken in order to define and explore the nature and manifestations of bullying in midwifery.

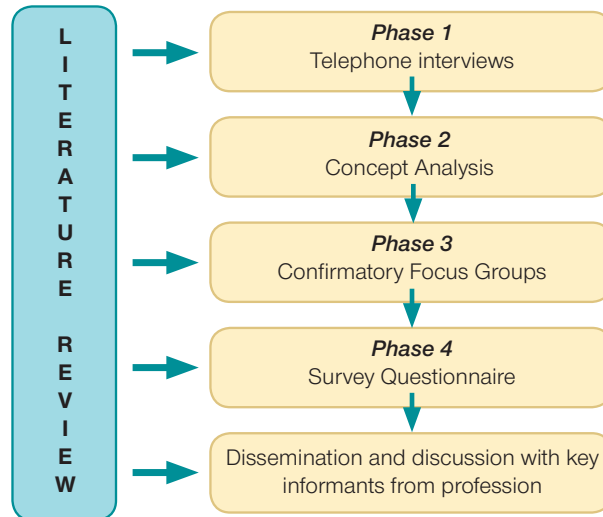
METHODS

This was an exploratory descriptive study which used a mixed-methods approach which has been advocated as a means of finding the answer to both *exploratory and confirmatory questions* (Tashakkori and Teddlie 2003).

The research was carried out in four sequential phases (see figure 1):

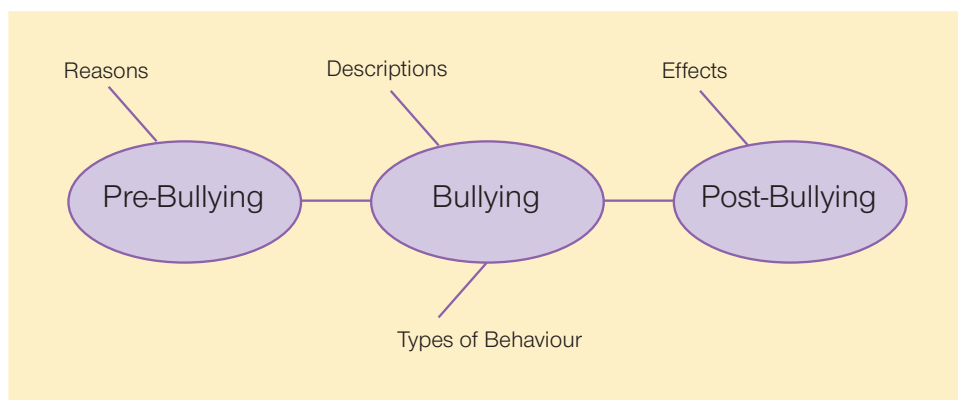
- exploratory telephone interviews with midwives (n=3) from practice and academia;
- concept analysis of bullying in the workplace using Walker and Avant's (1995) framework;
- confirmatory focus groups with practising midwives, midwife managers, academic midwives and union representatives;
- a questionnaire survey of student midwives.

Figure 1. Four phases of research using qualitative and quantitative methods to define and examine the nature and manifestations of bullying in midwifery



The underpinning literature review informed these four phases of the study. It contributed to the development of the preliminary theoretical framework (see Figure 2) by identifying three stages of bullying.

Figure 2. Diagrammatic representation of three stages of bullying in midwifery emerging from the literature



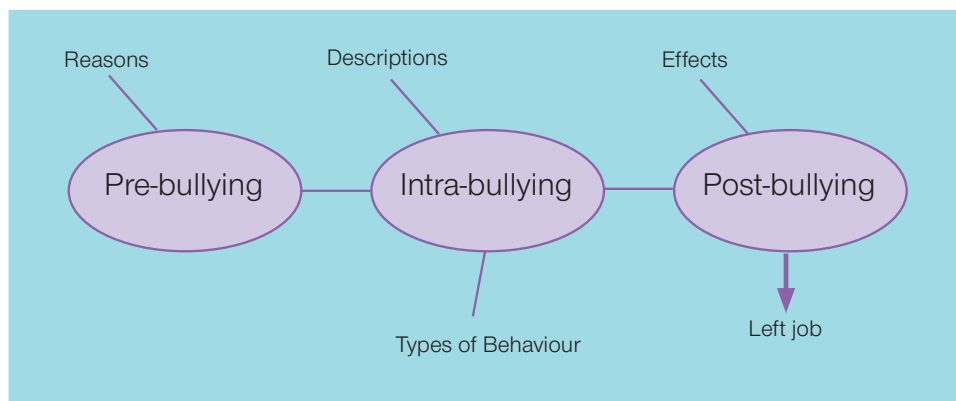
Each of the phases of the research contributed to the development of a new theoretical framework.

TELEPHONE INTERVIEWS (Phase One)

The Telephone interviews explored the phenomenon of bullying experienced by midwives in practice and within academia. Three midwives agreed to be interviewed and their stories provided compelling evidence of the existence of bullying. The telephone interviews were carried out using Rayner and Hoel's (1997) five categories of bullying behaviour (see Page 6).

These three midwives were in the post bullying stage and this was evidenced by their comments indicating how they could no longer stay in their work environment and felt forced to leave. Further rich illuminative data can be accessed from published work by Gillen (2002). This data contributed to the development of the theoretical framework (see Figure 3).

Figure 3. Diagrammatic representation of a theoretical framework of the three stages of bullying in midwifery including data from telephone interviews

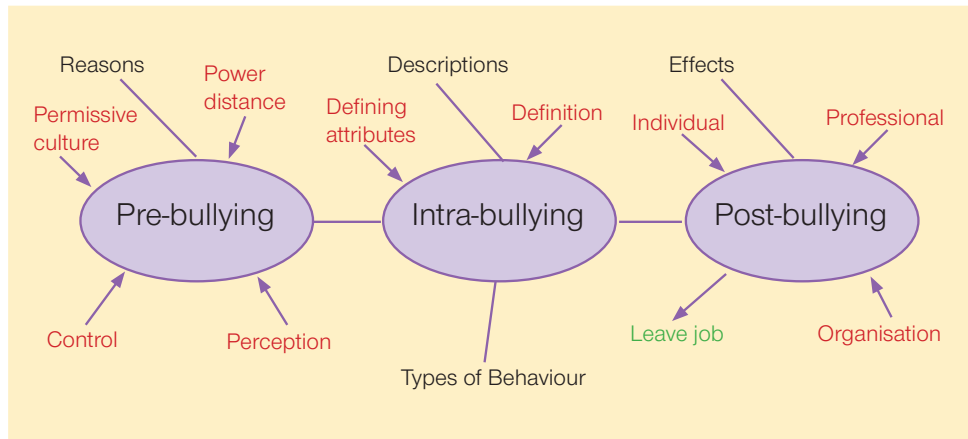


Having confirmed the presence of bullying in midwifery and completed an initial literature review, it was apparent that there was a need for consensus regarding the definition of bullying.

CONCEPT ANALYSIS (Phase Two)

Concept analysis is a qualitative approach that facilitates knowledge and theory development through a rigorous process of defining meaning(s) ascribed to a particular phenomenon. This facilitates clarity of meaning of the concept and enables further exploration and knowledge development. The analysis was undertaken using the Walker and Avant framework (1995) (Gillen et al 2004). Each of the stages of the analysis involves a progressive refocusing on the concept including the identification of the defining attributes, antecedents and consequences.

Figure 4. Diagrammatic representation of an emerging theoretical framework of the three stages of bullying in midwifery



Black font indicates literature sources, green was informed by phase one with additions to framework following concept analysis in red

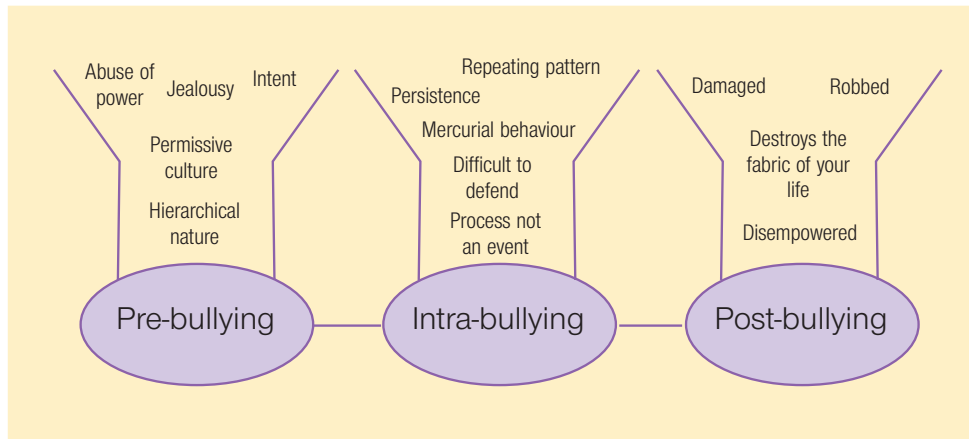
However, one of the criticisms of the concept analysis is that it removes the phenomenon that is under scrutiny from its context (Unsworth 2000). One way in which this may be overcome is to undertake focus groups to confirm and validate the findings of the concept analysis. One way in which this may be overcome is to undertake focus groups to confirm and validate the findings of the concept analysis (confirmatory focus groups). The *context-intelligence* (Holloway 2005:275) is vital so that the researcher may fully understand the real life experience of the participants and as a consequence, place the phenomenon that is being studied in its most appropriate context.

CONFIRMATORY FOCUS GROUPS (Phase Three)

The confirmatory focus groups were undertaken with practising midwives, midwife managers, academic midwives and union representatives. The definition of bullying in midwifery, and the critical (defining) attributes, antecedents and consequences as identified within the concept analysis (Walker & Avant 1995) were used as a framework for the discussion.

The focus groups were used as an inductive confirmatory process. They also provided a rich source of data which contributed to the theoretical framework (see Figure 5).

Figure 5. Diagrammatic representation of the three stages of bullying in midwifery including participant data from focus groups



Examples of the words used by the focus group members are used to inform the theoretical framework and confirm the findings of the concept analysis.

STUDENT MIDWIFE SURVEY QUESTIONNAIRE (Phase Four)

The student midwife questionnaire was designed to confirm and validate the findings of the concept analysis. The survey was divided into three sections (Cronbach Alpha $r=.89$):

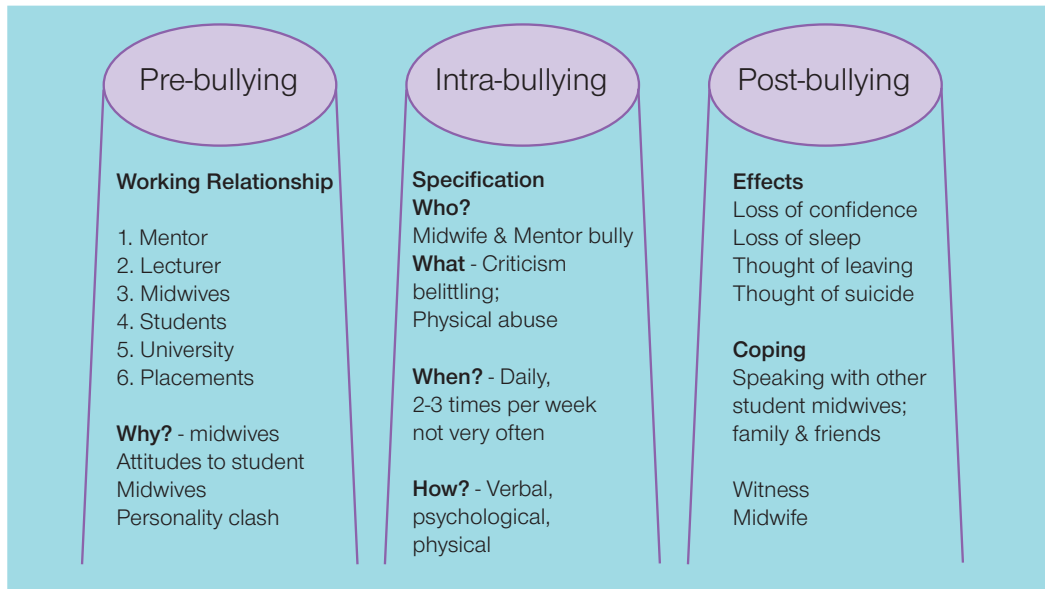
Section One - Profile of the student midwives.

Section Two - Working relationships.

Section Three -The nature and manifestation of bullying.

The questionnaire was completed by 164 student midwives. As novices to the profession, student midwives were most likely to be unaffected by professional socialisation. The findings from the questionnaire confirmed the existence of bullying in midwifery and illustrated the reality of bullying behaviour as it was manifested in practice, providing additional evidence to develop the theoretical framework.

Figure 6. Diagrammatic representation of the three stages of bullying in midwifery with contributions from student midwife questionnaire



The above figure is a diagrammatic representation of how the findings from the questionnaire contributed to each stage of the theoretical framework. Poor working relationships may be considered as a precursor to bullying. The Intra Bullying stage specified the “Who”, “What”, “When”, and “How” of bullying. In the Post Bullying stage not only the effects of bullying are illuminated but also the coping mechanisms employed by the student midwives who experienced bullying and those who observed colleagues being bullied.

DISCUSSION OF FINDINGS

The major findings from the research are summarised and discussed within the context of what is already known about bullying in the workplace.

DEFINITION

Problems with definition of bullying in the workplace became clear in the first instance from the plethora of words that are commonly used to mean bullying. The literature review revealed a range of definitions that have been used to describe the phenomenon of bullying. The definition chosen for exploration and concept development in this study was the one originally posed by the RCM in 1996. It is good research practice to build on existing knowledge and the RCM definition was clear and succinct.

The focus group participants supported the key principles underpinning the definition and considered the inclusion of the 'abuse of power' to be of additional value, as it highlights subtle, and often unseen influences exerted by bullies. Abuse of power was manifest in treating someone badly but also defined as showing favouritism. An equally important component of the definition was persistence which was viewed as a crucial aspect of bullying behaviour; the ongoing and repeated nature of the behaviour which ultimately undermines and negatively affects the victim. There was a general consensus that most bullying was indeed **intentional**.

Some of the midwives in this study failed to recognize the behaviour they were exposed to as bullying. This was previously reported by Hadikin and O'Driscoll (2000). This lack of recognition of bullying behaviour allows the behaviour to continue unchecked and leads to a reluctance on the part of the victim to acknowledge that they have been bullied. There was tentative recognition by some members of the groups that bullying was a way of 'getting things done' within the highly pressurised atmosphere of a midwifery service. This concurs with the Curtis et al (2003) study in which managers' reported feeling powerless when confronted with G grade midwives who were identified as bullies. They were overcome by fear of losing these experienced and valuable members of staff.

DEFINING ATTRIBUTES

These attributes set bullying apart from the normal interpersonal interactions and organizational communication that exist within workplaces and were identified as: **repeated nature of the behaviour; negative effect of the behaviour; difficulty in defending self and the intent of the bully.**

Repeated Nature

There are a number of behaviours which can be used by the bully to destabilise, undermine and negatively impact on the victim. The repeated nature of bullying was reflected by one of the focus group midwives:

...keeps you on edge all the time and it keeps you in a position where you are wanting to please all the time as well (4C).

The behaviours most often cited as bullying behaviour by the student midwives ranged from intimidation, excessive criticism, belittling of work to undervaluing skills and effort. These are recognised as behaviours that are frequently used by bullies (RCM 1996, Einarsen & Raknes 1997, Quine 2001). While the majority of behaviours to which the midwives and student midwives were subjected to were non-physical, there were two occasions when physical assault occurred; one was 'pushed around' and the other had 'a bag of waste thrown' at her.

However a perspective on bullying which is often overlooked is witnessing bullying behaviour. It is acknowledged that many bullying behaviours are subtle and take place behind closed doors away from the public eye. Despite this more than a third (36%, n=59) of the student midwives witnessed others being bullied. This is an important finding as witnessing bullying behaviour is considered an objective measure of the phenomenon and confirms that bullying is not 'just a perception' of the victim (Quine 2003).

Negative effect of the behaviour

Data from the midwives in the focus groups indicated that it was the effect of the behaviour on the victim that was more important than the frequency of the behaviour. Student midwives described a range of behaviour including: 'loss of confidence', 'loss of self-esteem' and 'anxiety'. The effect of bullying on these students' physical and mental health was described as 'disturbed sleeping patterns', and 'taking time off work and generally feeling unwell'. Similar effects were reported by members of the focus groups who were aware of these effects either through personal experience or through second hand accounts of victims who had confided in them and other studies reporting similar effects, (RCM 1996, Quine 2001). Of great concern is the revelation by one of the student midwives that she had contemplated suicide as a consequence of being bullied. This is a devastating but not unknown outcome previously reported in the literature by Hastie (1995) and the RCM (1996).

Some of the students midwives also considered leaving the course (42%, n=25). This is a particularly common response to bullying behaviour by victims. Zapf and Gross (2001) suggest that leaving their job is a final reaction from a victim of bullying. They may have tried to deal with the issue but their attempts to resolve the problem may have made their working life intolerable and their only way forward was to leave the profession.

Difficulty in defending self

Power imbalance can affect the victim's capacity to defend themselves and bullies are dependent on the victims having difficulty in this respect. In some cases midwives described how they perceived bullies drew strength from the pain and suffering evident in the victim. This power incited them to continue their behaviour. Evidence to support this perception was reported by Zapf and Gross (2001) where a cycle of perpetuation based on visible evidence of harming the victim increased the attacks by the bully.

Many of the student midwives tried to defend themselves from the emotional trauma caused by the bullying behaviour. Some found release by talking with peers and family and friends. This disclosure was recognised by some as a useful step in helping to work out how to react the next time the bully attacked. While some of the students tried to speak with the bully about the behaviour, this was found to be ineffective in getting them to change their behaviour.

Olafsson and Johannsdottir (2004) report a difference in approach to dealing with bullying behaviour between those who have experienced bullying and those who have not. Those who have not been bullied are more likely to believe that they would be assertive and seek help while those who have been bullied are more likely to use avoidance strategies, such as changing jobs.

It was apparent that often the student midwives put up with the behaviour as they did not want it to jeopardise their clinical or academic marks, or their job opportunities within the healthcare trust in which they were placed. This was also highlighted by Begley (2001) as a legitimate concern for student midwives. There was a clear power imbalance between student midwives and qualified staff which was verbalised by the students in both clinical practice and the university setting.

Intent of the Bully

There is a general reluctance on the part of researchers into bullying to include the issue of intent (Rayner and Hoel 1997). This may in part be due to the difficulty in measurement. However, the majority of these student midwives (53%, n=31) believed that the bully *intended* to bully them. They perceived intentional behaviour to be intricately woven into the culture of midwifery- and perceived their survival to be similar to an initiation test or a rite of passage. Begley (2002) suggests that there is a *cyclical nature* (p 315) to hierarchy and bullying in midwifery *where successive generations of staff are taught by the example of their senior colleagues to behave in certain ways* (p 315). In this study the student midwives saw the intent of the bully as a need to take control and hold the power within the midwife/student relationship. If behaviour was intentional, it might continue and perhaps escalate. The escalation in the behaviour is associated with bullying behaviour which happens over a long period of time (Einarsen 2000) when the bully feels above reproach.

In summary, the defining attributes of bullying have been identified and confirmed as:

- *repeated nature of the behaviour;*
- *negative effect on the victim,*
- *difficulty in defending self; and*
- *intent of the bully*

Therefore a new definition of bullying in midwifery has been developed as a result of this research:

Table 1. Definition with amendments (in bold) following findings from research:

*Bullying in midwifery is the **often intentional, repeated**, persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair penal sanctions **against which the victim finds it difficult to defend him/herself.** It **has a negative effect on the recipient** which makes them feel upset, threatened, humiliated or vulnerable; undermines their self-confidence and which may cause them to suffer stress.*

This definition explicitly includes each of the defining attributes that have been confirmed and validated within the context of midwifery.

ANTECEDENTS

It is important to consider the antecedents to bullying because as an event that must occur prior to the occurrence of a concept (Walker & Avant, 2005), it may be feasible to look at whether this can be changed in some way to either reduce or minimise the occurrence or impact of bullying. Four antecedents emerged from the literature and were confirmed by the research participants.

1. **Perception of the behaviour by the victim.** The bullying behaviour may be openly aggressive but as reported by McKenna et al (2003), it may also be subtle and covert. Ultimately however it is the victim's perception of the event that is important. While it is important to examine all factors that may in some way contribute to the phenomenon of bullying, it is important that the victim of the behaviour does not become further victimised by being made to feel that their perception of the world is the reason that they feel bullied, as opposed to an acceptance that they are or have been bullied.

2. **Lack of control;** either perceived or actual. In the main midwives work within the confines of large hierarchical healthcare trusts which are medically dominated social institutions and within which many procedures and guidelines are based on a medical model of care prevail (Hyde and Roche-Reid 2004). This lack of control may reveal itself as frustration which emerges as bullying behaviour to those over whom they have some control; that is their midwifery colleagues and student midwives in particular.

3. **Significant power distance** between the victim and the perpetrator. Power distance was first identified by Hofstede (1980) and is defined by Einarsen (2000) as the interpersonal power or influence difference between two persons as perceived by the least powerful of the two (p 385). The student midwives believed that much of the bullying behaviour that they experienced was the midwife exerting her control and power over the student. Power

imbalances tend to be more prevalent in organisations where there is a reliance on hierarchy and power and control (Ashforth 1994; Ireland 2000) such as prisons, the armed forces and the NHS.

4. **Permissive culture** within the workplace. The focus groups identified the culture within which midwives are working as a contributory factor in bullying. The permissive role of the organisation was highlighted with no actions being taken by the powers that be: thereby implying that bullying was an acceptable practice. Midwives in this study had no confidence in the support mechanisms currently available within the workplace. The prevailing belief was that the most senior person's story would be believed even though he/she was more likely to be the bully. The victim's point of view was easily dismissed, and speaking out left them vulnerable. Again, this knock-on effect of bullies getting away with their behaviour was perceived to be part of the cycle of violence and it was not surprising to hear that participants state that they had no confidence in the system, that bullies work in packs and that they get a kick from their behaviour.

The socialisation processes for new or potential members of the profession, was seen as a major contributor to the perpetuation of bullying in midwifery. In essence there was little opportunity for newcomers to influence the culture. In fact there was an expectation that they would conform to the current leadership styles and behavioural norms. The student midwives could clearly identify groups of notorious midwives who were well known by the students for belittling and undermining student midwives. It is likely that their colleagues knew who they were also. Perhaps it is the fear of losing experienced staff as identified by Curtis et al (2003) that explains the acceptance of bullies in management-by management.

CONSEQUENCES

The consequences of bullying in the workplace have been shown to have a devastating impact on those affected by it. The impact is apparent at both the macro and micro levels of organisations, reducing their efficiency and effectiveness and negatively influencing the working environment.

Participants were clear that the most significant consequence for some victims of bullying is to **leave their job** which clearly impacts on the victim's professional and personal life. The consequences for the profession are clear with union representatives witnessing midwives **leaving the profession** as a result of being bullied. Most often these midwives leave on **health grounds** which impacts on life outside of the profession. **Professional standards** may also be affected by bullying with midwives in this study indicating the subsequent poor morale and lack of teamwork that results from bullying, has a detrimental effect on the standard of care provided with its impact on the care that women receive.

The managers' focus group identified that many managers were **fearful of being accused of bullying** when they considered, they were only trying to do their job. This included occasions where disciplinary actions were needed and the managers perceived themselves to be vulnerable in these situations and open to accusations of bullying.

PREVALENCE OF BULLYING IN MIDWIFERY

The telephone interviews provided case evidence of the presence of bullying in midwifery in clinical practice and academia. This was also highlighted by 36% (n=59) of the student midwives who experienced bullying and 36% (n=59) who witnessed bullying. Of those who had been bullied, 61% (n=36) had also witnessed bullying. Further interrogation of the data revealed that 20% (n=23) of those who had not been bullied, had witnessed others being bullied. Taken together, it reveals that half of the student midwives (50%, n=82) had either witnessed or experienced bullying. The frequency of the bullying behaviour experienced ranged from "not very often" to "daily".

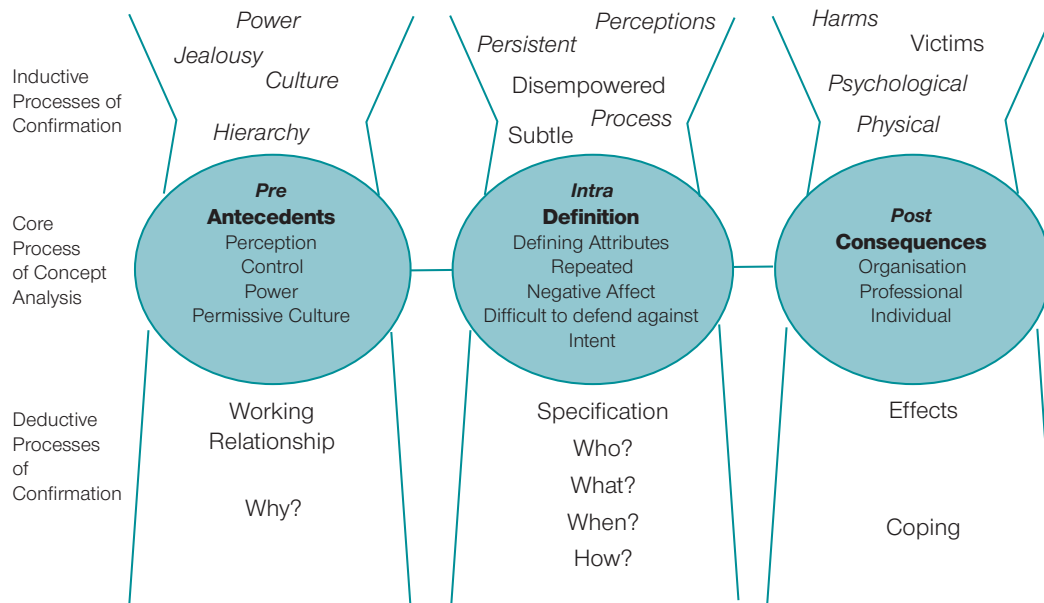
SOURCES OF BULLYING

Nearly one third of the students (31%, n=18) in this study reported that they had been bullied by more than one person. Most often the bully was a midwife or mentor, although university lecturers and personal tutors were also pinpointed as bullies. This is an important finding as it identifies the university as a venue in which students can be bullied. There are many opportunities for students to be exposed to bullying either in the university or in clinical practice when the lecturer is on placement visit. Horizontal type bullying was reported by two respondents who identified other student midwives as being the source of bullying.

The majority of student midwives (78%, n=46) indicated that the person who was responsible for bullying them, also bullied others. One of the student midwives recalled a staff midwife as having proudly declared "*I have never had a student make it to the 3rd year*" (no. 3). At a time when retention and recruitment of staff is high on the profession's list of priorities, attitudes such as these are unacceptable.

It is clear that bullying in midwifery is complex and multi-faceted. In an attempt to provide a structure to describe, define and understand these complexities, a theoretical framework was designed and the process described. The concept of bullying has been clarified and the final diagram demonstrates the inductive and deductive processes undertaken (see Figure 7).

Figure 7. Diagrammatic representation of the overall theoretical framework



RECOMMENDATIONS FOR PRACTICE, EDUCATION AND RESEARCH

It is important that research is used to make recommendations for practice, education and research. The recommendations that have emerged from this research are as follows:

Practice

Following an invitation to meet with the RCM employment committee, preliminary work has already been undertaken to discuss ways in which the findings of this research can be used to inform the development of a policy, position statement and future research.

Education

Educators have a responsibility to use evidence to inform practice and this research indicated that students suffer bullying. Educators need to address this issue and prepare students to identify bullying, cope with bullying, act on bullying, support each other and seek help.

A web based support network may be a helpful medium through which midwives can share their stories and seek the support that may moderate the damaging effects of bullying. This could also be used as a comprehensive means of collecting stories about bullying not only from the perspective of the victims, but also from bullies. Preliminary discussions have taken place with the RCM and a web based response/monitoring system may be enacted to gather further information on the nature, extent and manifestations of bullying in midwifery.

Research

Further research needs to be undertaken at a theoretical and practical level.

Bullying is taking place at university- this is new knowledge. We don't know why bullies bully and what drives them to act in this manner and how their behaviour may be changed. Both these areas require further exploration and research.

CONCLUSION

This research provides evidence of bullying in midwifery within the clinical and university settings. Bullying has been shown to be rooted not only in the permissive culture of organisations in which midwifery care is provided but also in the profession of midwifery itself.

There needs to be a much more proactive approach to bullying, including a move towards a change in culture which actively discourages bullying at all levels within the profession and recognises the role of intent in the bullying behaviour. Key stakeholders such as the RCM, RCN, NHS Employers, the Nursing and Midwifery Council (NMC) and midwives need to work in collaboration to tackle this issue.

REFERENCES

- Adams, A. (1992) Bullying at work: How to confront and overcome it London: Virago
- Ashforth, B. (1994) Petty Tyranny on Organizations Human Relations 47 (7) 755-779
- Ball, L., Curtis, P. and Kirkham, M. (2002) Why Do Midwives Leave? London: RCM
- Bassman, E.S. (1992) Abuse in the workplace: management remedies and bottom line impact Westport CT: Quorum Books
- Begley, C.M. (1999a) A study of student midwives' experiences during their two year education programme Midwifery 15, 194-202
- Begley, C.M. (1999b) Student midwives' views of 'learning to be a midwife' in Ireland Midwifery 15, 264-273
- Begley, C.M. (2001) 'Knowing your place': student midwives' views of relationships in midwifery in Ireland Midwifery 17,222-233
- Begley, C.M. (2002) 'Great fleas have little fleas': Irish student midwives' views of the hierarchy in midwifery Journal of Advanced Nursing 38 (3) pg 310-317
- Begley, C. (2003) Irish Nursing Students' changing self-esteem and fear of negative evaluation during their pre-registration programme Journal of Advanced Nursing 42 (4). 390-401
- Brodsky, C.M. (1976) The Harassed Worker Lexington Books: Massachusetts
- Chartered Institute of Personnel and Development (2005) Bullying at Work: Beyond policies to a Culture of Respect London: CIPD
- Coyne, I., Smith-Lee Ghong, P., Seigne, E. and Randall, P. (2003) Self and peer nominations of bullying: An analysis of incident rates, individual differences, and perceptions of the working environment European Journal of Work and Organizational Psychology 12 (3) 209-228
- Curtis, P., Ball, L. and Kirkham, M. (2003) Why do midwives leave? Talking to managers London: RCM
- Einarsen, S. (2000) Harassment and Bullying at work: A review of the Scandinavian Approach Aggression and Violent Behaviour 5 (4) 379-401

- Einarsen, S. & Skogstad, A. (1996) Bullying at work: epidemiological findings in public and private organizations European Journal of Work and Organizational Psychology 5 (2) 185-201
- Einarsen, S., & Raknes, B.I. (1997) Harassment at work and the victimisation of men Violence and Victims 12, 247-263
- Gillen, P. (2002) Bullies at work: Midwives Memories RCM Midwives Journal 5 (9), 290-293
- Gillen, P., Sinclair, M. and Kernohan, G. (2004) A concept analysis of bullying in midwifery Evidence Based Midwifery 2 (2) 46-51
- Hadikin, R. & O'Driscoll, M. (2000) The Bullying Culture Oxford:Books for Midwives
- Hastie, C. (1995) Midwives eat their young don't they? Birth Issues 4, 5-9
- Heinemann, P. (1972) Cited in: Olweus, D. Sweden :(1999) In: Smith, P.K., Morita, Y., Junger-Tas, J., Olweus, D., Catalano, R. and Slee, P. eds the nature of School Bullying: a cross-national perspective London: Routledge 28-48
- Hoel, H., & Cooper, C.L. (2000) Destructive conflict and bullying at work Manchester School of Management: University of Institute of Science and Technology
- Holloway, I. ed. (2005) Qualitative Research in Health Care England: Open University Press
- Hyde, A. & Roche-Reid, B (2004) Midwifery practice and the crisis of modernity: implications for the role of the midwife Social Science and Medicine 58, 2613-2623
- Ireland, J.L. (2000) "Bullying" among prisoners: a review of the research Aggression and Violent Behaviour 5 (2) 201-215
- Leymann, H. (1990) Mobbing and Psychological terror at workplaces Violence and Victims 5, 119-126
- Leymann, H. (1996) The content and development of mobbing at work European Journal of Work and Organizational Psychology 5 (2), 165-184

Mackenzie Davey, K. and Liefhooghe, A.P.D. (2003) In: Schorr, A., Campbell, W. and Schenk, M. Communication Research and Media Science in Europe Berlin: Menton de Gruyter, 441-457

McKenna, B.G.; Smith, N. A., Poole, S. & Coverdale, J.H. (2003) Horizontal Violence: experiences of Registered Nurses in their first year of practice Journal of Advanced Nursing 42 (1) 90-96

Niedl, K. (1996) Mobbing and well-being: economic and personnel development implications European Journal of Work and Organizational Psychology 5 (2), 239-249

Olafsson, R.F. and Johannsdottir (2004) Coping with bullying in the workplace: the effect of gender, age and type of bullying British Journal of Guidance and Counselling 32 (3) 319-333

Quine, L. (1999) Workplace bullying in NHS community trust: staff questionnaire survey British Medical Journal 318, 228-232

Quine, L. (2001) Workplace bullying in Nursing Journal of Health Psychology 6 (1), 73-84

Quine, L. (2003) Workplace Bullying, Psychological Distress, and Job Satisfaction in Junior Doctors Cambridge Quarterly of Healthcare Ethics 12, 91-101

Rayner, C. and Hoel, H. (1997) A Summary Review of Literature relating to Workplace Bullying Journal of Community and Applied Social Psychology 7, 181-191

Royal College of Midwives (1996) In place of Fear: Recognising and confronting the problem of bullying in midwifery London: RCM

Royal College of Nursing (2002) Working Well? London: RCN

Tashakkori, A. & Teddlie, C eds. (2003) Handbook of mixed methods in social & behavioural research London: Sage Publications

UNISON (1997) UNISON members' experience of bullying at work London: UNISON

Unsworth, J. (2000) Practice Development: a concept analysis Journal of Nursing Management 8, 317-326

Vartia, M. (1996) The sources of bullying- psychological work environment and organisational climate European Journal of Work and Organizational Psychology 5 (2), 203-214

Walker, L. O. and Avant, K.C. (1995) Strategies for theory construction in Nursing 3rd ed Connecticut: Appleton Lange

Wilson, C.B. (1991) U.S. Businesses suffer from Workplace Trauma Personnel Journal 70 (7), 47-50

Zapf, D. & Gross, C. (2001) Conflict escalation and coping with workplace bullying European Journal of Work and Organizational Psychology 10 (4), 497-522

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