MIDWIFERY STUDENT EXPOSURE TO WORKPLACE VIOLENCE IN
CLINICAL SETTINGS: AN EXPLORATORY STUDY

ab Lisa McKenna

c Malcolm Boyle

a Professor, School of Nursing and Midwifery
Monash University, Clayton campus, Australia
lisa.mckenna@monash.edu

b Honorary Professor, School of Nursing and Midwifery
University of Queensland, Australia

c Department of Community Emergency Health and Paramedic Practice
Monash University, Peninsula campus, Australia
malcolm.boyle@monash.edu

Corresponding author:
Professor Lisa McKenna
School of Nursing and Midwifery
10 Chancellors Walk
Monash University
Wellington Road
Clayton, Victoria, 3800
Australia
Telephone: +61 3 99053492
Fax: +61 3 9905 4837
Email: lisa.mckenna@monash.edu

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ABSTRACT

Evidence indicates that nurses regularly experience bullying within the workplace which has the potential for health and social effects, as well as worker attrition. Literature suggests that nursing students are exposed to workplace violence during clinical placements including from health professionals and mentors, however little is known about midwifery students. This study sought to examine undergraduate midwifery students’ experiences of workplace violence during clinical placements. A cross-sectional approach using a paper-based survey, the Paramedic Workplace Questionnaire, was used to solicit the information.

Students were exposed to workplace violence with the main act being intimidation (30%), verbal abuse (17%), physical abuse (3%), and sexual harassment (3%). In more than three-quarters of the incidents the students had some level of apprehension or were frightened as a result of the violence. Students responded to the acts of violence with changes to emotions, self-confidence, and a desire to “give up”. This paper demonstrates ways in which midwifery students are vulnerable to potential workplace violence from various sources. Support mechanisms need to be developed to ensure this can be minimised.

Keywords: bullying, clinical placement, midwifery students, workplace violence
Highlights:

- Midwifery environments can be highly emotive settings.
- Midwifery students are exposed to a variety of forms of workplace violence during clinical placements that can have negative impacts.
- Support mechanisms are needed to minimise the impact of workplace violence episodes on midwifery students.
- Evidence-based strategies are needed to eliminate violence in the maternity workplace.
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INTRODUCTION

Occupational or workplace violence can occur in the form of physical, emotional or verbal abuse, horizontal violence and bullying. Such violence is increasingly reported amongst health professionals with much having been documented on violence towards nurses and doctors in the emergency department (Kowalenko et al., 2012; Whelan, 2008). Furthermore, evidence indicates that nurses regularly experience bullying within the workplace. This has the potential to lead to health and social effects, as well as worker attrition (Johnson, 2009). However, scant attention has been paid to the phenomenon of workplace violence for midwives and midwifery students.

Evidence suggests that nursing students are exposed to workplace violence during clinical placements including from health professionals and teachers (Hinchberger, 2009; Magnavita and Heponeimi, 2011). Anecdotally we know that midwifery students do experience workplace violence but are hesitant to report, in writing, acts of workplace violence during clinical placements as they do not want to jeopardise their opportunity of getting employment with prospective employers on graduation. This paper reports on a study that examined midwifery students’ exposure to violence in the maternity workplace, and illuminates some of the contexts in which this was found to have occurred.
A wide search was conducted across a range of databases, including CINAHL, OVID, Proquest, ScienceDirect and Google Scholar, to source existing research around workplace violence in midwifery, and this search was subsequently expanded into nursing and healthcare more broadly. Search terms included: workplace violence, bullying, abuse, midwifery, nursing and students. Much literature was retrieved around workplace violence in nursing, with less in midwifery and healthcare more generally.

Workplace violence has been increasingly reported internationally as an experience in health care professionals’ daily work (Nelson, 2014; Lanctôt and Guay, 2014). Various groups are identified as perpetrating such violence. Peroni et al. (2014) surveyed 762 nurses in a mid-Atlantic region in the United States finding that 76% had experienced verbal and/or physical workplace violence by patients or their visitors in the previous year. In a study of new nursing graduates in Ohio, USA, 20.5% had reported having experienced workplace bullying from peers, physicians, and patients’ families (Vogelpohl et al., 2013). Furthermore, such violence can have significant individual, family and organisational consequences including physical, psychological, emotional, financial, relationship and work impacts (Lanctôt and Guay, 2014), as well as job satisfaction and job retention (Hegney et al., 2010).

Healthcare students have widely reported being exposed to workplace violence during clinical placements. Hakojärvi et al. (2014) argue that the experience of bullying during clinical placements can be detrimental for students to “progress as learners and
on how they perceive the profession and their role in it.” (p.143). In Canada, Clarke et al. (2012) surveyed 674 nursing students across a four-year bachelor program. Of those students, almost 89% reported having at least one episode of bullying, almost 8% had experienced physical abuse and 13% had been threatened with physical harm. Bullying involved experiences such as students’ efforts being undervalued, receiving negative comments, being ignored or criticised unduly, experiencing hostility or impossible performance expectations. Bullying was highest among final year students and most often perpetrators were clinical educators or staff nurses.

Research indicates that midwives are regularly exposed to violence in the workplace, particularly those working in the hospital setting. This in itself can be influenced, in part, by midwives’ own original socialisation into the midwifery profession (Parsons and Griffiths, 2007), that is, being socialised into a context whereby workplace violence is part of the accepted culture. In another UK study, it was found that midwives working in hospitals experienced much higher rates of bullying, harassment or other form of abuse than those working in community settings over the previous twelve-month period. Of the hospital midwives in the study, 51% reported abuse by women, 57% by womens’ relatives and 24% by managers. Such violence was considered both a cause and a consequence of burnout (Yoshida and Sandall, 2007). In Australia, a study of workplace aggression in nurses and midwives found that 36% of participants reported having experienced occupational violence in the previous four weeks, with 46% having three or more episodes over that time. It is important to note, however that the two professions were not separated in the analysis (Farrell and Shafiei, 2012).
Midwives have been reported to be perpetrators of bullying. In their Australian study, Dietsch et al. (2010) reported a small number of midwives exerting “uncaring, cold, callous, abusive and aggressive behaviour” towards women that served to instil fear. In a large UK study exploring why midwives left the profession, it was found that midwives without previous nursing education and those without degrees or diplomas found themselves more likely to be bullied. Bullying was reported by 23% of midwives in the study and prevalence was found to be higher for younger and less experienced midwives (Curtis et al., 2006).

Students entering midwifery settings may be even more vulnerable to exposure from workplace violence than midwives. Using interviews, Licquirish and Siebold (2008) explored eight midwifery students’ perspectives of helpful and unhelpful preceptors among midwifery students entering their final clinical placement. They found that unhelpful preceptors provided limited hands-on practice and provided little in the way of explanations for students. Students reported these preceptors to be poor communicators, lacking support, interest and encouragement. Many were unwilling to have students working with them. Negative behaviours exhibited by such midwives were reported to lead to student feelings of incompetence. Furthermore, students suggested that unhelpful preceptors were more likely to work in a hierarchical setting where students were disempowered and should “know their place” (p487). In one example, a student reported being chastised for performing a skill in the manner that she had been taught.

More serious treatment was reported in a UK study of 164 midwifery students that sought to explore students’ exposure to bullying in the clinical setting. The majority
of students (90%) in the study were undertaking direct entry courses, and the remainder post-nursing registration courses (Gillen et al., 2009). Over half of the students reported either being bullied themselves or witnessing events of bullying. Midwives, either mentors or ward staff, were reported as the main perpetrators at 43% and 42% respectively, doctors were reported at 38%, and around one quarter identified women’s relatives as the perpetrator. Such experiences were reported as resulting in lost confidence, self-esteem and sleep, anxiety, consideration about leaving the course, needing to take time off and generally feeling unwell. Belittling of direct entry midwives was identified as a further issue (Gillen et al., 2009).

Research clearly indicates that workplace violence does exist in midwifery settings. If students are being exposed to hierarchical clinical environments (Licquirish and Seibold, 2008), they are likely to be at the bottom of the structure and vulnerable to exposure to workplace violence. In Australia, direct entry Bachelor of Midwifery courses commenced in 2002. Prior to this time, individuals could only study midwifery at postgraduate level following completion of a nursing degree (McKenna and Rolls, 2007). Throughout their studies, undergraduate midwifery students are required to undertake supernumerary clinical placements in a variety of maternity settings, under the direct supervision of midwife preceptors. There is potential that these students experience similar belittling experiences as those described in the UK however, little if any is known about Australian students’ experiences in this context. This study sought to examine undergraduate midwifery students’ experiences of workplace violence during clinical placements in order to better understand what they face and potential support mechanisms that may be needed.
RESEARCH DESIGN

Undergraduate Bachelor of Midwifery students from one program in Victoria, Australia were surveyed. Following ethical approval from Monash University Human Ethics Research Committee (MUHREC), second and third year students were provided with a verbal overview of the study by a midwife researcher not directly involved in their teaching, after their final clinical placement of the year. Interested students were provided with an explanatory statement and informed that participation was voluntary and anonymous prior to commencing the survey. The questionnaire was administered at the end of a lecture for each group. Consent was implied by completion and submission of the anonymous survey.

A questionnaire used previously in a pilot study of paramedics’ exposure to workplace violence, referred to as the Paramedic Workplace Questionnaire (PWQ), was employed (Boyle et al., 2007). The PWQ consisted of five sections. The first section covered the exposure to six forms of workplace violence as defined by Tolhurst et al. (1999), verbal abuse, property damage or theft, intimidation, physical abuse, sexual harassment, and sexual assault. Definitions of violence types included in the questionnaire have been published elsewhere (Boyle et al., 2007). The second section of the questionnaire covered description of the violence, using three qualitative questions, of how the person felt personally after experiencing an episode of violence in the workplace, as defined in the first section. The third section covered the response to the violent incident(s). The fourth section covered the Impact of Event Scale which measured the response to a violent workplace event during their clinical placement (Horowitz et al., 1979). The PWQ has been used previously in a study with paramedics and has demonstrated face and content validity (Boyle et al., 2007).
Descriptive data analysis was undertaken using SPSS (Statistical Package for the Social Sciences Version 20.0, SPSS Inc, Chicago, Illinois, USA) using means and standard deviations for each item.

**Results**

There were 52 students who participated in the study with 21 (40.4%) in second year. The average age was 28.8 years, standard deviation 8.1 years, median age was 25.5 years with a range from 19 years to 45 years. There were no male students. Results indicate that students among the cohort experienced a range of workplace violence including verbal abuse, intimidation, physical abuse and sexual harassment.

**Verbal abuse**

Nine students (17%) reported having been verbally abused in the preceding twelve months, and all during clinical placement days. Of these, three reported this as occurring once only, four experiencing it a few times and two students reporting that verbal abuse had occurred about monthly during that time. Some students gave descriptions of verbal abuse coming from midwives, such as through accusations and belittling in front of other staff.

*Accused of something I didn't do. My side of the story was not asked for because I’m a student. The qualified midwife’s word was taken as gospel when in fact she was covering her own mistake.* [Participant 4]

*I was asked to do something I had never done before and was yelled at and put down in front of other staff.* [Participant 14]
Reflecting the uniqueness of the maternity setting, some students reported verbal abuse coming from labouring women who they were caring for, or their significant others:

[Labouring woman] screaming, demanding things, throwing things.

Not worried but copped flack from a labouring woman, swearing at me and then midwife calling us names. [Participant 32]

Being yelled at by the mother of a labouring woman, I found it difficult to calm her down. [Participant 7]

Intimidation

Sixteen (30%) students reported that they had been subjected to intimidation in the previous twelve months. Of these, seven reported it had occurred once, seven reported a few experiences, one reported it occurring monthly and for another weekly. Most of the reported intimidation came from midwives through a range of different practices. These included being made to feel unwelcome and ignored.

Being spoken to as if I was useless, painful, annoying and generally a problem to have around. Clearly the midwife did not want to teach a student.

[Participant 35]

So many [experiences], being ignored and intentionally not given handover sheets, allocated to women not even in labour in birth suite, pumped for
answers on the spot and yelled at when information isn’t given immediately.

[Participant 4]

Others reported being chastised about their knowledge.

*Being told off in front of the patient as to why I wasn’t being a good student, what I was doing wrong.* [Participant 25]

*Standover tactics about midwifery knowledge.* [Participant 36]

For another student, lack of sensitivity in the way in which feedback was delivered from a midwife was experienced as intimidating:

*Lack of sensitivity and respect with initial feedback. Came from a registered midwife who was a mid student 3 years ago.* [Participant 5]

On a couple of occasions, reported intimidation came from partners of labouring women:

*Inappropriate behaviour of an alcoholic partner towards the woman and staff.*

*Little inhibition with words and actions.* [Participant 1]

*Yelled at as the partner interpreted his wife’s pain in labour as abnormal.*

[Participant 29]

**Physical abuse and sexual harassment**

Despite smaller numbers than in previous sections, a few students reported experiencing either physical abuse (n=3) or sexual harassment (n=3). No details were
provided by participants about the physical abuse experienced. In all instances, sexual harassment was reportedly instigated by a professional or work colleague:

*Male staff member making derogatory comments and turning up behind me wherever I was.* [Participant 26]

*Suggestive sexual comments made supposedly in humour but still unwanted in nature.* [Participant 15]

For one student, sexual harassment came from a medical practitioner:

*Registrar declaring to entire theatre that I am gorgeous and then asking me on a date the following weekend in front of everyone. He is married and so am I. He was never given any encouragement.* [Participant 4]

When asked how they responded to the experience, it was clear that two felt powerless to respond, resulting in them not taking any further action and reporting the events.

*Did nothing because I could tell he meant no offence.* [Participant 15]

*Laughed it off and avoided him.* [Participant 4]

**Students’ Levels of Fear**

The student’s level of fear when exposed to the workplace violence ranged from none (15.2%) through mildly apprehensive (54.5%), quite apprehensive 21.2%, to frightened (9.1%). The fear level was not confined to the younger students but was distributed across the different ages.
Impact of the violence experience

With relation to their most significant violence experience, students were asked to respond to a series of comments using a Likert scale from 1=not at all to 4=often during the previous seven days (Table 1).

< insert Table 1 about here>

Students were asked to reflect on the most significant episode of violence experienced and the impact on them from a personal perspective. Three stated that there was no impact while five provided other written comments, demonstrating impact on confidence, trust and desire. For some, experiences resulted in becoming more closed off from interactions and cautious:

*Shut down, reduced confidence, useless and sad.* [Participant 14]

*I’ve become a bit more aware of what I say and to who.* [Participant 23]

For others, the experiences caused them to want to leave the ward environment, or the course:

*I don’t want to work on that ward anymore.* [Participant 52]

*It made me want to give up.* [Participant 4]

Students were also asked to describe the impact the experience had on their work. Nine students responded, with three indicating no impact. Again, other comments indicated students were less confident and more cautious during their placements:
I am a little more cautious when meeting staff for the first time. [Participant 52]

Made me feel unsure of my own skills, unwelcome in the environment. [Participant 4]

Others developed a cautious approach in their interactions, wanting to avoid people who could lead to similar events occurring in the future:

More wary of partner of patient and family. [Participant 39]

Unhappy to work with that particular person. [Participant 14]

DISCUSSION

This study sought to explore undergraduate midwifery students’ experiences of workplace violence during clinical placements in order to better understand what is being confronted and the potential support needed for students. Midwifery is an area that is generally considered a positive place to work. However, our findings indicate this is not the case for all students in this study. The extent of workplace violence experiences across all of the different variations for this group was both surprising and concerning.

Midwives often work in closed, confined areas with women, their partners and families such as birthing suites. Furthermore, labour and birth can be stressful events for the women and her family. It is therefore, not surprising, that students in our study reported verbal abuse and intimidation from women, partners and families in such clinical settings. The study by Yoshida and Sandall (2013) identified that violence
from women and their relatives was high among hospital midwives. There is clearly a need for research and strategies to be developed around this area of practice to support midwives in their work.

Beyond the workplace violence perpetrated by women, their partners and family, students in this study experienced a range from midwives and doctors. This suggests that their potential for workplace violence is even greater than that for midwives. Sense of belonging has been found to be important to midwifery students during clinical placements (McKenna et al., 2013). Furthermore, clinical placement experiences have been found to contribute to midwifery students’ post-graduate employment choices (McCall et al., 2009). Negative experiences clearly have the potential to prompt midwifery students to seek alternative workplaces as graduates, or as suggested by one participant to in our study, to leave the course. Similar experiences have been reported among nursing students following workplace violence in clinical settings such as feeling unwanted, disbelieved and humiliated by staff (Thomas and Burk, 2009). Our study found that violent incidents led to some ongoing impact, particularly loss of confidence, trust and questioning whether to continue the course. In their study of midwifery students and bullying in the UK, Gillen et al. (2009) reported that 71% of students identified having lost confidence and 61% reported loss of self-esteem. Such lingering feelings have the potential to impede subsequent learning and optimising of clinical experiences, as well as contribute to course attrition.

Of concern is that students are being subjected to sexual harassment in the workplace and the student’s response to the act. There appears to be a lack of confidence in the
student reporting such behaviour for fear of retribution or not wanting to “make waves” in an institution where they may be applying for a job. The institutions where students undertake clinical placements need a reporting process whereby students are confident to use it, appropriate action will be taken, and there is no retribution on the student.

There are some limitations in this study. The data were collected from one second- and one third-year Bachelor of Midwifery cohort at one Australian university. Therefore, the results cannot be generalised beyond these two groups. Cohort sizes in the course are small compared to other courses such as nursing, hence the sample size is limited. Nevertheless, workplace violence was still found to have occurred within this group, more than the research team had anticipated and this raises cause for concern. Overall, the study does provide information that should prompt others to explore the issue further.

The impact of workplace violence on midwifery students requires further exploration and development of strategies for managing students who find themselves in such situations. There is a need to provide students with information and directives about managing workplace violence as a component of their initial preparation for clinical placements (Hakojärvi et al., 2014). There is also need for a reporting mechanism when the student is unable to discuss the incident within the work environment and emphasis on discussing the issue with faculty and other appropriate counselling services. Furthermore, university staff need to develop protocols for academic staff to assist students in managing incidents and working with clinical settings to ensure supportive learning environments for students and promote a sense of belonging. At
the health organisation level, there is a need to educate midwives providing clinical teaching and support for students about the risks and support needs for students, highlighting that students possess less control over their learning environment which potentially increases their risk (Rodwell and Demir, 2012). Providing training in “empathic communication and active listening” (Heath, 2014) would also assist in promoting teamwork and a caring learning environment. Finally, there is a need for openness about the scope of workplace violence experienced in maternity settings, whereby individuals can feel able to disclose incidents, receive appropriate support and for intervention strategies to be implemented.

There is an urgent need for further studies into workplace violence and midwifery students in the clinical setting on a larger scale, including trialling intervention studies and analyses of witness accounts, as well as the impact of workplace violence on students’ progression into midwifery practice as midwives. Furthermore, while much is documented about workplace violence in other clinical areas, such as emergency departments, little has explored such phenomena in midwifery, and in particular, midwifery students and this is clearly warranted.

**CONCLUSION**

Midwifery students are exposed to a range of workplace violence experiences during their clinical placements. Such experiences lead students to question leaving the course, and reduce their self-confidence and trust. This may influence where they choose to work following graduation. Health providers and educational institutions have a responsibility to ensure students are well supported during their placements.
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TABLE 1: IMPACT OF EVENT SCALE

<table>
<thead>
<tr>
<th>Response</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I thought about it when I didn’t mean to</td>
<td>1.92</td>
<td>1.111</td>
</tr>
<tr>
<td>I avoided letting myself get upset when I thought about it or was reminded of it</td>
<td>2.26</td>
<td>0.922</td>
</tr>
<tr>
<td>I tried to remove it from memory</td>
<td>2.29</td>
<td>1.035</td>
</tr>
<tr>
<td>I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind</td>
<td>1.94</td>
<td>1.127</td>
</tr>
<tr>
<td>I had waves of strong feelings about it</td>
<td>2.18</td>
<td>1.072</td>
</tr>
<tr>
<td>I had dreams about it</td>
<td>1.90</td>
<td>1.071</td>
</tr>
<tr>
<td>I stayed away from reminders of it</td>
<td>1.69</td>
<td>0.940</td>
</tr>
<tr>
<td>I felt as if it hadn’t happened or wasn’t real</td>
<td>1.52</td>
<td>0.828</td>
</tr>
<tr>
<td>I tried not to talk about it</td>
<td>1.62</td>
<td>0.796</td>
</tr>
<tr>
<td>Pictures popped into my mind</td>
<td>2.04</td>
<td>1.066</td>
</tr>
<tr>
<td>Other things kept making me think about it</td>
<td>1.88</td>
<td>0.887</td>
</tr>
<tr>
<td>I was aware that I still had a lot of feelings about it, but I didn’t deal with them</td>
<td>1.77</td>
<td>0.962</td>
</tr>
<tr>
<td>I tried not to think about it</td>
<td>2.08</td>
<td>1.026</td>
</tr>
<tr>
<td>Any reminder brought back feelings about it</td>
<td>1.77</td>
<td>0.921</td>
</tr>
<tr>
<td>My feelings about it were kind of numb</td>
<td>1.58</td>
<td>0.893</td>
</tr>
<tr>
<td>I found it harder to help people</td>
<td>1.19</td>
<td>0.487</td>
</tr>
<tr>
<td>I felt helpless</td>
<td>1.79</td>
<td>1.035</td>
</tr>
</tbody>
</table>