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Student midwives' experience of bullying

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Abstract

Aim. To define and examine the nature and manifestations of bullying in midwifery as experienced by a cohort of student midwives in the UK.
Method. A self-administered survey questionnaire developed from the literature review and the findings of the concept analysis and administered to 400 student midwives.
Findings. The findings report the existence of bullying in both the practice and to a lesser extent, the university settings and highlight the permissive culture that underpins this phenomenon. Half of the 164 student midwives who responded had either witnessed or experienced bullying. Most often the bully was a midwife or the mentor. However, university lecturers and personal tutors were also identified as bullies.
Implications. It is imperative that awareness of bullying in the workplace is raised at all levels within the profession. Key stakeholders need to acknowledge the presence of bullying within the profession and seek ways to minimise its existence.

Key words: Bullying in midwifery, student midwives, bullying in the workplace, horizontal violence, evidence-based midwifery

Introduction

This paper reports on phase four of a study that examined the nature and extent of bullying in midwifery. It presents the findings of a survey questionnaire that confirms and validates the concept analysis of bullying (Gillen et al, 2004) including the definition, defining attributes, antecedents and consequences of bullying.

Background

Bullying in midwifery is a complex workplace phenomenon that requires careful examination and exploration. The literature review (see Table 1) provided a range of evidence, which may be aligned within three key stages of bullying in midwifery: before, during and after. The first stage (pre-bullying) relates to all that happens before bullying begins – those factors that in some way contribute to bullying in midwifery. The second stage (bullying) includes the definition, nature and manifestations of bullying in the workplace. The third stage (post-bullying) is the one where the effects of bullying may be seen, with possible implications for the individual who has been bullied, but also their profession and the organisation in which they work.

Bullying in the workplace has been identified by midwives as a priority for research in Ireland and Australia (Fenwick et al, 2006; McCarthy et al, 2006). In the current climate, as the profession is struggling to recruit and retain midwives (Davies, 2005), bullying has emerged as a reason why midwives may leave the profession (Ball et al, 2002; Curtis et al, 2003). Research in the area of bullying at the student midwife stage early in a midwife's career was thus considered timely and of the highest importance. As novices to the profession, student midwives have not yet had the opportunity to be socialised into the profession. Therefore, they are able to observe and form opinions about the types of behaviour they are exposed to, both in the clinical setting and the university.

The literature review, which is a common starting point for some but not all research, identified a number of methodological challenges. These include lack of consensus on definition, uncertain time frames, frequencies of bullying behaviours and failure to provide a firm theoretical basis for the instrument development. This lack of consensus of terminology and agreement on the word bullying is one of the challenges for researchers trying to understand the phenomenon and interpret research results.

The concept analysis by Gillen et al (2004) addressed these challenges and provided a firm basis for this and further research. It identified four defining attributes of bullying: the repeated nature of the behaviour, the negative effect on the victim, the difficulty for the victim in defending themselves from the bully and intent of the bully. These attributes are what set bullying behaviour apart from other similar type behaviours that workers may be exposed to in the workplace. In particular, the issue of abuse of power by the bully and a power imbalance between the perpetrator and the victim are what make it difficult for victims to defend themselves from a bully (Mikkelsen and Einarsen, 2001; Tehrani, 2001). This allows for the behaviour to be repeated.

The identification of the antecedents and consequences of bullying are an important part of the process and identified the significance of perception by the victim as a key aspect of bullying. The consequences of bullying have

Table 1. A summary of key research papers

Author, date	Publication	Aim/research Question/focus	Sample/ location	Method	Summary of findings
Ball L, Curtis P, Kirkham M. (2002)	*Why do midwives leave?* RCM: London.	To determine the reasons why midwives leave the profession	Midwives; n=28; UK	Interviews	A total of 12 out of the 28 midwives who were interviewed indicated that their managers were bullies. One of the reasons given by a small but significant minority was bullying
Begley CM. (1999)	Student midwives' views of 'learning to be a midwife' in Ireland. *Midwifery* **15**: 264-73.	To explore the opinions, feelings and views of student midwives and their two-year education programme	Student midwives; n=125; Ireland	Individual and group interviews, diary-keeping and questionnaires	The students' views of their education programme are reported, including authoritarian and oppressive attitudes by teaching staff
Begley CM. (2001)	'Knowing your place': student midwives' views of relationships in midwifery in Ireland. *Midwifery* **17**: 222-33.	To explore the opinions, feelings and views of student midwives and their two-year education programme with a focus on interpreting and understanding their experience	Student midwives; n=125; Ireland	Individual and group interviews, diary-keeping and questionnaires	Students were distressed by staff attitudes and behaviours including being blamed for staff midwives' mistakes. They were aware of being at the bottom of the hierarchy with a lack of caring shown to them by those higher up. The 'cyclical nature' of the behaviours was recognised by the author and the inherent difficulties of achieving change within a strong hierarchy
Begley CM. (2002)	'Great fleas have little fleas': Irish student midwives' views of the hierarchy in midwifery. *Journal of Advanced Nursing* **38(3)**: 310-7.	To explore the opinions, feelings and views of student midwives and their two-year education programme	Student midwives; n=125; Ireland	Individual and group interviews, diary-keeping and questionnaires	Hierarchical system identified by students, which was located within a 'male-based power structure' (p310). Students were encouraged to adapt to and accept the hierarchy as an inherent part of midwifery
Curtis P, Ball L, Kirkham M. (2003)	*Why do midwives leave? Talking to managers*. RCM: London.	To receive feedback from managers on findings of Ball et al (2002) study	Midwives (from E grade to head of midwifery); n=56; UK	Interviews	In this follow-up study, managers accepted certain bullying type behaviours did take place, but were keen to play down their importance and blamed colleagues who were over-sensitive (p30) or who took the behaviours personally
Hadikin R, O'Driscoll M. (2000)	*The bullying culture*. Books for Midwives: London.	To ask midwives about their experiences and ascertain the context within which the bullying took place	Not stated; UK	Case studies	Identified a culture of bullying within every level of the NHS. Midwives recalled occasions when they had been undermined, belittled, controlled, victimised, sent to Coventry, had work devalued and been passed over for promotion. Midwives left their jobs as a way to escape the bully
Kirkham M, Stapleton H. (2000)	Midwives' support needs as childbirth changes. *Journal of Advanced Nursing* **32(2)**: 465-72.	An examination of supervision of midwives in England with midwives describing their support needs	Midwives; n=168; UK	In-depth ethnographic interviews	Midwives found it difficult to trust colleagues, managers and supervisors of midwives. In part, this was a result of midwives either fearing or experiencing horizontal violence
RCM. (1996)	*In place of fear: recognising and confronting the problem of bullying in midwifery*. RCM: London.	To determine the prevalence of bullying in midwifery, determine the profile of victims and culprits, identify the causes, effects and form that bullying takes	Midwives and student midwives; n=1000; UK	Questionnaire survey	Response rate of 46% (n=462). More than four out of ten respondents (43%; n=197) had experienced bullying, although it should be noted that no time frame or frequency of behaviour was stipulated. Midwives reported anxiety, irritability, depression and contemplated leaving their job and the profession as a direct result of bullying
RCN. (2002)	*Working well: a call to employers*. RCN: London.	Two-part questionnaire; questions on bullying/harassment and assault were included in part one. Focused on the frequency of bullying behaviour, who the bully was and what action had been taken	RCN full members; n=6000. Only one midwife responded; UK	Questionnaire survey	One in six nurses had been bullied in the past year and three in five NHS staff have witnessed bullying in the last two years

far-reaching negative effects that impact not only on the individual, but also on the profession of midwifery and the organisation in which they work. The defining attributes, antecedents and consequences in conjunction with other research instruments identified in the literature review (RCM, 1996; Hoel and Cooper, 2000; Quine, 2001) informed the development of the student survey questionnaire used in this study.

Ethical considerations

Beauchamp and Childress (2001) elucidated the ethical principles of respect for non-maleficence, beneficence, justice and autonomy, with an overall emphasis on doing no harm and doing good. All participants gave informed consent and all data were anonymised and kept secure, under the provisions of the Data Protection Act 1998. As this was research into a sensitive topic, arrangements were put in place to ensure that participants were given information about and had access to counsellors, if they became distressed. They were free to withdraw from the research at any time without any pressure to continue. Ethical approval was granted by the University of Ulster.

Aim

The aim of this study was to define and examine the nature and manifestations of bullying in midwifery as experienced by a cohort of student midwives in the UK.

Method

A quantitative approach was chosen as it is an effective means of accessing a large dispersed sample and is the method of choice when undertaking large incidence studies (RCM, 1996; RCN, 2002). Some open-ended questions were included in the survey instrument to provide rich, illuminative data on the bullying that was witnessed and experienced by these students.

Section one of the questionnaire focused on the profile of the student midwife respondents; the second section on the working relationships of these students and their enjoyment of the clinical and university settings; the third section concentrated on the phenomenon of bullying including the nature and manifestations of bullying as reported by the student midwives.

The questionnaire was designed to elicit the manifestations of bullying both as an objective (witnessed) and subjective (experienced) phenomenon through the reports of the student midwives who were exposed to the bullying behaviour either as a witness or a victim. The answers provide some detail of the nature and manifestations of bullying in the lives of these student midwives.

Validity, reliability and rigour

The steps taken in the development of a questionnaire are vital to the enhancement of the instrument. The questionnaire was developed using the researchers' own professional knowledge and experience, the literature review and the defining attributes of bullying as they emerged from the concept analysis (Gillen et al, 2004). In addition, cross-referencing of bullying behaviours with other questionnaires into workplace bullying (RCM, 1996; Hoel and Cooper, 2000; Quine, 2001) also assisted in determining the characteristics of bullying behaviour. Piloting of the questionnaire was considered an important step in ensuring the validity of the instrument, and was undertaken with midwives and experts from academia. It was also reviewed by the research committee of the RCM. As it was being distributed at the RCM student conference, it was considered important that the College had the opportunity to review it in terms of the face validity and appropriateness of the questions. Some minor adjustments to questionnaires were made following the piloting and review by the RCM research committee. The reliability of the instrument was measured using Cronbach Alpha (r=.89).

Findings

The self-administered questionnaire survey was distributed at a student conference (n=400) in England in November 2005 and retrieved data from 164 (41%) student midwives. The quantitative data were analysed using SPSS (version 11.5). The qualitative data were analysed and categorised under the defining attributes of bullying.

Section one: background information

The students who responded to the questionnaire were all female and were predominantly in the 31- to 40-year age group (46%, n=78), 17% were between 25 and 30 (n=28), 10% (n=16) were between 18 and 25 and the remainder were aged 41 and over.

The majority of the sample were white, female Caucasians and a small proportion (0.6% (n=1) came from each of the following ethnic origins: white/black Caribbean; white and Asian; Asian (including Indian and Pakistani); Caribbean; African and Chinese. Most of the students (n=103, 63%) were either married or living with a partner, with just over a quarter of the participants indicating that they were single and a small percentage were divorced or separated.

The majority of the student midwives (n=147, 90%) were undertaking a three-year course (direct entry) with 13 of the students undertaking the 18-month course (a postnursing registration course) with only three students on the four-year course. The majority were studying in England (93%, n=153), with nine in Scotland, two in Wales and none from Northern Ireland.

There was a broad range of academic achievement. The highest level of academic achievement for just over a quarter of the respondents was A-Levels. Nearly a quarter of the respondents had a degree or a diploma and three students held a Master's degree.

Section two: working relationships

Section two was a short section comprising four questions about the student midwives' perceptions of their working relationship with their colleagues and enjoyment of their time at university and in clinical placement. This information was believed to be important, as it would help to determine if student midwives differentiated between good and bad working relationships and bullying.

Table 2. Reasons given for non-enjoyment of placement

Reason for non-enjoyment of placement	Example of reason given
Dependent on mentor/not always getting to work with mentor (n=6)	*"I have experienced regular lack of consistency with mentors"* (no 101)
Dependent on who you are working with (n=2)	*"The placement experience varies dramatically"* (no 12) "*It just depends on who you are working with*" (no 158)
Midwives not comfortable with students/ not friendly (n=3)	"*I find that not all midwives are comfortable with students or are too busy to explain things/ procedures etc*" (no 5)
Feeling unsupported (n=5)	"*I haven't generally been well supported in practice"* (no 126) *"I am disturbed by the lack of support for newly-qualified staff and blatant bullying of them"* (no 162)
Thought of placement causes anxiety (n=1)	*"The incident (being spoken to on occasions in front of staff and mothers in a derogatory manner) cast a shadow over my experience and I felt nervous going to work"* (no 164)
Never sure what the experience will be like (n=4)	*"I have been on lots of placements… some have been enjoyable, some less enjoyable"* (no 4)

The majority of the students reported that they had a good working relationship with their colleagues, including the midwife that they worked with and the other student midwives that were in their group. However, many of the student midwives reported having been treated badly by a mentor (43%, n=70), ward sister (42%, n=69) and a doctor (38%, n=62).

Over a third of the respondents cited doctors as someone who had treated them badly, and nearly a quarter of the respondents indicated that they had been treated in a way they did not like by relatives.

Some of the examples of being treated poorly by colleagues are similar in nature to bullying behaviours. Over half of the students (55%, n=90) gave examples of being treated badly. Many of the responses included examples of verbal abuse from other staff and clients, some of which are included below:

"Spoken badly to; made to feel small and not appreciated" (no 22).

"Spoken down to and belittled in front of clients" (no 65).

"Degraded and shouted at in front of others" (no 76).

*"Ridiculed by doctors for being a direct-entry student and not doing nursing first" (*no 160).

Some of the students felt unsupported by their midwifery colleagues. One of the respondents recalled:

"There was a critical incident in practice that I reported to the midwifery manager. She was extremely unsupportive and blamed me – no debriefing or further enquiry – made me feel very frustrated, angry and saddened. I was made to feel you are just a student, sit down and behave yourself" (no 16).

The following comments demonstrate how midwives sometimes belittled the student midwives:

"Made to feel stupid in front of woman and partner" (no 108).

"Spoken to with lack of respect and views not accepted" (no 112).

One particular episode of behaviour that was of particular concern was an instance of physical abuse:

"I had a bag of clinical waste (sealed) thrown at me in the sluice." (no 47).

The hierarchy of midwifery was evident to these student midwives:

"G Grade stating that I was only a student and should obey her" (no 38).

"At handover, the ward sister made me feel uncomfortable and I had to give up the chair I was on and sit on a harder one, so she could have the padded swivel one" (no 51).

The vast majority of the respondents (94%, n=154) said that they enjoyed their clinical placement. One of them stated that she enjoyed never knowing what the day will bring: "*I enjoy being with women… and feeling useful*" (no 1).

There was a small number of student midwives (4%, n=6) who did not enjoy their placement and the reasons for this are categorised in Table 2. It is clear that the reasons for non-enjoyment of placement were mostly linked to the way they were treated by their midwifery colleagues.

The majority of respondents (81%, n=133) enjoyed going to the university. However, those who did not gave reasons that ranged from finding academia a chore to identifying a bullying culture within the university (see Table 3).

Section three: bullying

A definition of bullying was included at this point in the questionnaire. The RCM (1996) adopted a definition used by the MSF Union (1995) for their questionnaire survey of midwives on the issue of bullying. Bullying was defined as '*Persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair penal sanctions, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause*

Table 3. Reasons for non-enjoyment of university

Reason for non-enjoyment of university	Example of reason given
Course too academic (n=3)	*"I just find academia a chore… I just want to do the job"* (no 96)
Lack of support (n=5)	*"I don't feel that there is enough support emotionally or financially"* (no 72)
Lectures boring/uninformative/disorganised (n=9)	*"Lectures are too didactic, uninspiring and out of touch with what is going on in practice..."* (no 10)
Problems with disruptive students (n=7)	*"…other students are not enthusiastic to learn"* (no 80)
Commuting (n=4)	*"I have a long distance to travel for just a few hours every day"* (no 113)
Overwork (n=1)	*"It is difficult to combine the university workload with clinical practice"* (no 78)
Bullying culture within university (n=2)	*"There is a patriarchal and bullying culture at the university"* (no 69)

them to suffer stress' (MSF Union, 1995: 3).

This was followed by a number of closed and open-ended questions. The first question in this section sought to determine the number of respondents who had experienced bullying.

Over one-third of the students reported being bullied. An important objective measure of the phenomenon of bullying is that of witnessing the behaviour. Again, more than a third (36%, n=59) of the student midwives reported that they had witnessed their colleagues being bullied. Examples of the behaviours witnessed include:

"Verbal belittling of fellow students by a notorious group of G grade midwives" (no 2).

"Shouting at midwives in front of mothers and staff in a malicious and intimidating way, if they ask for help" (no 6).

"*Ostracising certain midwives, racism and spreading rumours*" (no 77).

"*The ward sister on the antenatal clinic treated a fellow student so badly and undermined her so much that the student left the course*" (no 90).

"*There is a gang culture within the unit, and sometimes a midwife for whatever reason, has just not been accepted by the midwives and has through bitchy behaviour suffered and left the unit*" (no 88).

Bullying behaviours witnessed by the student midwives provide corroboration of the nature and consequences of bullying behaviour as it manifests itself within the profession of midwifery. They witnessed behaviour that was directed at midwives and student midwives and were aware of the impact that it had on them and the women for whom they were providing care. Of those who had been bullied, nearly half (49%, n=29) had also witnessed bullying of their midwifery colleagues.

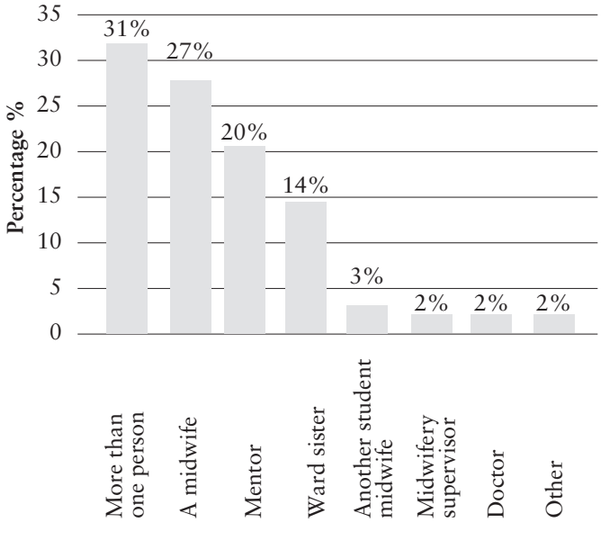
It was important to determine who the bully was (see Figure 1). The student midwives who reported being bullied were most often bullied by more than one person and the person most likely to be the bully was a midwife, closely followed by the mentor. They also identified that the person who bullied them, bullied others.

There are many terms commonly cited within the literature to illustrate bullying behaviours (see Figure 2). It was important to identify which, if any, of these behaviours the student midwife had been exposed to. The behaviour that the respondents experienced ranged from intimidation, belittling of work, undervaluing effort, withholding information to lies. Other behaviours included belittling direct-entry midwives.

More than half of those who had been bullied (53%, n=31) believed that the bully had intended to bully them, and a further 17% (n=10) were unsure if the bully had intended to bully them or not. Some of the student midwives felt that if they confronted the bully that it would stop their behaviour. However, the bully's behaviour did not always stop and this was seen as proof that the behaviour was intentional:

"It was clear that she knew what she was doing and how it made me feel because I told her, and she continued to do it"

Figure 1. Designation of the bully



(no 13).

Other student midwives connected the intention of the bully to their personality:

"She does it so often, it is natural to her" (no 39).

"She is like this with students and staff and I have reached the point where I wonder is it just her personality" (no 162).

The behaviour and the intention behind it were also linked with the culture:

"I think that some midwives view it as an initiation or to test how tough you are" (no 21).

"She has old-fashioned views and considered her behaviour helpful" (no 86).

The intentional nature of the bullying behaviour was also attributed to some midwives not liking students:

"I don't think she likes students" (no 91).

While other student midwives perceived the intent as a power-based behaviour:

"Just felt like a power trip" (no 68).

"She in my opinion wants to be in control and have the power in the student/midwife relationship" (no 140).

These comments provided some insight into the intentional nature of the behaviour as perceived by these student midwives.

There is a limited amount of literature about the corroborative evidence from other sources than the victim, that bullying has actually taken place. Of those student midwives who had been bullied, 61% (n=36) acknowledged that someone had witnessed the bullying behaviour. Most often the bullying behaviour was witnessed by a midwife (61%, n=22), another student (24%, n=7), women (13%, n=5), university lecturers (8%, n=3), mentors (8%, n=3), healthcare assistants (6%, n=2) and relatives of the women that were being cared for (6%, n=2).

Those who witnessed bullying behaviour did very little about it. Reassurance was offered on seven occasions and university lecturers intervened in two separate incidents and helped the student midwives to bring the issue to the Union. The respondents found it helpful when someone supported them in some way:

"It was good to talk about the situation and what to do next time it happens" (no 80).

The repeated nature of the behaviour is an important attribute in bullying and it is clear that this student midwife (no 80) expected the behaviour to happen again. Nearly a third of the students who had been bullied (31%, n=18) indicated that they were bullied not very often (there is no way of determining the frequencies experienced, except that the frequency does not fit within the given categories), with 15% (n=9) indicating that they were bullied two to three times per week and 5% (n=3) one to two times per month. In addition, 9% (n=5) of the students reported being bullied daily.

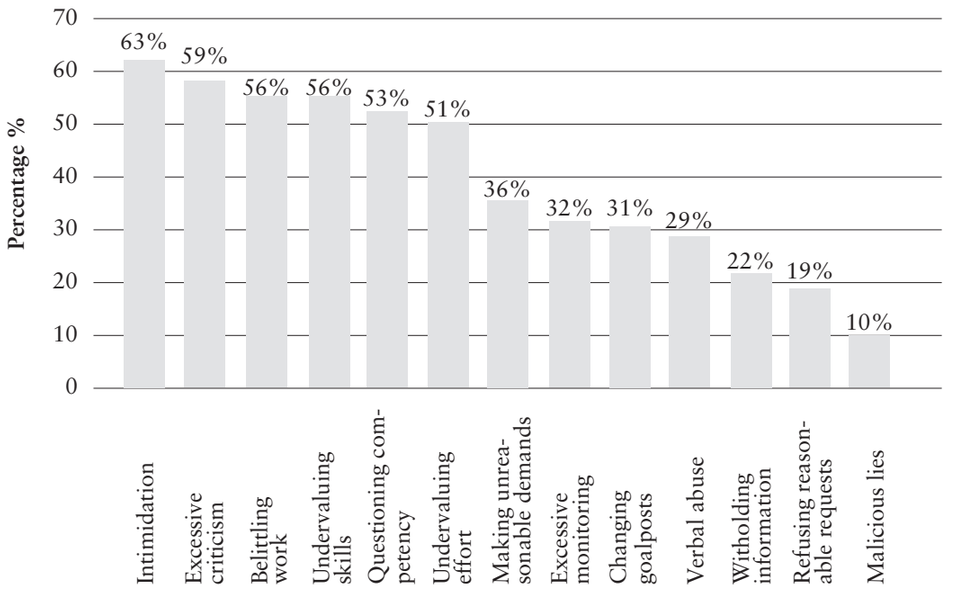
However, regardless of frequency of the behaviour, the effect of the behaviour was recognised and included loss of confidence (71%, n=42) and 61% (n=36) reporting a loss of self-esteem. The student midwives who had been bullied also reported anxiety (51%, n=30) and thought about leaving the course (42%, n=25). The detrimental effect of bullying on their physical and mental health was also apparent with 27% (n=16) losing sleep, 17% (n=10) taking time off work and 12% (n=7) indicating that it made them feel unwell. In addition, of great concern is the revelation by one of the student midwives that she had contemplated suicide as a consequence of being bullied.

Many of the students did try to do something about the bullying behaviour they had experienced, with the majority (90%, n=53) speaking to other student midwives and 64% (n=38) choosing to speak to family and friends. Some 39% (n=23) spoke with their mentor and 14% (n=8) spoke with a supervisor of midwives. Nearly a quarter of them (24%, n=14) had tried to speak to the bully about their behaviour.

Limitations

This study involved a self-selecting sample of UK (mainly English) student midwives and findings can thus not be generalised to other cohorts of students in the rest of the UK, or other parts of the world. However, the findings have resonance with many other international studies on poor relationships and workplace violence among midwives, lending credence to the view that bullying in midwifery is a global phenomenon.

Figure 2. Nature of the bullying behaviour



Discussion

Bullying has a detrimental and long-lasting effect on midwives, student midwives, the profession of midwifery and the organisation. This research aimed to define and examine the nature and manifestations of bullying in midwifery. It was a four-phase study that used a mixed-method approach to provide a rigorous examination of bullying in the workplace generally and, more specifically, within the context of midwifery. The results of the student questionnaire presented in this paper provided confirmation that student midwives recognised the phenomenon of bullying among their colleagues and in their place of work. Over half the students (55%, n=90) gave examples of being treated badly, one-third reported that they had witnessed their midwifery colleagues being bullied, and over 50% stated that they suffered intimidation, excessive criticism, belittling of their work, undervaluing of their skills, questioning of their competency and undervaluing their effort. These results are similar to those of a previous study in Ireland, where students spoke of staff being unkind and correcting or belittling them, often in front of others, and being subjected to excessive criticism (Begley, 2001). The example of physical violence in the present study is mirrored in the example from Begley's work (2001), where one student suffered bruises to her arm from a staff midwife's strong grip during a reprimand.

Other work from Turkey also demonstrated that midwifery and nursing students suffered from staff being condescending, belittling and humiliating them and making derogatory comments about higher education (Lash et al, 2006). Even qualified midwives in the UK have experienced poor working relationships, with conflict identified between junior and senior midwives and some evidence of workplace harassment (Hunter, 2005). A UK study on breastfeeding found that conflict over differing breastfeeding practices caused some midwives to feel intimidated (Furber and Thompson, 2008). An explanation for this may be that authoritarian behaviour appears to be greater in midwifery than nursing, as a UK study that compared the views of 29 midwives with that of 180 nurses in relation to their work environment found that the midwives had less autonomy, less supervisor support, less focus in their roles and greater work pressure than did the nurses (Carlisle et al, 1994). There is some suggestion in the literature that this may be due to the increasing medicalisation of maternity care, where the midwife's role is eroded, causing lowered self-esteem and poor morale (Reid et al, 2007), which is then taken out on more junior staff (Begley, 2002). Power imbalances in midwifery also reinforce organisational structures and policies, while disempowering more junior staff (Hollins-Martin and Bull, 2006).

This study found that students were most often bullied by another midwife, usually their mentor or ward sister, similar to Begley's work, which showed that students were intimidated or experienced hostile behaviour from senior members of staff (Begley, 2001; 2002). Studies from the UK and other countries also concur with this (Hunter, 2005; Lash et al, 2007) showing that, internationally, qualified midwives are taking out their frustrations on more junior staff, findings that occur in the UK nursing profession too (Randle, 2003). The prevalence of these behaviours is recognised by the UK midwifery profession, and a number of papers in recent times have challenged the bullying culture and made recommendations as to how it should be changed (Robertson, 2004; Leivers, 2004; Wilkins and Hawkins, 2005). Unfortunately, changing a culture of bullying is far from easy; those who have been bullied tend to continue on to bully others (Hadikin and O'Driscoll, 2000; Begley, 2002; Randle, 2003), as they have learnt those behaviours through seeing them and know of no other way of managing people. It will take considerable and concerted effort on the part of qualified staff, managers and students themselves to change these established practices.

The effects of bullying behaviour were recognised by students in this study and included a stated loss of confidence by 71% of them, with 61% reporting a loss of self-esteem. Those who had been bullied reported anxiety (51%) and 42% of them thought about leaving the course. Begley (1997: 463) also reported that 54% (n=64) in her study stated that they thought of leaving the course in the first three months, and 50% (n=59) thought of leaving at some stage from the fourth month to the end of their programme. In 27% of cases, the reason for thinking of leaving in the first three months was because of poor interpersonal relationships with a member of staff, and many spoke of a loss of confidence too. Harassment in the workplace has been identified as a reason for leaving the midwifery profession (Ball et al, 2002), although one study of 36 students who had left two different UK programmes over a two-year period did not identify bullying or adverse interpersonal relationships as causing them to leave (Green and Baird, 2009).

Nearly a quarter of the student midwives in the present study (24%) had tried to speak to the bully about their behaviour, in contrast to the students in Begley's study (2001), who used passive methods of coping and did not confront their seniors. This difference may be an indication of the differing times the studies were conducted (Begley's in 1997 and the present study in 2005) or due to differences in culture between Irish and English women.

Despite the evidence of bullying and poor interpersonal relationships, the majority of these students (95%, n=154) did enjoy their clinical placements, but those that did not cited reasons that were linked to the way they were treated by their midwifery colleagues. Similarly, the students in Begley's study consistently spoke of 'bad days' as days when they were reprimanded or suffered from negative attitudes from staff, whereas 'good days' all involved experiencing satisfaction from caring for women (Begley, 1998).

Conclusion

Bullying in midwifery is a global phenomenon, and has been identified as a key aspect for future midwifery research in Australia (Fenwick et al, 2006; Reid et al, 2007). Given the

considerable effects felt by students in this study and the apparently widespread nature of the phenomenon, it is recommended that leaders in the midwifery field should take proactive measures to highlight the incidence, and decrease the occurrence of bullying behaviours among staff. All qualified midwives should examine their own behaviour and endeavour to relate in a more collegial manner with students who are, after all, the future hope of the midwifery profession.

Recommendations

There needs to be a proactive approach to bullying, including a move towards a change in culture that actively discourages bullying at all levels within the profession. A first step may be achieved through an increased awareness of what constitutes bullying and an acknowledgement by the profession that it is unacceptable. Those responsible for the education of midwives and student midwives should ensure that the nature and manifestations of bullying is an integral part of curricula, including how to deal with bullying and how best to offer support to colleagues. Key stakeholders such as the RCM, RCN, NHS Employers, the NMC and midwives need to face up to the fear that surrounds this phenomenon and take a proactive approach, which clearly labels bullying as a behaviour that is not acceptable within 21st century midwifery.

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