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Bullying in midwifery, where are we now?

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Bullying in midwifery – where are we now?

- Awareness raised by the RCM (1996) who published 'In place of fear: recognising and confronting the problem of bullying in midwifery'
- The English National Board, in 1998, undertook an evaluation of the impact of the supervision of midwives on professional practice and the quality of midwifery care.
- This resulted in a study being undertaken (Kirkham and Stapleton 2000) to determine the support that midwives required. It found that midwives, partly as a result of experiencing or fearing horizontal violence (Leap 1997) found it difficult to trust colleagues managers and supervisors of midwives.
- Ball et al (2002) published 'Why midwives Leave' the first of many papers written over a 6 year period providing the first research based evidence that bullying within midwifery occurred

- Gillen *et al.* (2009) produced conclusive evidence that ‘bullying exists in practice and to a lesser extent, the university setting’. A self-administered questionnaire, developed from a literature search and the findings of their concept analysis (Gillen *et al* 2004), was administered to four hundred student midwives in the UK. One hundred and sixty four responded and of this, half had either experienced or witnessed bullying. Usually the bully was either a midwife or their mentor; however, university lecturers and personal tutors were also identified as bullies.

Definition of Bullying

The concept analysis undertaken by Gillen et al (2004) found that bullying is a complex phenomenon that crosses personal and professional boundaries and identified four defining attributes to bullying behaviour

The repeated nature of the behavior;

Negative effect of the behavior on the victim;

The victim finds it difficult to defend him/herself (power imbalance)

Intent of the bully.

Possible reasons why……

- Midwives working within different paradigms ‘Some practitioners embrace one paradigm but tend to practice according to the other due to the cultural norms in their practice settings. This may create dissonance’ Hunter (2005)
- Medical dominance developed over centuries Donnison (1988)
- Pressure of work

The Social and Biomedical Paradigms

Social paradigm	Biomedical paradigm
Health – wholeness	Health - absence of disease
Healer - self with supporters	Healer - expert/specialist
Focus - person in social setting	Focus – body
Metaphor - homeostatic system	Metaphor – machine
Knowledge - sociological & traditional wisdom	Knowledge - biomedical science
Locus of activity – community	Locus of activity hospital/clinic
Goal - social welfare	Goal – cure
Service user - active participant	Service user - passive

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Effects of Medical Dominance

- Women were excluded from early 13th century medical schools, barber-surgeons were established who had exclusive rights to equipment
- 17th century saw the emergence of of male-midwives with their forceps
- Women not educated, therefore books written by medical men, midwives had a poor image (Sairey Gamp)
- 1902 Midwives Act established the CMB, made up of doctors where the boundaries of midwifery practice were drawn up by medicine

The concept of horizontal violence……..

is described by Kirkham (1999) as a ‘tension caused by subservience to a more powerful group, especially towards those seen as slightly deviant; which in turn, reinforces the status quo.’

Leap (1997) describes the effects of horizontal violence as ‘…scapegoating, backstabbing and negative criticism. The failure to respect privacy or keep confidences, non-verbal innuendo, undermining, lack of openness, unwillingness to help out and lack of support.’

From my experience……..

- Almost all midwives have been bullied at some point in their career
- ‘It does not matter how many women we have in labour, it depends who is in charge of the shift’
- Midwives wait before they transfer women to the labour ward – sometimes they wait too long
- Midwives stop making decisions because they are constantly criticised
- Midwives do not ask for advice early enough because they are ridiculed

If we are to change the culture…….

- We have to look at our HR policies 'Sitting down to mediate with 'my' bully fills me with dread and stops me doing anything about it.
- We have to empower midwives to challenge bad behaviour both directed toward women, themselves and others
- Can we do this by raising awareness through workshops or do we have to make a more radical change?
- Initial feedback from an evaluation shows that workshops served to raise awareness of what bullying is and how to deal with it but did not give the midwives confidence to challenge bad behaviour
- Hunter (2005) states that 'It would seem that tackling a bullying culture will require attention to the fundamental ideological underpinnings of practice addressing any paradoxes that exist'

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