



Midwifery education in practice

Midwifery student exposure to workplace violence in clinical settings: An exploratory study

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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.

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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 Heponiemi, 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.

Literature review

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:

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workplace violence, bullying, abuse, midwifery, nursing and students. Much literature was retrieved around workplace violence in nursing, with less in midwifery and health care 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. Speroni 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 women's relatives and 24% by managers. Such violence was considered both a cause and a consequence of burnout (Yoshida and Sandall, 2013). 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 Shafei, 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 Seibold (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

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