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Original Research – Quantitative

Midwifery student reactions to workplace violence

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ABSTRACT

Problem: Workplace violence, incidents against people in their workplaces, is a growing problem in Australia causing untold personal suffering as well as costing Australian businesses in productivity. Midwives have been highlighted as a group particularly at risk, yet in Australia there is little research into workplace violence against midwives and even less into midwifery students.
Aim: This study aimed to explore Australian midwifery students' responses to workplace violence as well as to gauge the impact of workplace violence on them.
Methods: Cross-sectional survey design was employed. Second and third year students were invited to participate at the end of a scheduled lecture. Fifty-two female midwifery students who had completed their work placement completed a survey indicating their immediate responses to workplace violence as well as the Impact of Event Scale. Data were analysed using descriptive statistics.
Findings: Most students notified a co-worker immediately after a workplace violence incident, yet few completed an incident form or received official debriefing.
Discussion: There is a need for the reporting of workplace violence against midwifery students to be made easier to access thereby ensuring they can receive the assistance they require. Midwifery students need to understand the processes and supports in place for managing instances of workplace violence.
Conclusion: Clinical placements can impact on midwifery students' future careers. Universities need to prepare students for the possibility of workplace violence and arm them with appropriate strategies for safely dealing with it.

Statement of significance

Problem or issue

Workplace violence is an increasing problem in health care.

What is already known

Midwifery students are in a position where they may be subject to workplace violence during clinical placements. There is insufficient evidence on how midwifery students respond to such events.

What this paper adds

This is the first report to provide information about how midwifery students respond to workplace violence, both initially and later. It suggests that these events may cause signs of preclinical post-traumatic stress.

1. Introduction

Workplace violence, incidents against people in their workplaces, is a hidden problem in Australia. There is as yet no uniform protocol or mechanism utilised in most workplaces to successfully collect data on workplace violence incidents[1] and compounding this issue, workplace violence is severely underreported by victims.[1,2] As a result, research into violence in Australian workplaces is a difficult undertaking. With that said, the healthcare sector is often reported to be one of the more at risk work environments,[1] to the extent that workplace violence has begun to

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be seen as "just part of the job" by health care staff.[3] Yet with almost 50% of surgical staff experiencing workplace violence,[4] violence in medical workplaces has reached endemic levels.[5–8]

While research into workplace violence in healthcare emphasises the prevalence rates and types of violence encountered,[4,9] solutions offered often focus on what a victim of workplace violence can do to prevent or minimise the severity of the incident.[10,11] A 2014 study into workplace violence against Canadian paramedics found that during a workplace violence incident, victims will attempt to deal with the situation themselves, call for help from a partner or police, physically or chemically restrain the perpetrator and in severe cases, retreat from the scene to the ambulance until the perpetrator has been subdued.[12] The study continued to report that following the incident of workplace violence, victims often do not formally report the behaviour or notify a superior.[12] Furthermore, some victims took time off work, sought professional counselling, and even changed their workplace position to avoid future abuse.[12] Similarly, a study of Iranian emergency medical technicians found that 25% of victims did nothing and 52% dealt with the situation themselves.[13] Only 14% of Iranian victims reported the incident to their superiors.[13] While these studies demonstrate common responses to workplace violence, Farrell et al. found in a sample of Australian nurses that taking no action or attempting to deal with the situation alone were the strategies considered least helpful.[14] Talking to colleagues was considered most helpful.[14] Combined, this demonstrates that the techniques used by healthcare workers to deal with workplace violence may not be effective.[11] Hence, the impact of workplace violence on different victims varies dramatically.

How an incident is likely to impact a victim is dependent on a number of factors. The type of violence: physical abuse, verbal abuse, intimidation, property damage or theft, sexual harassment, or sexual assault; as well as individual factors such as resilience and resistance to trauma all play a role in determining what the impact of workplace violence might be on a victim.[15,16] With that said, the impact of workplace violence is most often discussed in terms of post-traumatic stress disorder[17] and worker burnout.[18–20]

Post-traumatic stress disorder is an anxiety disorder which manifests after a person is subjected to a traumatic experience. While some victims of workplace violence may never develop traumatic stress symptoms, others may go on and acquire a full clinical diagnosis.[21] With symptoms such as hypervigilance, intrusive thoughts, distortion of blame and emotional blunting[22]; even sub-clinical cases of traumatic stress can decrease the standard of care given by medical staff. With the same end result, burnout causes emotional exhaustion, depersonalisation and a negative self-perception of achievement.[20] A study of 441 Spanish healthcare workers found that those exposed to verbal and physical violence showed significantly higher levels of burnout and anxiety symptoms compared to those who had not, and that the amount of violence experienced was associated with severity of symptoms.[23] A similar study with American emergency nurses found that 94% developed traumatic stress symptoms after a physical violence incident while also showing links between workplace violence and reduced work productivity.[24] This demonstrates that workplace violence not only has short term repercussions, but can cause long term harm that may reduce the quality of care provided by medical health professionals as well as costing healthcare institutions in monetary terms and lost productivity.

Midwives have been described as a population within the healthcare sector particularly vulnerable to workplace violence.[25] They are confronted with women in extreme pain and work in highly stressful life or death situations. Few studies on workplace violence against Australian midwives exist,[25] and fewer discuss the effect workplace violence has on midwives, and to the authors' knowledge, none have explored the effect workplace violence has on midwifery students.

Midwifery students are placed in similar situations to fully qualified midwives with similar exposure to workplace violence yet without the full skillset.[9] Furthermore, for many students, clinical placement is their first exposure to midwifery work and also plays a key role in influencing career decision making and employment choices.[26] Hence, students' exposure to workplace violence on placement may have a different level of impact compared to registered midwives. As such, this study aimed to explore Australian midwifery students' responses to workplace violence as well as to gauge the impact of workplace violence upon them.

2. Methods

2.1. Study design

This was a cross-sectional study (survey) using a self-administered paper-based questionnaire to elicit responses about the effects of workplace violence.

2.2. Population

There were 103 second and third year Bachelor of Midwifery (BMid) students from one university in Victoria, Australia, eligible for inclusion in the study. First year students were not included as they had not undertaken any clinical placements at the time of the study.

2.3. Instrument

This study used the Paramedic Workplace Violence Exposure Questionnaire (PWVEQ)[27] which was deemed relevant for use by a midwifery student population as there were no paramedic specific questions in the tool. The PWVEQ was previously used in a study with paramedics and demonstrated face and content validity with no psychometric analysis that has been published. The PWVEQ consists of four sections: demographics, experience of violence, response to violence, and the impact of event scale (IES).[28] The Experience of Violence section consisted of six identical ten question subsections, requiring the participants to disclose the location, perpetrator and immediate response to different forms of workplace violence: verbal abuse, property damage, intimidation, physical abuse, sexual harassment, and sexual assault.[27] The response to violence section required participants who had experienced workplace violence to complete a ten question 5-point Likert scale assessing how often they responded to workplace violence in a particular way, with "1" indicating they had never responded in that way and "5" indicating they always responded in that way. The IES is a 17 question, 4 point Likert scale assessing the intrusiveness and avoidance of thoughts or feelings about a traumatic event. Scores reflect how frequently an item is experienced with scores of: "0 — never", "1 — rarely", "3 — sometimes", "5 — often". Items are totalled for each factor and to obtain a total score. Total IES scores greater than 24 indicates moderate impact and a score greater than 43 indicates severe impact.

2.4. Procedures

At the end of a lecture, students were invited to remain behind and listen to a briefing about the study by one of the researchers. Following the briefing, students who agreed to be involved in the study received hard copies of the explanatory statement which

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