



MIDIRS Search Pack

Search Pack M72 Workplace culture

References relating to workplace culture in maternity services. Includes bullying and harassment of midwives and other maternity health care professionals, blame cultures and the effects of poor management and policies that are not conducive to a safe or harmonious working environment. Does not include references relating to Stress and burnout (M10), Institutional racism (M96), Coping and resilience in midwifery (M91) or Psychological safety (M98).

Date created: 10/02/2026

M72 - Workplace culture (385)

990301-011

I want to tell you a story. Pattison S (1999), Health Service Journal vol 109, no 5643, 25 February 1999, pp 22-24

Inviting NHS managers, staff and users to talk about their experiences revealed a culture of frustrated aspirations, bullying and lack of support. (Author)

980606-043

When interpersonal skills fail. Hadikin R (1998), British Journal of Midwifery vol 6, no 6, June 1998, p 366

The author discusses the continuing implications for midwifery care of a case from 1970 in which a woman in labour was slapped across the face by a midwife. Bullying of, and bullying by midwives is still reported. Some incidents are related to alcohol. Personality disorders and stress-related behaviour are not always easy to detect. Midwives must be supported and encouraged to recognise when their behaviour might be perceived as threatening or intimidating. (KL)

980503-018

Bullied to distraction. (1998), Nursing Times vol 94, no 17, 29 April-5 May 1998, p 67

Bullying is not uncommon in the midwifery profession, but do hospital managers take the issue seriously? Here a midwife recounts her disturbing experience. (Author)

980205-004

Case study: racial harassment. Shepherd B (1998), RCM Midwives Journal vol 1, no 2, February 1998, p 46

A case study of racial harassment of an Afro-Caribbean midwife. (SJH)

980101-012

Stress and the management of change. Barber T (1998), RCM Midwives Journal vol 1, no 1, January 1998, pp 26-27

Changing work practices has been identified as a source of stress. The midwifery profession has experienced a great deal of change in recent years. While Changing Childbirth may mean that services have improved for childbearing women, it has also meant stress and upheaval for midwives. Some have experienced burnout. This has been described as a combination of 'emotional exhaustion, unfeeling, impersonal approaches and reactions to patients, and negative self-evaluation.' Burnout has been linked to lack of autonomy and collegial support and the opportunity to develop meaningful relationships with patients. Increasing numbers of midwives are applying for stress-related ill health retirement. Reversal of this trend requires the establishment of stress prevention policies, with the emphasis on changes in the workplace, rather than with individual midwives. The risk of workplace stress is greater if changes are implemented with little or no consultation. Moving away from top-down imposition of change to more inclusive and democratic methods would help to reduce stress-related illness. Midwives should not have to tolerate the levels of bullying and harassment which appear to accompany changes in service delivery. (8 references) (Author)

980101-007

Bullying case study. Shepherd B (1998), RCM Midwives Journal vol 1, no 1, January 1998, p 12

A case report of a midwife is used to discuss ways in which the Royal College of Midwives can support midwives subjected to bullying and bad personnel management. (KL)

971213-018*

Discrimination should be rooted out of the NHS says Minister. Department of Health (1997), London: Department of Health 8 December 1997. 2p

The NHS would not function without the work of ethnic minority staff who are often not being treated fairly and are concentrated in lower levels of nursing and ancillary staff, Health Minister Paul Boateng said today. Speaking at a Chartered Institute for Housing conference in London to launch the publication of Race, Culture and Community Care - an agenda for action, Mr Boateng said: 'This new Government is committed to equal opportunities for all staff. Maximising opportunities for career development and training, is not just fair to disadvantaged ethnic minority staff,

it is central to our strategy for improving services to all patients. Ethnic minority staff are concentrated in the lower grades of nursing and ancillary staff. Even though there is a substantial number of Asian doctors, few of them are in senior positions. This is wrong. Inequality, discrimination and racism in the health and social services will not be tolerated. Many ethnic minority people are employed in these public services and where discrimination exists it should be rooted out. This new Government is determined to make sure that ethnic minority patients and staff get a fair deal.' (Full text. This item is reprinted here in full. There is therefore no need to order it from MIDIRS or from the publisher.)

971114-031

Making sense of 'horizontal violence' in midwifery. Leap N (1997), British Journal of Midwifery vol 5, no 11, November 1997, p 689

The author examines intergroup conflict in midwifery. (SJH)

971001-005

Success over the odds. (1997), Nursing Times vol 93, no 39, 24 September 1997, p 10

Brief news item about midwife Judith Nicholas who has been awarded £41,270 after winning her claim for unfair dismissal against Epsom Healthcare NHS Trust. She had undergone four years of persistent racial harassment. (KL)

970917-024

New fairer deal for NHS staff. Alan Milburn acts to end NHS staff gagging clause. Department of Health (1997), London: Department of Health 25 September 1997. 2p

Health Minister Alan Milburn today told Health Service managers that NHS staff should not have to put up with racism, violence, discrimination and intolerable stress in the workplace and managers should take action to prevent it from happening. A five point plan has been developed to enhance the quality of working life in the NHS. Gagging clauses in contracts are to be outlawed. (Author)

970419-032

Huge drop in black NHS staff. (1997), Health Service Journal vol 107, no 5550, 24 April 1997, p 7

Brief report of the Department of Health's annual non-medical workforce census of September 1996 which reveals a considerable drop in the numbers of nurses, midwives and health visitors under 25. Roger Kline, secretary of the Manufacturing, Science and Finance union says that black and Asian youngsters have been put off working for the NHS by the bad experiences of their parents. (KL)

970414-039

Black nurses and midwives deserting NHS in droves. Jury L (1997), Independent 21 April 1997, p 2

Short news item on the Department of Health's workforce census figures which show a sharp decrease in the numbers of black nurses and midwives joining the National Health Service. Anecdotal evidence suggests young people are being put off by their parents' experiences of discrimination and harassment. (KL)

970412-023

Horizontal violence: why nursing needs radical feminism. Clements S (1997), Birth Issues vol 6, no 1, 1997, pp 9-14

Exploration of the relationship between nursing and the subservient position that registered nurses and midwives hold. The author examines the degree to which this leads to infighting, scapegoating and negative criticism within the professions. (KL)

970407-031

Jodies suicide. (1996), AIMS Australia Quarterly Journal vol 4, no 1, March 1996, pp 18-19

The authors describe their attempts to discover the events leading up to the suicide of their daughter, Jodie, a registered midwife at rural hospital in Queensland, Australia. Her suicide note indicated 'horizontal violence' from colleagues as a contributory factor. (KL)

970203-018

Questions and answers in industrial relations [racial harassment]. Shepherd B (1997), Midwives vol 110, no 1309, February 1997, p 39

Harassing someone because of their race is widespread in the NHS. It is also unlawful. In this month's column, Barbara Shepherd, RCM Industrial Relations Manager, considers some reasons why this harmful practice continues and what steps could be taken to eradicate it. (Author)

970109-028

Out in the workplace. Riggs J (1996), Midwives vol 109, no 1307, December 1996, p 329

Information about the Lesbian and Gay Midwives Support group set up in 1995 to support practicing midwives who have experienced homophobia at work. (KL)

961201-010

Hidden face of harassment. Coombes R (1995), Nursing Times vol 92, no 46, 6 November 1996, p 19

A black nurse who won a racial harassment case last week has pushed bullying into the news again. But victimisation can take other, more subtle forms, as one midwife tells Rebecca Coombes. (Author)

960909-064

Questions and answers in industrial relations. Shepherd B (1996), Midwives vol 109, no 1304, September 1996, p 260

Attention has focused in recent months on bullying in the NHS - a hitherto hidden but nevertheless iniquitous problem facing staff. A survey over the summer by the RCM revealed that, despite their uniquely cohesive working relationships, midwives can be on the receiving end of bullying tactics. In fact, the extent of bullying identified by the survey (4 out of every 10 midwives) makes this a problem requiring urgent action. This month Barbara Shepherd, Industrial Relations Liaison Manager, RCM, looks at some of the main concerns in this area. (Author)

960909-022

Royal College of midwives annual conference meets in Torquay. (1996), Nursing Standard vol 10, no 44, 24 July 1996, p 9

Brief report from the 1996 Royal College of Midwives annual conference held in Torquay. Topics include the status of midwives within the UKCC; bullying of black midwives; 'bounty money' given to midwives who recruit other midwifery staff; pay awards; routine administration of vitamin K; indemnity insurance cover for independent midwives. (KL)

960719-069*

In place of fear: recognising and confronting the problem of bullying in midwifery. Royal College of Midwives (1996), London: Royal College of Midwives July 1996. 20p

Results of a postal questionnaire survey of 1000 members of the Royal College of Midwives (RCM) to investigate the extent of bullying in midwifery, to develop a profile of victims and culprits, to identify the form bullying takes and its causes and effects; and to establish strategies to deal with bullying. (KL)

950417-062

Losing control. McMillan I (1995), Nursing Times vol 91, no 5, 12 April 1995, pp 40-43

Responses to the Nursing Times survey on bullying has shown that nurses, midwives and health visitors at all grades are vulnerable to victimisation. Ian McMillan evaluates the results of the survey. (Author)

931110-069

Midwife supervision or victimisation?. Beech BL (1993), Modern Midwife vol 3, no 6, November/December 1993, p 44

Beverley Lawrence Beech calls for action in the face of recent, in her opinion, unjustifiable increases in disciplinary proceedings. (Author)

920603-069

Virginia Bottomley welcomes NHS staff agreement to outlaw harassment at work. Department of Health (1992), London: Department of Health 11 March 1992

920413-027

The culture of care. Stoter D (1992), Nursing Times vol 88, no 12, 18 March 1992, pp 30-31

Can anything really be done to alleviate stress in the workplace? David Stoter believes it's possible - and he has some practical proposals for improving matters. (Author)

920413-026

High anxiety. Cole A (1992), Nursing Times vol 88, no 12, 18 March 1992, pp 26-30

Nurses are facing unacceptable levels of stress at work, according to a Nursing Times survey. Andrew Cole examines the findings and a follow-up article looks at an approach to establishing a culture of support in the workplace. (Author)

881205-050

Black nightingales. Alibhai Y (1988), New Statesman and Society vol 1, no 18, 7 October 1988, pp 26-27

Yasmin Alibhai investigates the disturbing evidence of discrimination in the nursing profession. The endurance of black nurses has been tested more cruelly and far longer by persistent and systematic racism in the NHS. (Author)

881102-018

The cascade of victimisation or how to ride the rapids. Coomber J (1987), Association of Radical Midwives [ARM] Magazine no 32, Spring 1987, pp 8-9

The author describes her personal experience of harassment.

2026-12020

RCM standing proud together: Celebrating Guernsey Pride 2026. Richards V (2026), Royal College of Midwives 18 September 2026

Vicky Richards, National Officer for RCM Cymru and Channel Islands, recounts her weekend at Channel Islands Pride in Guernsey, where she joined colleagues and members together with communities, organisations and allies, in a celebration of diversity, equality and inclusion. Stresses the importance of representation to LGBTQ+ colleagues, members and to the families in their care.

Full URL: <https://rcm.org.uk/blog/2026/09/rcm-standing-proud-together-celebrating-guernsey-pride-2026/>

2026-11232

Nursing and Midwifery Council [written answer]. House of Commons (2026), Hansard Written question 24265, 28 August 2026

To ask the Secretary of State for Health and Social Care, what assessment she has made of the implications for her policies of (a) UNISON's 2026 NMC member survey on staff satisfaction and (b) its findings relating to (i) senior leadership, (ii) organisational culture and (iii) HR practices.

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2026-08-28/24265>

2026-10324

The Midwife I Nearly Was. Daniel S (2026), Midwifery Matters no 189, July 2026, pp 29-31

Many assume that the author is a midwife, although she has never formally trained as one. Here, she shares her story of her experiences of childbirth, motherhood, supporting women in labour, and how she came to work in women's and young people's health. (JSM)

2026-09895

Insights from communities across England and Wales on rights in maternity service - A synthesis from four Community Conversations in London, Cardiff, Leeds and Newcastle. Birthrights (2026), Birthrights, London, July 2026. 34 pages

Between December 2025 and March 2026, Birthrights, in partnership with Red Tent (London), WOMB (Cardiff), Leeds Involving People (Leeds) and Postpartum Matters (Newcastle) entered into conversations with approximately 80 women, birthing people, birthworkers and community advocates to ascertain how they understand and experience

rights in maternity care, the enablers and barriers to speaking up, and what support or resources are needed to help people feel more informed, respected and heard. This report presents the findings from those conversations. (JSM)

Full URL: <https://birthrights.org.uk/wp-content/uploads/2026/07/2026-Birthrights-Community-Conversations-Report.pdf>

2026-09842

Two years since NMC was told its culture was toxic, has it changed?. Stacey A (2026), Nursing Standard vol 41, no 8, 5 August 2026, pp 13-15

After bullying and discrimination were exposed by an independent review, we assess what progress – if any – the regulator has achieved.

It's been two years since a damning report highlighted toxic and dysfunctional culture at the Nursing and Midwifery Council (NMC).

2026-09375

Respectful maternity care starts with improving hospital culture: lessons from rural South Africa. Doherty T, Horwood C (2026), The Conversation 4 August 2026

Improved maternity care has to focus on more than training individual healthcare workers.

Full URL: <https://theconversation.com/respectful-maternity-care-starts-with-improving-hospital-culture-lessons-from-rural-south-africa-288230>

2026-07943

Ockenden report: victims' families say babies treated with 'absence of dignity' – video. Anon (2026), The Guardian 24 June 2026

Jack Hawkins' baby daughter Harriet died at the Nottingham NHS trust. In this video he speaks out on behalf of bereaved families after learning the findings in Donna Ockenden's report (1). The report revealed that more than 500 mothers and babies died or suffered potentially avoidable harm, resulting from "deeply embedded systemic failures" at the trust. 1. Independent Maternity Review. Ockenden Report. Findings, conclusions and essential actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust. (JSM)

Full URL: <https://www.theguardian.com/uk-news/video/2026/jun/24/ockenden-report-victims-families-say-babies-treated-with-absence-of-dignity-video>

2026-07631

Independent Investigation into Maternity and Neonatal Services in England: Final report and recommendations. National Maternity and Neonatal Investigation (2026), National Maternity and Neonatal Investigation, London, 30 June 2026. 174 pages

The final report from the National Maternity and Neonatal Investigation into maternity and neonatal services in England, chaired by Baroness Valerie Amos. Identifies a number of concerns, including that women and birthing people feel they are not being listened to, heard or believed; racial discrimination; safety; and fragmented and inconsistent care. Recommendations made to address these issues include the creation of a statutory Maternity and Neonatal Commissioner, and that DHSC, NHSE, Integrated Care Boards (ICBs) and NHS trusts must take action to listen to women, birthing people and families, with a deadline of 12 months. (JSM)

Full URL: https://www.matneoinv.org.uk/wp-content/uploads/2026/06/WEBSITE_NMNI-Final-Report-and-Recommendations.pdf

2026-06800

Why do midwives stay?: a mixed-methods study of the factors influencing newly qualified midwives in London to remain in post. Bower H (2023), University of Greenwich, London, August 2023. 270 pages

Background:

Midwives are leaving midwifery in greater numbers than in previous years. Newly qualified midwives (NQMs) are the group most likely to leave. Most research has explored why midwives leave rather than why they stay. This research seeks to understand which factors enable NQMs to stay in midwifery, focusing on London, with the aim of retaining this important group of midwives in the midwifery profession.

Methods:

A pragmatic, mixed-methods approach was used to explore why NQMs choose to stay in midwifery. The research was conducted in two phases. Phase one was a survey, sent to all midwives (n = 1502) in four London Trusts with a 16.3% (n

= 248) response rate. Participants were asked to complete two scales, the Connor-Davidson 10-point Resilience Scale and the Bower Midwife Wellbeing Scale, developed for this research. Survey data were analysed using SPSS-27. From the survey, eleven NQMs self-selected to be interviewed (phase two) using the findings from the scales as a basis for questioning. Interviews were recorded and transcribed, and interview data were analysed using Applied Thematic Analysis.

Results:

The survey found that the Bower Midwife Wellbeing Scale demonstrated a significant predictive ability in being able to identify midwives who were more likely to have thought of leaving in the last six months. The higher the mean score of the scale, the less likely the midwives were to have thought of leaving (their post/midwifery), so were more likely to stay.

The interviews identified three themes: head above water, cultural conflicts and professional identity. The factors most likely to enable NQMs to stay were those that improved their professional identity, such as job satisfaction and continuity of care. Factors that were least likely to enable them to stay were a poor workplace culture, such as a bullying culture and lack of staff.

Integrating the results from the survey and the interviews, factors that both improved and diminished personal and professional resilience were identified. NQMs with a higher Bower Midwife Wellbeing score were more likely to stay in midwifery.

Recommendations:

The Bower Midwife Wellbeing Scale, developed for this research, has the potential to predict NQMs who are more likely to stay in midwifery as they score higher on the scale. By predicting those who are more likely to leave, it is proposed that interventions, such targeted support, can prevent attrition. The research also identifies adverse workplace conditions that need to be addressed if NQMs are to stay.

The relevance of the research for education is that high personal resilience enables NQMs to cope better with adverse workplace conditions (improving their professional resilience). Personal resilience can be developed through educational interventions, and it is recommended that this is addressed in pre-registration midwifery education programmes. Further research into testing the Bower Midwife Wellbeing Scale is also recommended, to be able to identify those NQMs who are more likely to stay. (© Author)

Full URL: <https://gala.gre.ac.uk/id/eprint/50974/>

2026-03650

The quiet strength of being different. Nadeem H (2026), MIDIRS Midwifery Digest vol 36, no 1, March 2026, pp 8-9

Hafsa Nadeem, a newly qualified midwife, shares her personal and professional experience working in a hospital, as a student from an ethnic minority background. (AS)

2026-02688

The experiences of midwives with violence from patients, their relatives and friends: A study in perinatal center in Lithuania. Mikėnaitė M, Barakat M, Petrošienė B, et al (2026), European Journal of Midwifery vol 10, February 2026, 7

Introduction:

Workplace violence against healthcare professionals, particularly midwives, is a significant concern worldwide. Verbal violence, often underreported, can lead to emotional distress and impact professional performance. This study explores experiences of midwives with patient- and relative-related violence in a Lithuanian perinatal center.

Methods:

A cross-sectional study was conducted from January to February 2022 at the Department of Obstetrics and Gynecology of the Lithuanian University of Health Sciences using a modified version of the 'Violence in Nursing and Midwifery' questionnaire. All midwives (n=90) working in this institution were invited to complete an anonymous questionnaire (response rate 80%, n=72). Primary outcomes were the frequency and types of workplace violence experienced by midwives. Secondary outcome measures included changes in midwives' emotional and professional state, coping mechanisms and actions taken after an episode of violence.

Results:

The majority (70.8%) of participants experienced or witnessed verbal violence, manifesting as unreasonable demands (72.5%), rudeness (66.7%), and anger (60.8%), with no physical violence reported. Emotional consequences included unhappiness (66.7%), anger (58.8%), irritability (41.2%), burnout (50.9%), and sleep disturbances (31.4%). The most effective actions in dealing with the psychological consequences of violence were informal debriefing with staff members (70.6%) and talking with friends and family after an episode (52.9%). Underreporting was common due to perceived ineffectiveness of longterm change, despite clear reporting procedures.

Conclusions:

Verbal workplace violence is widespread among midwives and contributes to psychological and professional distress. Strengthening organizational support, implementing targeted training programs, and establishing a national monitoring system are essential to address and prevent workplace violence in healthcare settings. (© 2025 European Publishing)

Full URL: <https://doi.org/10.18332/ejm/215187>

2026-02533

Racism and 'poor' staff relationships factors in maternity care failings, report finds. Buchanan M (2026), BBC News 26 February 2026

Maternity services in England are failing "too many" families, with problems "at every stage" of the maternity journey, an interim report has found. (© 2026 BBC.)

Full URL: <https://www.bbc.co.uk/news/articles/c30968817q3o>

2026-02481

Independent Investigation into Maternity and Neonatal Services in England – Interim Report. National Maternity and Neonatal Investigation (2026), National Maternity and Neonatal Investigation, London, 26 February 2026

This interim report from the National Maternity and Neonatal Investigation, chaired by Baroness Valerie Amos, builds on the initial report, published in December 2025 (1). Shares the views of women, birthing people, family members and non-birthing partners, gleaned through meetings with the investigation team and through communications received following the public call for evidence. No firm conclusions or recommendations are made in this report, as the investigation is still ongoing. (JSM)

1. National Maternity and Neonatal Investigation. Independent Investigation into Maternity and Neonatal Services in England – Reflections and Initial Impressions. 9 December 2025.

<https://www.matneoinv.org.uk/updates/independent-investigation-into-maternity-and-neonatal-services-in-england-reflection-s-and-initial-impressions/>

Full URL: <https://www.matneoinv.org.uk/updates/independent-investigation-into-maternity-and-neonatal-services-in-england-interim-report/>

2026-02373

Midwives under extreme workforce pressure NMC survey shows. Baines E (2026), Nursing Times 18 February 2026

Data from the Nursing and Midwifery Council's (NMC) widest survey of registered professionals showed that midwives have been among the hardest hit by workforce pressures and by toxic workplace cultures. (© 2025 EMAP Publishing Limited)

2026-02370

Workforce pressures and toxic workplace culture revealed by NMC survey. Baines E (2026), Nursing Times 17 February 2026

Only one in eight nurses and midwives would recommend their profession as a career choice to family or friends, according to recent data gathered by the Nursing and Midwifery Council (NMC). (© 2025 EMAP Publishing Limited)

2026-01963

'Cover-ups' leave staff scared to report sexual safety concerns. Tilley C (2026), Health Service Journal 10 February 2026

A trust's staff "fear raising concerns about attitudes, behaviours and sexual safety", particularly about senior managers and doctors, a review by NHS England has found. (© 2026 HSJ Information Ltd)

2026-01911

From work mate to best mate – the friendships forged by the job. Trueland J (2025), Nursing Standard vol 41, no 2, 4 February 2025, pp 17-19

Long-time friends, who met as colleagues, on what makes their bonds special, from facing job pressures to striving together for career goals

Friendships formed in nursing often last a lifetime, forged by shared experiences. We spoke to nurses about what makes friendships formed through their work special – from sharing the pressures of the job to celebrating milestones together. (© Author)

2026-01765

Over half of professionals satisfied in their work, new NMC data show. Nursing and Midwifery Council (2026), Nursing and Midwifery Council 4 February 2026

The widest survey of nurses, midwives and nursing associates by the Nursing and Midwifery Council (NMC) reveals that over half of respondents (58%) are satisfied in their work – motivated by making a difference to people's lives. (© The Nursing and Midwifery Council 2026.)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/over-half-of-professionals-satisfied-in-their-work-new-nmc-data-show/>

2026-01760

NMC Professionals Survey Full Report 2025. Nursing and Midwifery Council (2026), Nursing and Midwifery Council, London, February 2026. 79 pages

Reports the findings of a new survey launched by the Nursing and Midwifery Council (NMC) in March 2025 to better understand the experiences of professionals on the register. Discusses several themes including work satisfaction, bullying and the delivery of care. (LDO)

Full URL: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2025/nmc-professionals-survey-full-report-2025.pdf? t_id=rYSMkpZPgM-vDKRimNjqIQ%3d%3d& t_uuid=4wUmbXF4TViFaadmMxNlFA& t_q=NMC+Professionals+Survey+Full+Report+2025& t_tags=language%3aen%2csiteid%3ad6891695-0234-463b-bf74-1bfb02644b38%2candquerymatch& t_hit.id=NMC+Web+Models+Media+DocumentFile/5a0249eb-9570-489c-b54d-db3c0e042056& t_hit.pos=1

2026-01757

Spotlight on Nursing and Midwifery 2025: Workforce. Nursing and Midwifery Council (2026), Nursing and Midwifery Council, London, February 2026. 63 pages

Welcome to our third edition of Spotlight, our annual insight report. This year's report includes the findings from our first ever annual survey of the professionals on our register. We heard the views and experiences of 37,961 nurses, midwives and nursing associates, who shared insights into the reality of their practice – including some marked warning signs around burnout, discrimination and patient safety. (© Author)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2025/spotlight-report-2025.pdf>

2025-14605

NHS staff survey 2024: responses from NHS midwives. What is it really like?. Branson D (2025), MIDIRS Midwifery Digest vol 35, no 4, December 2025, pp 332-346

Derren Branson reviews the NHS staff survey which was published on March 2025 and provides valuable insights into the experiences of NHS workforce in England including nurses and midwives. (AS)

2025-14306

NHS Lothian: whistleblowing investigation [written answer]. Scottish Parliament (2025), Official Report Written question S6W-41734, 6 November 2025

To ask the Scottish Government what steps it took to support NHS Lothian following the NHS board's whistleblowing investigation into maternity care at the Royal Infirmary of Edinburgh in December 2024. (© Scottish Parliament 2025)

Full URL: <https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-41734>

2025-13972

NHS: Racial Discrimination [written answer]. House of Commons (2025), Hansard Written question HL11659, 5 November 2025

To ask His Majesty's Government, following analysis by the Royal College of Nursing showing an increase in

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complaints about racism at work, what steps they are taking to address the increase in racism and discrimination in the health service. (© UK Parliament 2025)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2025-11-05/HL11659>

2025-13770

Inappropriate behaviour at work and what to do if someone crosses the line. Read C (2025), Nursing Standard vol 40, no 11, November 2025, pp 13-15

NMC guidelines on romantic relationships and financial gain are clear, but other circumstances fall into grey areas. Here are tips on staying within professional boundaries.

Maintaining clear boundaries with patients and colleagues is a vital part of professionalism in nursing. This is underscored by its inclusion in the Nursing and Midwifery Council (NMC) code, which states that nurses must 'stay objective and have clear professional boundaries at all times' with those who are or have been in their care, as well as with families and carers. (© Author)

2025-13412

Initial feedback on the Code calls for greater focus on AI, challenging discrimination and staff wellbeing. Nursing and Midwifery Council (2025), Nursing and Midwifery Council 10 November 2025

Digital technologies, anti-racism and staff wellbeing are among the areas professionals want the Nursing and Midwifery Council (NMC) to strengthen in the Code – as the regulator invests in an ongoing review. (© The Nursing and Midwifery Council 2025.)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/initial-feedback-on-the-code-calls-for-greater-focus-on-ai-challenging-discrimination-and-staff-wellbeing/>

2025-12914

DHSC evidence for the DDRB: pay round 2026 to 2027. Department of Health and Social Care (2025), Department of Health and Social Care, London, 30 October 2025

Evidence submitted to the Review Body on Doctors' and Dentists' Remuneration (DDRB) by the Department of Health and Social Care for the 2026 to 2027 pay round. (© Crown copyright)

Full URL: <https://www.gov.uk/government/publications/dhsc-evidence-for-the-ddrb-pay-round-2026-to-2027>

2025-12446

The Impact of Mobbing Exposure on Quiet Quitting Attitudes Among Midwifery and Nursing Academics: A Cross-Sectional Study. Bilgiç FŞ, Ay F, Kaban HU, et al (2026), Journal of Advanced Nursing vol 82, no 6, June 2026, pp 6095-6106

Aims

This study examined the relationship between mobbing and quiet quitting attitudes among nursing and midwifery academics.

Design

A descriptive cross-sectional design was used, and data were collected online between June and December 2024 from 209 academics via social media platforms.

Methods

The instruments included a Data Collection Form, the Quiet Quitting Attitude Scale (QQAS) and the Academicians Mobbing Scale (AMS). Statistical analyses were applied to assess group differences and relationships.

Results

Academics at private universities reported higher mobbing exposure. Nurse academics had higher overall QQAS and 'Personal Thought' scores, whereas midwife academics scored higher in the 'Positive Attitude' subdimension. Doctoral students experienced more professional attacks. Mobbing exposure varied significantly by academic status and was notably linked to deteriorations in social relationships and psychological well-being. A strong positive correlation was found between mobbing and quiet quitting attitudes ($t = 24.239$, $p < 0.001$).

Conclusion

Midwifery academics reported greater mobbing, while nurse academics showed stronger quiet quitting tendencies.

Findings suggest that early-career academics are especially at risk. Institutions should prioritise anti-mobbing strategies and foster academic engagement to promote a healthier work environment.

Implications for the Profession and/or Patient Care

This study highlights that mobbing is strongly associated with quiet quitting attitudes among nursing and midwifery academics, particularly affecting early-career professionals. Implementing anti-mobbing strategies and fostering academic engagement are essential to support well-being and productivity in academic settings.

Reporting Method

The study's online survey was conducted and reported following the CHERRIES guidelines to ensure transparency, completeness and quality of web-based research data.

No Patient or Public Contribution

This study did not involve any direct patient or public contribution in its design, data collection or analysis. (© 2025 John Wiley & Sons Ltd.)

2025-12109

Health and Social Care Committee: Black Maternal Health [parliamentary debate]. House of Commons (2025), Hansard vol 773, 16 October 2025

Transcript of a debate which took place in the House of Commons on 16 October 2025, in response to a statement made by Paulette Hamilton, on the recent publication of the Health and Social Care Committee's report on black maternal health(1). Themes discussed included quality of care and support, staff shortages and lack of diversity in the workforce, effects of incomplete data, racism, culture and leadership. 1.Health and Social Care Committee. Black Maternal Health. Third Report of Session 2024-26. HC895. London: House of Commons, 17 September 2025.

<https://committees.parliament.uk/publications/49523/documents/263985/default/> (JSM)

Full URL: <https://hansard.parliament.uk/commons/2025-10-16/debates/187DB2CF-9C5A-4C17-A4BE-99F54AE1CF9B/HealthAndSocialCareCommittee>

2025-11015

Working to support cultures of safety in maternity and neonatal services: a qualitative interview study with service leaders and unit/safety leads. Mackintosh N, Chew S, Armstrong N, et al (2025), Midwifery vol 148, September 2025, 104461

Background

Recent inquiries have demonstrated the significance of safety cultures within maternity and neonatal services. Research has highlighted the benefits of shifting attention away from safety incidents and towards learning about how the mundane, 'normal' accomplishments of safety are shaped by local cultures. However, we still have much to learn about the role of different staff groups in creating conditions that nurture and sustain local safety cultures.

Aims

To explore how staff in middle-management positions worked to influence safety cultures at local maternity and neonatal unit and service level.

Methods

We used a qualitative design, starting with scores obtained from a safety culture survey to identify high-performing organisations in England, in line with a positive deviance approach. Thirteen service leads and 23 unit/safety leads participated in interviews. Analysis used the constant comparative approach, combined with a theoretically-focused coding framework.

Findings

Our research revealed how service and unit/safety leads influenced their local cultures of safety: through working across boundaries between the executive board and frontline practice on maternity and neonatal safety priorities; engaging with the service user voice, bringing this into the boardroom and the ward; and using horizon-scanning and political connections to manage the interface between policy initiatives and local practice.

Conclusions and implications

Staff in middle-management roles play an important role in nurturing and sustaining local cultures of safety, through boundary working within and outside the organisation and with different stakeholders. This demonstrates the importance of supporting staff in such roles, in efforts to develop local safety cultures.

Statement of significance: Problem

problematic cultures/sub-cultures are acknowledged as a contributing factor to failures within healthcare services

What is already known: research has highlighted the benefits of shifting attention away from safety incidents and

‘extraordinary events’, and towards learning how the mundane, ‘normal’ accomplishments of safety are shaped by local cultures

What this paper adds: this paper highlights the important boundary work that staff in middle-management positions undertake to create the conditions that nurture and sustain local safety cultures. (© 2025 The Authors. Published by Elsevier Ltd.)

Full URL: <https://doi.org/10.1016/j.midw.2025.104461>

2025-10737

What are the lived experiences of midwives who provide intrapartum midwifery care within obstetric-led settings? A narrative literature review.. Woolsey C (2025), MIDIRS Midwifery Digest vol 35, no 3, September 2025, pp 255-263

Aim

Understanding the lived experiences of midwives providing intrapartum care in obstetric-led settings, where most UK births take place (Office for National Statistics (ONS) 2024) will reveal potential areas for improvement, promoting staff retention and better care for women and babies.

Method

A systematic search across three maternity literature databases; CINAHL, the British Nursing Index and the Maternity and Infant Care (MIC) database.

Results

Nine primary research articles published between 2014–2024 exploring midwives’ experiences of providing intrapartum care in obstetric-led settings were included. Thematic analysis revealed three overarching themes: navigating opposing philosophies; belief in and knowledge of physiological birth; and being ‘with institution’ rather than ‘with woman’.

Conclusion

Across studies, midwives reported conflict between the midwifery and medical philosophies in obstetric-led settings, leading to power imbalance, loss of autonomy and an inability to provide quality midwifery care because of increasing workloads. A negative culture was reflected, prompting recommendations for practice and research. (© MIDIRS 2025.)

2025-10506

Midwives in Academia: Does Restorative Clinical Supervision Matter?. Kauser T (2025), The Practising Midwife vol 28, no 5, September 2025, pp 18-22

There is a significant gap in the Professional Midwifery Advocate (PMA) support available for clinical versus non-clinical midwifery staff. Providing a safe, open and positive culture in the workplace is of paramount importance in relation to staff wellbeing. This article discusses the development and implementation of a quality improvement (QI) project with the aim of evaluating Restorative Clinical Supervision (RCS) sessions lead by PMAs for academic midwifery staff and its impact on staff wellbeing. Assessment of uptake and receptivity will be monitored through questionnaires annually and staff attendance will be recorded. (© Copyright 2025 All4Maternity)

2025-10334

Marginalising Midwives: From Witchcraft to Scapegoat. Feltham C (2025), The Practising Midwife vol 28, no 3, May 2025, pp 29-32

Recent reports concerning maternity service provision in England have identified a work culture that has led to poor practice. Bullying, intimidation and poor leadership have fostered a service that works within a culture of blame. Midwives are leaving the profession citing the aforementioned as reasons for this, with stress and burnout a significant contributor. Looking back in the history books, it is clear that midwives have been blamed across time. Although no longer burned at the stake, the midwifery profession still appears to bear the brunt of maternity services’ ills. (© Copyright 2025 All4Maternity)

2025-10011

Mothers and babies at risk of harm in ‘toxic’ NHS cover-up culture, health leader to say. Gregory A (2025), The Guardian 15 September 2025

Head of GMC to say ‘something must have gone badly wrong’ when trainee doctors are fearful of speaking up. (© 2025 Guardian News & Media Limited or its affiliated companies. All rights reserved)

Full URL: <https://www.theguardian.com/society/2025/sep/15/mothers-and-babies-at-risk-of-harm-in-toxic-nhs-cover-up-culture-health-leader-to-say>

2025-09918

Maternity Services [written answer]. House of Commons (2025), Hansard Written question 73103, 29 August 2025

To ask the Secretary of State for Health and Social Care, what assessment he has made of the impact of workforce pressures on levels of (a) burnout and (b) staff attrition in maternity services. (© UK Parliament 2025)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2025-08-29/73103>

2025-09816

Workplace harassment is associated with differences in personality traits, coping strategies and work ability: cross sectional study among healthcare professionals. Vivarelli S, Oliveri C, Savasta S, et al (2025), *Frontiers in Public Health* 3 September 2025, online

Introduction: Workplace Harassment (WPH) in the healthcare sector remains a critical global issue, adversely affecting employees' psychological well-being and work ability.

Aim: This study investigated gender differences, variations in personality traits and coping strategies linked to WPH, and the impact of these dynamics on work performance of healthcare workers (HCW).

Methods: A cross-sectional survey was administered to a sample of 415 HCW (138 men and 277 women), including physicians, nurses, and other staff members (e.g., administrative, technical, and auxiliary personnel). Participants completed a series of standardized instruments: WPH and Health Survey Questionnaire (WHHSQ), Mini International Personality Item Pool (Mini-IPIP), Brief-COPE inventory, and Work Ability Index (WAI).

Results: Reports of WPH within the past 12 months showed a significantly higher prevalence among women (36.2%, n = 94) compared to men (23.3%, n = 31), $p < 0.01$. Verbal abuse (30.4%) and bullying/mobbing (17.1%) were the most common forms, with supervisors implicated in about 10–15% of cases. Informal handling, such as confiding in colleagues or family (20–30%), was far more frequent than formal reporting (8–10%). Females scored higher in Agreeableness ($M = 16.26$ vs. 15.29 , $p < 0.001$) and Conscientiousness ($M = 15.03$ vs. 14.01 , $p < 0.001$) but lower in Neuroticism ($M = 11.56$ vs. 12.93 , $p < 0.0001$) compared to males. Individuals who experienced harassment, exhibited lower Neuroticism (mean = 11.28 vs. 12.37 , $p < 0.0001$) than non-harassed peers. Coping patterns varied: women reported greater use of Seeking Social Support strategies ($M = 17.80$ vs. 16.02 , $p < 0.0001$), while harassed individuals relied more on Avoidance strategies ($M = 19.15$ vs. 18.16 , $p < 0.05$), including self-distraction and substance use. Men had higher work ability scores than women ($\chi^2 = 8.799$, $p < 0.05$), while WPH was linked to a significant reduction in work ability ($\chi^2 = 15.729$, $p < 0.01$).

Conclusion: Women are likely to face higher WPH rates and tend to seek social support more frequently, while harassed individuals, regardless of gender, increasingly rely on avoidance coping. Exposure to WPH is associated with decreased work ability. Low rate of formal reporting reveals systemic gaps in institutional responses. To address these challenges, healthcare organizations should implement comprehensive risk assessment strategies incorporating gender-specific factors and psychological profiles to identify vulnerable staff earlier. Enhancing reporting systems, offering proactive psychological support, and promoting adaptive coping strategies are essential to reduce harm, foster resilience, thereby creating safer and healthier work environments. (Copyright © 2025 Vivarelli, Oliveri, Savasta, Fiorino and Fenga. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY).)

Full URL: <https://doi.org/10.3389/fpubh.2025.1641654>

2025-09208

Antisemitism and Inclusion: Towards Jewish Cultural Safety. Godfrey-Isaacs L, Perlman JF (2025), *The Practising Midwife* vol 28, no 1, January 2025, pp 32-34

This article calls on individuals and organisations to recognise the impact of antisemitism on Jewish families and maternity staff, and work towards their inclusion in cultural safety work. It provides an introduction to common antisemitic tropes and invites the reader to reflect on their own attitudes to Jewish people and consider what they can do to provide culturally safe care for Jewish women, birthing people and families. (© Copyright 2025 All4Maternity)

2025-08771

NMC sets EDI targets to eliminate disparities and drive culture change. Nursing and Midwifery Council (2025), *Nursing and*

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Sets out the targets set by the Nursing and Midwifery Council (NMC) to eliminate disparities in its Fitness to Practise processes, including the number of referrals received from employers, and variations in experiences and outcomes in education and training. (JSM)

Full URL: https://www.nmc.org.uk/news/news-and-updates/nmc-sets-edi-targets-to-eliminate-disparities-and-drive-culture-change/?utm_source=Nursing%20and%20Midwifery%20Council&utm_medium=email&utm_campaign=15100872_Education%20newsletter%20July%202025&dm_i=129A,8ZNOW,GFGQI7,11JC4D,1

2025-08704

Defining and enabling informal workplace conflict resolution. Acas (2025), Acas, July 2025

Research exploring informal conflict resolution practices used in workplaces, and the views and experiences of managers and practitioners. (© Author)

Full URL: <https://www.acas.org.uk/research-and-commentary/workplace-conflict/defining-and-enabling-informal-workplace-conflict-resolution>

2025-08191

Fit for the future: 10 Year Health Plan for England. Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, Starmer K, et al (2025), UK Government, London, July 2025. 171 pages

The National Health Service (NHS) is at a historic crossroads. Lord Darzi's Investigation revealed the sheer extent of its current failings, concluding the NHS was in 'critical condition'. He set out in stark terms that this government's inheritance is an NHS where:

- many cannot get a GP or dental appointment
- waiting lists for hospital and community care have ballooned
- staff are demoralised and demotivated
- outcomes on major killers like cancer lag behind other countries .

That is why the NHS now stands at an existential brink. Demographic change and population ageing are set to heap yet more demand on an already stretched health service. Without change, this will threaten yet worse access and outcomes - and even more will opt out to go private if they can afford to. People will increasingly wonder why they pay so much tax for a service they do not use, eroding the principle of solidarity that has sustained the NHS. We will be condemned to a poor service for poor people. The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model, or we can take a new course and reimagine the NHS through transformational change that will guarantee its sustainability for generations to come. This Plan chooses the latter. It represents a break with the past. (© Crown copyright 2025)

Full URL: <https://assets.publishing.service.gov.uk/media/68760ad755c4bd0544dcae33/fit-for-the-future-10-year-health-plan-for-england.pdf>

2025-08169

'Difficult' state of NHS maternity care is due to Tory inaction, inquiry head says. Murray J (2025), The Guardian 21 July 2025

One of the UK's most senior midwives has said inaction by the previous government over maternity care failures has led to the "difficult" situation in wards across England and a rise in reports of birth trauma.

Donna Ockenden, who is leading the biggest inquiry in NHS history into maternity failures in Nottingham, said the Conservatives had been given a "blueprint" for how to improve maternity services but that it had not been implemented.

"I think the current government has inherited a really, really difficult picture around perinatal care, birth care and increasing reports of birth trauma. If only the previous government had done what it said it would do, that inheritance would have been very different," she said.

Ockenden is leading a review into maternity services at the Nottingham university hospitals NHS trust, the largest inquiry into a single service in the history of the NHS, with 2,406 affected families taking part. The findings will be published in June 2026. (© 2025 Guardian News & Media Limited or its affiliated companies)

Full URL: <https://www.theguardian.com/society/2025/jul/21/nhs-england-maternity-care-conservative-government-donna-ockenden-inquiry>

2025-08165

NMC recruits new Heads of EDI to support culture transformation. Nursing and Midwifery Council (2025), Nursing and Midwifery Council 22 July 2025

The Nursing and Midwifery Council (NMC) has recruited two new Heads of Equality, Diversity and Inclusion (EDI), as the regulator continues to turn around its culture. (© The Nursing and Midwifery Council 2025)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-recruits-new-heads-of-edi-to-support-culture-transformation/>

2025-08138

Student midwife support circles: do they influence emotional wellbeing and a sense of belonging to the midwifery profession? Johnson-Cash J, Downer T, Millear P, et al (2025), Midwifery vol 148, September 2025, 104536

Background

Student midwives experience a variety of stressors; in particular, those who attend traumatic events or witness systemic violence and bullying are at risk of developing psychological distress, and a reduced sense of belonging to the midwifery profession. Support circles have been identified as a potential intervention to address these stressors, however, there are limited studies in this area.

Objective

The aim of this study was to examine the impact of facilitated peer support circles on student midwives' emotional wellbeing and their sense of belonging to the midwifery profession.

Methods

A mixed-method research design comprised of a cross-sectional survey and individual interviews was used. Participants were drawn from past and current student midwives from one regional Australian university.

Results

Thirty-one participants (N = 31) responded to the survey. Participants who attended at least one support circle (n = 22) reported increased emotional wellbeing, reduced placement stress and increased sense of belonging. There was a correlation between attendance at support circles and increased compassion satisfaction (positive measure of helping behaviour and satisfaction with the care they provide) as well as a correlation between circle attendance, expectations of midwifery, likelihood of working in midwifery in 10 years, and sense of belonging. Three participants (N = 3) were interviewed. Participants reported that support circles enabled them to discuss academic concerns as well as personal and distressing clinical experiences and that peer support and the development of social connections with other student midwives from across various year levels was highly valued.

Conclusion

Student circles provide support and are a valuable co-curricular activity promoting emotional wellbeing and a sense of professional belonging. (© 2025 The Authors. Published by Elsevier Ltd.)

Full URL: <https://doi.org/10.1016/j.midw.2025.104536>

2025-07730

Safe, effective, equitable, compassionate, and respectful maternity and newborn care for all. UK Network of Professors in Midwifery and Maternal and Newborn Health (2025), UK Network of Professors in Midwifery and Maternal and Newborn Health, London, 4 June 2025. 5 pages

Policy briefing paper from the UK Network of Professors in Midwifery and Maternal and Newborn Health, highlighting the issues, barriers and gaps hindering the provision of safe, effective and respectful care for all mothers and their babies. Proposes a 3-5 year plan to address the issues identified, implement changes and make improvements across the whole maternity journey. (JSM)

Full URL: <https://www.councilofdeans.org.uk/wp-content/uploads/2025/06/Safe-effective-care-for-all-Policy-Briefing-by-UK-Prof-4th-June-2025-2.pdf>

2025-07521

Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth. Council of Deans of Health, Nursing, Midwifery and Allied Health Professions Task and Finish Group (2025), Council of Deans of Health, London, 15 May 2025. 20 pages

This report has been produced by a UK-wide Task and Finish group representing major funders, policymakers and clinical academics in nursing, midwifery and the allied health professions, chaired by Professor Dame Jessica Corner. It is intended to complement the previous overview report and the associated report on medically trained clinical academics. The report focuses on five action areas addressing the key challenges around increasing the number of clinical academics, providing flexible and accessible career pathways, supportive environments and adequate funding for those wanting to pursue clinical academic careers throughout the UK, and addressing significant gaps in data which

limits the monitoring of the clinical academic landscape in the UK. The key action areas are:

Action 1: Develop and embed clear research career routes to enable the number of nursing, midwifery and allied health professional clinical academics to scale from the current very low base, across all four countries of the UK.

Action 2: Create a culture and environment that supports sustainable clinical academic careers for nurses, midwives and the allied health professions.

Action 3: Embed processes to support equitable pay and conditions across higher education institutions and health care providers.

Action 4: Embed robust context-specific data on the number and distribution of clinical academics from nursing, midwifery and allied health professions into key decision-making bodies so that progress can be monitored.

Action 5: Monitor progress in implementing these actions. (© Author)

Full URL: https://www.ukri.org/wp-content/uploads/2025/07/MRC-250605-250515-MRC_Clinical-Researcher-Nursing_8.pdf

2025-07416

A is for alienation. Kirkham M (2025), Midwifery Matters no 185, June 2025, pp 13-15

Mavis Kirkham discusses the problems faced by midwives working in the NHS today, which lead to them feeling cut off and disaffected from the mothers and families in their care. (JSM)

2025-06378

Infection prevention and control: understanding the fundamentals. McCloy O, McGuinness M, Craig S (2024), Nursing Standard vol 40, no 6, 2 October 2024

Infection prevention and control is crucial to prevent patients and healthcare staff from being harmed by avoidable infections, including healthcare-associated infections. This article outlines the main elements of standard precautions for infection prevention and control, as set out by the World Health Organization. Nurses and other healthcare professionals can use this information to refresh their knowledge of infection prevention and control, understand the appropriate practices that should be adopted to reduce the risk of infection transmission, and increase their awareness of the importance of sustainability and education. (© Author)

2025-06375

Toxic leaders: do you have a micromanager? Amara P (2024), Nursing Standard vol 39, no 10, 2 October 2024, p 21

Micromanaging leaders can negatively affect morale and patient care. Find out what to do if your team is affected.

Toxic leadership, which can be seen through micromanagement, bullying or being overly critical, can allow harmful and unpleasant behaviour to spread and grow in an organisation. (© Author)

2025-06363

Please call me by my name, not by a role-based label. Downey A (2024), Nursing Standard vol 39, no 6, 5 June 2024, pp 54-55

A pervasive culture in the NHS of calling colleagues by their role, pay band or student status instead of their name demotivates and undervalues team members.

Have you been called 'the band 5' or 'the student' in the workplace or on placement? (© Author)

2025-06362

What to do if your boss is bullying or incompetent. Allen D (2024), Nursing Standard vol 39, no 6, 5 June 2024, pp 59-60

There are steps you can take to initiate constructive conversations and seek support about poor leadership, including with your union or a Freedom to Speak Up Guardian.

What makes a bad boss? Bullying behaviour, certainly, but also a tendency to avoid conflict or a failure to address issues that matter to staff. (© Author)

2025-06353

Do you feel you're being truly valued at work? Miller N (2024), Nursing Standard vol 39, no 4, 3 April 2024, pp 19-21

Steps managers and the profession's leaders can take to ensure staff feel seen and heard, as the NHS sets out best practice on recognition for staff.

Employee recognition and non-financial rewards can have significant positive effects on work performance – that is the conclusion reached repeatedly by researchers. (© Author)

2025-06346

De-Escalation: 7 tips for handling conflict situations. Dean E (2024), Nursing Standard vol 39, no 1, 3 January 2024, pp 57-59

Tension involving patients, families and even colleagues can arise in any setting – but there are things you can do to manage it.

Healthcare often involves strong emotions and difficult situations, making staying calm when things are starting to escalate a vital skill for nurses. (© Author)

2025-06312

Bereavement care: a reflection. Ferguson N (2025), MIDIRS Midwifery Digest vol 35, no 2, June 2025, pp 127-129

Bereavement care is a core element of midwifery that must take a holistic approach, considering aspects including cultural needs, mental health, lactation suppression and memory making (Nursing & Midwifery Council (NMC) 2019). It is important that midwives are skilled in bereavement care, and knowledgeable about local and national policy and guidelines; however, the evidence base in this field demonstrates varying parental experiences and a lack of standardisation of practices and training across the UK (Smith et al 2020).

This reflective paper will argue that a delay in implementing the recommendations made by the National Bereavement Care Pathways (NBCP) (Scottish Government 2020), which sets out comprehensive guidelines for bereaved parents' care, has resulted in a significant evidence–practice gap. This is partially due to delays caused by the COVID-19 pandemic but also because of the complexity around the implementation of guidelines and the historic failure of research to give weight to the views of parents. This paper will also explore the value of compassionate leadership models and how they could improve care in this specialised area of midwifery practice, examining the importance of workplace culture and the relationship with high-quality bereavement care.

An episode of bereavement care that I experienced as a student midwife will be explored using Rolfe's model of reflection (Rolfe et al 2001), which offers a flexible approach to ensure appropriate critical depth. (© MIDIRS 2025)

2025-06223

Bullying at work: what to do if it happens to you. Read C (2023), Nursing Standard vol 38, no 12, 11 December 2023, pp 51-54

Common and well-documented in the NHS, bullying has serious implications for staff well-being and retention. Find out the steps to take if you witness or experience it.

There is no shortage of evidence that bullying is a pervasive problem in healthcare generally, and in nursing particularly. (© Author)

2025-06215

What is a Freedom to Speak Up guardian? Covell Y (2023), Nursing Standard vol 38, no 10, 4 October 2023, pp 55-56

How those in the role support nurses and other clinicians in raising concerns, and the skills you need to be a guardian.

All organisations that provide services under the NHS Standard Contract are required to appoint a Freedom to Speak Up guardian – a crucial contact for any staff member who wants to raise concerns and may be finding it difficult to be heard. (© Author)

2025-06212

Common flare-ups at work and how to resolve them. Covell Y (2023), Nursing Standard vol 38, no 8, 2 August 2023, pp 16-17

Work pressures, personality clashes and professional differences make it hard to avoid ill-feeling in the workplace – but with the right support, it can be done.

Working under great pressure with ever-changing teams means working relationships for nurses can be pushed to breaking point. But what is the best way to tackle issues when they flare? (© Author)

2025-06208

Rudeness at work: Taking action while showing compassion. Turnbull C (2023), Nursing Standard vol 38, no 7, 5 July 2023, pp 51-54

Incivility towards colleagues can impair how well other staff perform and ultimately affect patient outcomes. We look at what nurses can do when they witness it.

Civility and respect are about how we treat each other at work. In highly pressurised NHS systems, incivility and disrespect can become commonplace, according to NHS England. (© Author)

2025-06200

How to deal with difficult or aggressive colleagues. Covell Y (2023), Nursing Standard vol 38, no 3, 1 March 2023, pp 19-21

What to do if hostile, rude or negligent behaviour from colleagues or a manager is affecting morale and patient care – and how to challenge it.

Team working is essential for delivering good care, and in challenging times we need the support of colleagues more than ever. When someone does not pull their weight or behaves in a hostile way, the atmosphere can feel negative and tense, and you may feel dragged down by it and lose motivation. (© Author)

2025-05949

Incivility at work damages more than colleagues' feelings. Credland N (2022), Nursing Standard vol 37, no 10, 5 October 2022, p 42

Passive or overt aggression from fellow staff members, patients or members of the public affects patient safety and nurse well-being

A scolding in front of other colleagues, a snigger, a sigh or the silent treatment. Are these acts of incivility just 'part of the job' or something more serious? Incivility can be overtly bullying or aggressive behaviour. It can also be covert, for example, the rolling of eyes, ignoring someone or speaking over them. (© Author)

2025-05929

Conflict with colleagues: when it's right to say sorry. Allen D (2022), Nursing Standard vol 37, no 6, 1 June 2022, pp 19-22

In pressured healthcare settings, tempers can fray and staff may disagree. Advice on when an apology is appropriate, whether it is helpful and how to get it right

When did you last say sorry? In a professional capacity, perhaps it was at the height of the pandemic when you could not allow a family member to be at the bedside of a loved one. (© Author)

2025-05918

Turn conflict into a learning experience. Allen D (2022), Nursing Standard vol 37, no 4, 6 April 2022, pp 23-24

Conflict at work is inevitable. Find out how to deal with situations professionally, and reflect on and learn from them as a student.

The healthcare workplace is a 'fertile breeding ground for conflicts' – so says Health Education England (HEE) in an online learning programme about managing conflict at work. (© Author)

2025-05871

Shifting the Tides – Changing the Culture of Health and Safety in Maternity Care. Onofri H (2025), Royal College of Midwives, London, 21 May 2025

Health and Safety Activist, Helen-Marie Onofri, reflects on her journey as a Health and Safety Representative, noting 'Small changes can lead to powerful transformations, and health and safety roles create safer, more supportive environments.' (© Author)

Full URL: https://rcm.org.uk/blog/2025/05/shifting-the-tides-changing-the-culture-of-health-and-safety-in-maternity-care/?dm_i=4YCH,11NO5,3PNLZ4,4W9R6,1

2025-05625

Readers' panel: Inappropriate use of Datix: how can nurses help create a blame-free culture? Johnson S, Kent R, Trondillo J, et al (2021), Nursing Standard vol 36, no 11, 3 November 2021, p 12

Our experts consider a hot topic of the day. (© Author)

2025-05622

Weaponised incident reporting and what to do to prevent it. Allen A (2021), Nursing Standard vol 36, no 11, 3 November 2021, pp 8-10

When bullying, back-covering and defensiveness pervade the workplace culture, colleagues can turn on each other using NHS digital incident reporting systems.

Could your eyebrows frighten people at work, or have you ever eaten chocolates meant for a colleague? If so, be warned – you could find yourself being 'Datixed'. (© Author)

2025-05466

The ripple effects of rudeness at work. Trueland J (2020), Nursing Standard vol 35, no 2, 5 February 2020, pp 14-17

Being on the receiving end of incivility from colleagues or managers is always unpleasant, but in a healthcare setting it can be dangerous.

When Denise Guzdz heard about the Civility Saves Lives project it struck a chord with her. Having been through bruising experiences in her own professional life, the senior nurse understood the wide-ranging and devastating effect that incivility can have. She decided to do something about it. (© Author)

2025-05122

Responding to the challenge. The Patient Experience Library (2025), Glenstall IT, Ballymoney, April 2025. 45 pages

Some health services have developed effective ways to acknowledge and validate a feeling that something is not quite right. In health visiting for example, staff are trained to spot red flags for safeguarding and child protection. If a health visitor sees a family home where the children are regularly unkempt, and the mother seems reluctant to talk in front of a male partner, her senses might be alerted. But she is unlikely to have to worry whether her concerns are "just a feeling".

Professional training coupled with safeguarding frameworks give health visitors a common language for expressing and exploring potential safety issues. With staff who all speak the same language, the conversation can move straight on to how best to respond. Patients, too, need safeguarding. But when it comes to harmful cultures in healthcare, we have no common language. Patients and staff do not have a way to check their concerns against commonly understood red flags for poor professional and organisational behaviours.

This report offers a starting point for a more evidence-based approach and shows the patterns of behaviour that crop up time and again in healthcare disasters. We want to help people see what poor cultures look like – in teamwork, compliance, accountability, organisational learning and more.

To get an even closer view, use the open access red flag tracker. The red flag tracker is interactive searchable and shows real-life examples of harmful healthcare cultures, drawn from ten years of official inquiries in UK health and care settings. <http://www.redflagtracker.org/>. (Author)

Full URL: <https://pexlib.net/?247061>

2025-04558

Do we each have a voice that counts? The Guardian Service's response to the NHS staff survey results 2024. Parkinson R (2025), The Guardian Service, London, April 2025

Report published by The Guardian Service in response to the findings of the NHS staff survey 2024, revealing that current efforts to open up NHS culture, to improve speaking up, and to create an environment where everyone truly believes that they have a voice that counts are failing. The Guardian Service calls for a new narrative around speaking up, a new approach to training and the proper implementation of the Guardian role. (MB)

Full URL: https://www.theguardianservice.co.uk/user_uploads/02_do_we_each_have_a_voice_that_counts_-_gsls_response_to_nhs_staff_survey_docx.pdf

2025-04556

How racism affects health. Walcott S, Nightingale G (2025), Runnymede Trust, The Health Foundation, London, March 2025
Report showing how people of colour experience three of the key building blocks of health - employment, wealth and the lived environment - exposing uncomfortable truths about the opportunities people have to be healthy and the role that race and racism play. (Author, edited)
Full URL: [https://www.health.org.uk/sites/default/files/upload/publications/2025/Health%20Foundation Runnymede%20Report Final Mar-2025.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2025/Health%20Foundation%20Runnymede%20Report%20Final%20March%202025.pdf)

2025-03916

Nursing Safety on the Job: Workplace Violence and Personal Protection. Association of Women's Health, Obstetric and Neonatal Nurses (2025), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 54, no 2, March 2025, pp e1-e3
The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) maintains that nurses have the right to work in safe and respectful environments free from workplace violence, including physical or verbal abuse, harassment, intimidation, bullying, or other disruptive behavior that occurs at the worksite. Furthermore, AWHONN strongly supports and encourages policy initiatives, safe staffing levels, training, and equipment needed to protect nurses on the job and their patients. (Author)
Full URL: <https://doi.org/10.1016/j.jogn.2024.11.001>

2025-03554

Revealed: the shocking violence being faced daily by nurses. Mitchell G, Church E (2025), Nursing Times 4 March 2025
Virtually all nursing and midwifery workers in the UK have experienced physical violence at work, an exclusive Nursing Times survey reveals. (Author)

2025-03553

NMC unveils three-year plan to overhaul 'toxic' internal culture. Devereux E (2025), Nursing Times 19 March 2025
The UK nursing regulator has unveiled a three-year culture transformation plan that has promised to bring about "root-and-branch" change in the organisation. (Author)

2025-02305

Bring back staff rooms to boost teamwork and help staff rest, maternity experts urge. Gulland A (2025), BMJ 29 January 2025, online
This article is a news item covering the increasing call for the return of staff rooms to boost teamwork and help staff rest. This follows Bill Kirkup's, former regional director of public health, investigation into failings in maternity services at Morecombe Bay (The Report of the Morecambe Bay Investigation) and Donna Ockenden's findings in the Okenden Report that the same dysfunction was a result of bullying, poor teamwork, and a lack of compassion. (JM)

2025-01090

New NMC chief to present 'plan for change' by March 2025. Devereux E (2025), Nursing Times 20 January 2025
The new interim chief executive and registrar of the Nursing and Midwifery Council will present a plan for change for the regulator by March 2025, it has been announced. (Author)

2025-00031

National State of Patient Safety 2024: Prioritising improvement efforts in a system under stress. Patient Safety Watch, Institute of Global Health Innovation, Imperial College London (2024), London, December 2024, online
This report presents the national state of patient safety in England in 2024. It includes an updated analysis of the publicly available patient safety data, to show how performance in patient safety has changed since our first report was published in 2022. This report also includes an updated timeline of developments in patient safety policy and practice and a review of progress against our recommendations.

The special focus of this report is priorities for patient safety. We conducted a series of activities to understand patient safety priorities from the perspective of different stakeholders – patients and the public, health and care workers, care providers, and national bodies. The aim was to explore how safety improvement efforts can be better targeted, in the context of an NHS under significant pressure. Our work included:

Review of publicly available information from government and national bodies on national patient safety priorities.
Desk research to identify opportunities to use other data and intelligence to prioritise patient safety issues.
Analysis of published Patient Safety Incident Response Plans (PSIRPs) to identify local NHS organisations' patient safety priorities.
A poll commissioned from YouGov asking health and care workers and the public to rank patient safety priorities, followed by a stakeholder workshop to discuss the findings. The conclusions of this work, along with our recommendations, can be found in Part 4. (Author)

Full URL: <https://www.imperial.ac.uk/Stories/National-State-Patient-Safety-2024/>

2025-00028

Insight into Fitness to Practise. Nursing and Midwifery Council (2024), Nursing and Midwifery Council, London, December 2024. 26 pages

In this publication, we highlight key insights from our analysis of the concerns we received between April 2019 to March 2024. We are also providing an accompanying dashboard to demonstrate trends in our data over the last five years. This will address common queries about the types of concerns reported to us as well as the decisions we have made. (Author)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/ftp/insight-into-fitness-to-practise/insight-into-fitness-to-practise-dec-24.pdf>

2024-13714

Maternity Services: Berkshire [written answer]. House of Commons (2024), Hansard Written question 12984, 6 November 2024

Karin Smyth responds to a written question from Tanmanjeet Singh Dhese to ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve maternity services in (a) Slough constituency and (b) Berkshire. (EA)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-11-06/12984>

2024-13711

Maternity Services: Equality [written answer]. House of Commons (2024), Hansard Written question 13088, 6 November 2024

Karin Smyth responds to a written question from Chris Bloore asking the Secretary of State for Health and Social Care, what discussions his Department has had with NHS England on (a) renewing the national maternity safety ambitions beyond 2025 and (b) amending those ambitions to include reducing inequalities. (EA)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-11-06/13088>

2024-12761

Inequalities in midwifery continuity of care during pregnancy. Dodsworth E (2023), Nuffield Trust Nuffield Trust, London, 11 October 2023

The inequality in women's maternal health outcomes is sobering. In the UK last year, women of Black ethnic backgrounds were four times more likely than white women to die in childbirth, and Asian women were almost twice as likely. Likewise, women living in the most deprived areas had a maternal mortality rate two-and-a-half times higher than women living in the least deprived areas. (Author)

Full URL: <https://www.nuffieldtrust.org.uk/news-item/inequalities-in-midwifery-continuity-of-care-during-pregnancy>

2024-12760

Professional culture wars in maternity care: we should focus on shared values, not differing beliefs. Best R (2024), Nuffield Trust Nuffield Trust, London, 4 October 2024

This blog describes some of the professional culture dynamics in maternity services, why it matters when they clash, and suggests how focusing on our shared values can help us move towards resolution. We should not shy away from a problem because it is difficult to solve. (Author)

Full URL: https://www.nuffieldtrust.org.uk/news-item/professional-culture-wars-in-maternity-we-should-focus-on-shared-values-not-differing-beliefs?utm_source=Nuffield+Trust+weekly+newsletter&utm_campaign=ba1ab9bab7-EMAIL_CAMPAIGN_2024_03_19_04_06_COPY_01&utm_medium=email&utm_term=0_39741ccd5c-ba1ab9bab7-95048513

2024-12685

Global majority leaders are now part of the NHS establishment. McLellan A (2024), Health Service Journal 22 October 2024

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RCM Information Services Limited is a subsidiary of The Royal College of Midwives

What will strike readers first about the 2024 HSJ list of the most influential people in health policy and the NHS with a global majority background is how unsurprising it is. (Author)

2024-12625

Anti-racism in the workplace: a toolkit for union reps. TUC Cymru (2024), TUC Cymru, Cardiff, October 2024

Toolkit published by TUC Cymru highlighting ways that union reps can take active steps towards dismantling systemic racism in the workplace. (MB)

Full URL: <https://www.tuc.org.uk/anti-racism-workplace-toolkit-union-reps>

2024-12494

Culture is a patient safety issue: a summary of speaking up to Freedom to Speak Up guardians, 1 April 2023 - 31 March

2024. National Guardian's Office (2024), National Guardian's Office, London, July 2024. 30 pages

The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides support and challenge to the healthcare system in England on speaking up. The role of Freedom to Speak Up guardians and the National Guardian were established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. There are now over 1,200 Freedom to Speak Up Guardians in NHS primary and secondary care and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting on their ability to do their job. In 2023/24, a record number of cases were raised with guardians, highlighting their critical role in supporting workers to speak up when they do not feel able to in other ways. They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. Guardians also work proactively to support their organisation to tackle barriers to speaking up. (Author, edited)

Full URL: [https://nationalguardian.org.uk/wp-content/uploads/2024/07/FTSU-Case-Data-Annual-Report-23-24-1.pdf?utm_campaign=305438_NHE%20Mag%20Out%20Sept/Oct%2024%20\(6\)&utm_medium=email&utm_source=National%20Health%20Executive](https://nationalguardian.org.uk/wp-content/uploads/2024/07/FTSU-Case-Data-Annual-Report-23-24-1.pdf?utm_campaign=305438_NHE%20Mag%20Out%20Sept/Oct%2024%20(6)&utm_medium=email&utm_source=National%20Health%20Executive)

2024-11532

Workforce and patient safety: temporary staff - integration into healthcare providers. Health Services Safety Investigations Body (2024), Health Services Safety Investigations Body, Poole, 5 September 2024, online

This is one of several investigations that HSSIB is carrying out to explore the theme of workforce and patient safety. This stream of work is looking at how working conditions in the NHS can be optimised to support patient safety.

This report is intended for healthcare organisations, policymakers and the public to help improve patient safety in relation to the integration of temporary clinical staff into healthcare providers' teams. This is a legacy investigation completed by the Health Services Safety Investigations Body (HSSIB) under The NHS England (Healthcare Safety Investigation Branch) Directions 2022.

The investigation recognises that temporary staff are used across the healthcare system. The evidence from this investigation was gathered predominantly from secondary healthcare providers and where evidence was obtained from other healthcare providers such as from General Practice, this is indicated in the report.

The NHS regularly uses temporary staff to fill gaps in its workforce, including clinical staff such as doctors, nurses, allied health professionals and healthcare assistants. This investigation explored the challenges of integrating temporary clinical staff (bank only staff, agency staff and locum doctors) into healthcare providers. Integration is important because temporary staff coming into a new healthcare setting may be unfamiliar with its systems, processes and patient groups, which can pose a risk to patient safety.

HSSIB analysed serious incident reports provided by acute and mental health NHS trusts which detailed patient safety incidents where temporary staff had been involved. This identified risks to patient safety. To explore the risks further, the investigation carried out site visits and engaged with NHS trusts, providers of bank staff, agencies that supply staff to the NHS, substantive (permanent) NHS staff, bank and agency staff, and a range of national stakeholders.

This is one of several investigations that HSSIB is carrying out to explore the theme of workforce and patient safety. This stream of work is looking at how working conditions in the NHS can be optimised to support patient safety. (Author, edited)

2024-11355

Maternity improvement resource. Care Quality Commission (2024), Care Quality Commission, London, 19 September 2024

The following guides are for staff, leaders at all levels, the board and integrated care boards. The guides outline our expectations for staff knowledge about their service and the key elements we want to see implemented. These guides aim to support staff at various levels in understanding what we consider to be the hallmarks of a good service. (Author)

Full URL: <https://www.cqc.org.uk/guidance-regulation/maternity-improvement-resource>

2024-11354

National review of maternity services in England 2022 to 2024. Care Quality Commission (2024), Care Quality Commission, London, 19 September 2024

The quality and safety of maternity services have remained under scrutiny in recent years. While a series of high-profile investigations identified key failings at specific NHS trusts, our National maternity inspection programme – an inspection of all hospital maternity locations that had not been inspected since before March 2021 – has shown many of the issues raised are widespread across England.

While we identified pockets of excellent practice, we are concerned that too many women and babies are not receiving the high-quality maternity care they deserve. Of the 131 locations we inspected between August 2022 and December 2023, almost half were rated as requires improvement (36%) or inadequate (12%). Only 4% of services were rated as outstanding and 48% were rated as good. At 12 locations, ratings for being well-led dropped by 2 ratings levels and at 11 locations, ratings for being safe dropped by 2 levels.

The safety of maternity services remains a key concern, with no services inspected as part of our inspection programme rated as outstanding for being safe. Almost half (47%) were rated as requires improvement for the safe key question, while 35% were rated as good and 18% were rated as inadequate. Where we had the most concerns, we used our enforcement powers to require trusts to make significant improvements to protect people from risk of harm.

While many of the issues we highlight in this report are systemic, with the right culture, services can improve and learn from one another. Alongside this report, we have worked with providers, maternity staff and stakeholder organisations to develop some additional resource materials which can be implemented at trust-level. These resources are available on our website and are aimed at maternity service staff at all levels to help support their efforts to deliver high-quality care and make improvements where needed.

In this report we refer to ‘women’, but we recognise that some transgender men, non-binary people and people with variations in sex characteristics or who are intersex may also use maternity services and experience some of the same issues. (Author)

Full URL: <https://www.cqc.org.uk/publications/maternity-services-2022-2024>

2024-11196

2023-2024 in review: what we have done and the work ahead. Nursing and Midwifery Council (2024), Nursing and Midwifery Council 19 July 2024

Annual report and accounts 2023-2024. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/2023-2024-in-review-what-we-have-done-and-the-work-ahead/>

2024-09805

Experiences of workplace conflicts by midwives and implications for their wellbeing in selected hospitals in the Northern Region of Ghana. Tseer T, Dakubo N, Adongo S (2024), Midwifery vol 137, October 2024, 104133

Aim

Conflicts are ubiquitous in human societies and manifest in varied forms and scales within societies, communities and organisations. While many studies have investigated workplace conflicts, least attention has been paid to how midwives differently experience these conflicts and the impacts of these conflicts on their wellbeing. This study fills this gap by investigating the multifaceted impact of workplace conflicts on the wellbeing of midwives.

Method

The study employed a purely qualitative approach within the analytical framework of the Stress Theory of organisational conflicts. Thirty-five participants were selected for the study through an expert purposive sampling technique. Interviews and Focus Group Discussions were used to collect primary data for the study. Collected data were analysed using an inductive thematic analytical technique.

Results

The findings highlight the multifaceted impact of conflict on both the professional and personal well-being of midwives. Conflicts induce severe physical and psychological strains on midwives, generate fears, angst, and anxieties, and disrupt social harmony prompting exclusion and discrimination among midwives in the hospital.

Conclusion

We argue that apart from task-demand generated stress, workplace conflicts prompt both physical and psychological stress on midwives which culminate into a myriad of physical, emotional, and mental health issues.

Implication for Practice

Initiation of conflict resolution and mediation training programs for midwives so as to equip them with essential skills for effectively managing and resolving workplace conflicts. Setting up internal grievance mechanisms for midwives in their work places and training of midwives on social skills, and stress management skills. (Author)

2024-09107

TikTok midwife: 'Jealous colleagues bullied me out'. Buchanan M (2024), BBC News 26 July 2024

A midwife who makes popular videos on TikTok advising women about giving birth claims she was bullied out of her job by "jealous" colleagues. (Author)

Full URL: <https://www.bbc.co.uk/news/articles/c9x8pp10951o>

2024-09039

NMC sets out next steps toward change. Nursing and Midwifery Council (2024), Nursing and Midwifery Council, London, 24 July 2024

The Nursing and Midwifery Council (NMC) responds to an independent review of the organisation (1) and sets out the steps they will take over the next two years towards changing and improving its culture. 1.Rise Associates, Afzal N. The Nursing and Midwifery Council Independent Culture Review. Manchester: Rise Associates, July 2024.

<https://www.nmc.org.uk/globalassets/sitedocuments/independent-reviews/2024/nmc-independent-culture-review-july-2024.pdf> (JSM)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-sets-out-next-steps-toward-change/>

2024-08780

Ministers to meet with NMC to discuss findings of culture review. Devereux E (2024), Nursing Times 10 July 2024, online

The government will meet with the Nursing and Midwifery Council to discuss the findings of a review into its internal culture, which exposed bullying, racism and toxic behaviour at all levels of the organisation. (Author)

2024-08778

Damning review finds 'toxic' culture at the UK nursing regulator. Devereux E (2024), Nursing Times 9 July 2024, online

There is a "hotbed of bullying, racism and toxic behaviour" within the UK's nursing regulator which is putting the public at risk and endangering nurses and midwives, a damning report has found. (Author)

2024-08727

2023-2024 in review: what we have done and the work ahead. Nursing and Midwifery Council (2024), Nursing and Midwifery Council 19 July 2024

Annual report and accounts 2023-2024. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/2023-2024-in-review-what-we-have-done-and-the-work-ahead/>

2024-08680

Midwifery student exposure to workplace violence in clinical settings: An exploratory study. McKenna L, Boyle M (2016), Nurse Education in Practice vol 17, March 2016, pp 123-127

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. (Author)

2024-08597

Workplace bullying: The midwifery student experience. Capper T (2021), Central Queensland University, Queensland, Australia, 14 June 2021

Aim: To explore and describe midwifery students' experiences of being the target of workplace bullying whilst on clinical placement in Australia and the United Kingdom. **Background:** The incidence of workplace bullying has increased dramatically in recent years and is now a major global public health concern. Workplace bullying is generally referred to as repeated unwanted behaviour towards others that is intended to cause harm, occurring within the workplace. Students undertaking placement in the clinical environment, however, only need to experience a one-off incident of inappropriate or unfair treatment for it to have a lasting adverse effect upon them. Healthcare settings provide the ideal environment for such behaviours to flourish, particularly as they are places where power differentials are commonplace. This in turn can impact staff and student wellbeing, patient safety, staff absenteeism, turnover, and productivity. Midwives are reported to commonly experience workplace bullying, leading to work dissatisfaction and subsequent attrition from the profession. Limited research, which has been predominantly quantitative and mixed methods in nature has revealed that midwifery students too are being bullied whilst on clinical placement. Gaps in the literature exist where midwifery students offer their own personal experiences of being the targets of bullying whilst on clinical placement and how this impacts them and other relevant stakeholders. **Methods:** This study was a qualitative descriptive design. Midwifery students based in the United Kingdom (UK) and Australia that had experienced perceived workplace bullying whilst on clinical placement were recruited via purposive sampling. Approval was obtained from the CQUniversity Australia Human Research Ethics Committee to conduct this study. **Data Collection and Analysis:** Data was collected using an anonymous online qualitative survey. The survey consisted of two main parts; demographic questions and open-ended questions to enable the students to explain their experiences in more detail. In total, 335 midwifery students responded to the study advertisement and confirmed that they had experienced bullying whilst on clinical placement. A total of 215 participants completed just the demographic section of the survey however, 120 participants provided participant generated textual data by fully completing or partially completing the open-ended questions. Data were thematically analysed using Braun and Clarke's (2006) six phase process. **Findings:** Midwifery students indicated that being the target of bullying effected them on several personal and professional levels which has the potential to have further reaching impacts upon the reputation of the profession, the quality of care provided to mothers and babies, and the quality of midwifery education. Moreover, the findings suggested that different groups of midwifery students experience bullying in different ways and the social context of the maternity unit significantly influences the way in which bullying behaviours are enacted and are accepted by others towards them. Midwifery students perceive a number of antecedents to being bullied exist and feel that both academic and clinical organisations could do more to provide support to them and tackle the issue of bullying in order to help ensure the future sustainability of the midwifery profession. **Conclusions:** This study suggests that midwifery students being bullied may have a number of impacts upon students and other key stakeholders. In order to ensure and sustain the future of the midwifery profession, more needs to be done by academic and clinical organisations to address bullying towards midwifery students and prevent the continuation of the bullying cycle. (Author)

2024-08443

Workplace sexual harassment in sexual and reproductive services: a preliminary cross-sectional study. Costanzo I (2021), MedRxiv 11 February 2021

[This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be

evaluated and so should not be used to guide clinical practice]

INTRODUCTION Sexual harassment at the workplace in health care is most prevalent in Anglo regions, although is an emerging problem globally. No research has yet focused on the prevalence of the phenomenon within the area of sexual and reproductive health care in Anglo regions. The aim of this study is therefore to measure the prevalence of sexual harassment in sexual and reproductive health care setting and compare it with other clinical areas.

METHOD A web survey to health care workers of various NHS Trusts in the United Kingdom was carried out and a cross-sectional study was conducted to measure observed counts, expected frequencies and prevalence from a total of 90 questionnaires received.

RESULTS The prevalence of workplace sexual harassment within the sexual and reproductive health services is lower compared to other clinical areas.

CONCLUSIONS Working in sexual and reproductive services could be a protective factor for workplace sexual harassment, therefore this study originates a new line of research aiming to identify the protective factors against sexual harassment at the workplace in sexual and reproductive health and the ways they could be used to protect every health care worker from sexual harassment in the workplace.

KEY POINTS The prevalence of workplace sexual harassment in sexual and reproductive health services is lower compared to other clinical areas.

Working in sexual and reproductive services could be a protective factor for workplace sexual harassment. (Author)

Full URL: <https://www.medrxiv.org/content/10.1101/2021.02.08.21251375v1.full-text>

2024-08259

The Nursing and Midwifery Council Independent Culture Review. Rise Associates, Afzal N (2024), Nursing and Midwifery Council (NMC), London, 9 July 2024

An independent review of the NMC's culture has highlighted safeguarding concerns, and found that people working in the organisation have experienced racism, discrimination and bullying. We take this extremely seriously and will deliver a culture change programme rooted in the review's recommendations. We apologise and promise action.

The NMC commissioned Nazir Afzal OBE and Rise Associates to carry out the review after concerns were raised about the organisation's culture, including racism and fear of speaking up. Over 1,000 current and former NMC colleagues, plus more than 200 panel members who sit on fitness to practise hearings, shared their lived experiences as part of the review. The NMC accepts the report's recommendations. (Author)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/independent-reviews/2024/nmc-independent-culture-review-july-2024.pdf>

2024-07656

Standing up for high standards: your guide for raising concerns. Royal College of Midwives (2022), Royal College of Midwives, London, February 2022. 1 page

A poster produced by the Royal College of Midwives (RCM) outlining eight steps to follow to raise concerns in the workplace. (LDO)

Full URL: https://www.rcm.org.uk/media/5864/sufht_raising-concerns-guidance-poster.pdf

2024-07627

Midwifery in Scotland: five year plan for the profession. Royal College of Midwives (2022), RCM Scotland, Edinburgh, August 2022. 15 pages

Puts forward the Royal College of Midwives (RCM) five year plan for midwives and maternity support workers (MSWs) in Scotland. Includes changes in career structure, compassionate leadership, culture and safety. (LDO)

Full URL: https://www.rcm.org.uk/media/6286/scotland-5-year_digital.pdf

2024-07609

Scottish survey report 2022. Royal College of Midwives (2022), Royal College of Midwives, London, May 2022. 13 pages

Report published by the Royal College of Midwives (RCM) outlining the results of the first survey conducted in Scotland at national and health board level. Several themes emerged including: workforce; workload; education and development; quality of care; wellbeing and morale; and culture and leadership. (LDO)

Full URL: https://www.rcm.org.uk/media/6081/scotland-survey_report_2022_digitalfinal.pdf

2024-07418

Psychological interventions to foster resilience in healthcare students (Cochrane Review). Kunzler AM, Helmreich I, König J, et al (2020), Cochrane Database of Systematic Reviews issue 7, 20 July 2020, Art No.: CD013684

Background

Resilience can be defined as maintaining or regaining mental health during or after significant adversities such as a potentially traumatising event, challenging life circumstances, a critical life transition or physical illness. Healthcare students, such as medical, nursing, psychology and social work students, are exposed to various study- and work-related stressors, the latter particularly during later phases of health professional education. They are at increased risk of developing symptoms of burnout or mental disorders. This population may benefit from resilience-promoting training programmes.

Objectives

To assess the effects of interventions to foster resilience in healthcare students, that is, students in training for health professions delivering direct medical care (e.g. medical, nursing, midwifery or paramedic students), and those in training for allied health professions, as distinct from medical care (e.g. psychology, physical therapy or social work students).

Search methods

We searched CENTRAL, MEDLINE, Embase, 11 other databases and three trial registries from 1990 to June 2019. We checked reference lists and contacted researchers in the field. We updated this search in four key databases in June 2020, but we have not yet incorporated these results.

Selection criteria

Randomised controlled trials (RCTs) comparing any form of psychological intervention to foster resilience, hardiness or post-traumatic growth versus no intervention, waiting list, usual care, and active or attention control, in adults (18 years and older), who are healthcare students. Primary outcomes were resilience, anxiety, depression, stress or stress perception, and well-being or quality of life. Secondary outcomes were resilience factors.

Data collection and analysis

Two review authors independently selected studies, extracted data, assessed risks of bias, and rated the certainty of the evidence using the GRADE approach (at post-test only).

Main results

We included 30 RCTs, of which 24 were set in high-income countries and six in (upper- to lower-) middle-income countries. Twenty-two studies focused solely on healthcare students (1315 participants; number randomised not specified for two studies), including both students in health professions delivering direct medical care and those in allied health professions, such as psychology and physical therapy. Half of the studies were conducted in a university or school setting, including nursing/midwifery students or medical students. Eight studies investigated mixed samples (1365 participants), with healthcare students and participants outside of a health professional study field.

Participants mainly included women (63.3% to 67.3% in mixed samples) from young adulthood (mean age range, if reported: 19.5 to 26.83 years; 19.35 to 38.14 years in mixed samples). Seventeen of the studies investigated group interventions of high training intensity (11 studies; > 12 hours/sessions), that were delivered face-to-face (17 studies). Of the included studies, eight compared a resilience training based on mindfulness versus unspecific comparators (e.g. wait-list).

The studies were funded by different sources (e.g. universities, foundations), or a combination of various sources (four studies). Seven studies did not specify a potential funder, and three studies received no funding support.

Risk of bias was high or unclear, with main flaws in performance, detection, attrition and reporting bias domains.

At post-intervention, very-low certainty evidence indicated that, compared to controls, healthcare students receiving resilience training may report higher levels of resilience (standardised mean difference (SMD) 0.43, 95% confidence interval (CI) 0.07 to 0.78; 9 studies, 561 participants), lower levels of anxiety (SMD -0.45, 95% CI -0.84 to -0.06; 7 studies, 362 participants), and lower levels of stress or stress perception (SMD -0.28, 95% CI -0.48 to -0.09; 7 studies, 420 participants). Effect sizes varied between small and moderate. There was little or no evidence of any effect of resilience training on depression (SMD -0.20, 95% CI -0.52 to 0.11; 6 studies, 332 participants; very-low certainty evidence) or well-being or quality of life (SMD 0.15, 95% CI -0.14 to 0.43; 4 studies, 251 participants; very-low certainty evidence).

Adverse effects were measured in four studies, but data were only reported for three of them. None of the three studies reported any adverse events occurring during the study (very-low certainty of evidence).

Authors' conclusions

For healthcare students, there is very-low certainty evidence for the effect of resilience training on resilience, anxiety, and stress or stress perception at post-intervention.

The heterogeneous interventions, the paucity of short-, medium- or long-term data, and the geographical distribution restricted to high-income countries limit the generalisability of results. Conclusions should therefore be drawn cautiously. Since the findings suggest positive effects of resilience training for healthcare students with very-low certainty evidence, high-quality replications and improved study designs (e.g. a consensus on the definition of resilience, the assessment of individual stressor exposure, more attention controls, and longer follow-up periods) are clearly needed. (Author)

Full URL: <https://doi.org/10.1002/14651858.CD013684>

2024-07417

Psychological interventions to foster resilience in healthcare professionals (Cochrane Review). Kunzler AM, Helmreich I, Chmitorz A, et al (2020), Cochrane Database of Systematic Reviews issue 7, 5 July 2020, Art No.: CD012527

Background

Resilience can be defined as the maintenance or quick recovery of mental health during or after periods of stressor exposure, which may result from a potentially traumatising event, challenging life circumstances, a critical life transition phase, or physical illness. Healthcare professionals, such as nurses, physicians, psychologists and social workers, are exposed to various work-related stressors (e.g. patient care, time pressure, administration) and are at increased risk of developing mental disorders. This population may benefit from resilience-promoting training programmes.

Objectives

To assess the effects of interventions to foster resilience in healthcare professionals, that is, healthcare staff delivering direct medical care (e.g. nurses, physicians, hospital personnel) and allied healthcare staff (e.g. social workers, psychologists).

Search methods

We searched CENTRAL, MEDLINE, Embase, 11 other databases and three trial registries from 1990 to June 2019. We checked reference lists and contacted researchers in the field. We updated this search in four key databases in June 2020, but we have not yet incorporated these results.

Selection criteria

Randomised controlled trials (RCTs) in adults aged 18 years and older who are employed as healthcare professionals, comparing any form of psychological intervention to foster resilience, hardiness or post-traumatic growth versus no intervention, wait-list, usual care, active or attention control. Primary outcomes were resilience, anxiety, depression, stress or stress perception and well-being or quality of life. Secondary outcomes were resilience factors.

Data collection and analysis

Two review authors independently selected studies, extracted data, assessed risks of bias, and rated the certainty of the evidence using the GRADE approach (at post-test only).

Main results

We included 44 RCTs (high-income countries: 36). Thirty-nine studies solely focused on healthcare professionals (6892 participants), including both healthcare staff delivering direct medical care and allied healthcare staff. Four studies investigated mixed samples (1000 participants) with healthcare professionals and participants working outside of the healthcare sector, and one study evaluated training for emergency personnel in general population volunteers (82 participants). The included studies were mainly conducted in a hospital setting and included physicians, nurses and different hospital personnel (37/44 studies).

Participants mainly included women (68%) from young to middle adulthood (mean age range: 27 to 52.4 years). Most studies investigated group interventions (30 studies) of high training intensity (18 studies; > 12 hours/sessions), that were delivered face-to-face (29 studies). Of the included studies, 19 compared a resilience training based on combined theoretical foundation (e.g. mindfulness and cognitive-behavioural therapy) versus unspecific comparators (e.g. wait-list). The studies were funded by different sources (e.g. hospitals, universities), or a combination of different sources. Fifteen studies did not specify the source of their funding, and one study received no funding support.

Risk of bias was high or unclear for most studies in performance, detection, and attrition bias domains.

At post-intervention, very-low certainty evidence indicated that, compared to controls, healthcare professionals receiving resilience training may report higher levels of resilience (standardised mean difference (SMD) 0.45, 95% confidence interval (CI) 0.25 to 0.65; 12 studies, 690 participants), lower levels of depression (SMD -0.29, 95% CI -0.50 to -0.09; 14 studies, 788 participants), and lower levels of stress or stress perception (SMD -0.61, 95% CI -1.07 to -0.15; 17 studies, 997 participants). There was little or no evidence of any effect of resilience training on anxiety (SMD -0.06, 95% CI -0.35 to 0.23; 5 studies, 231 participants; very-low certainty evidence) or well-being or quality of life (SMD 0.14, 95% CI -0.01 to 0.30; 13 studies, 1494 participants; very-low certainty evidence). Effect sizes were small except for resilience and stress reduction (moderate). Data on adverse effects were available for three studies, with none reporting any adverse effects occurring during the study (very-low certainty evidence).

Authors' conclusions

For healthcare professionals, there is very-low certainty evidence that, compared to control, resilience training may result in higher levels of resilience, lower levels of depression, stress or stress perception, and higher levels of certain resilience factors at post-intervention.

The paucity of medium- or long-term data, heterogeneous interventions and restricted geographical distribution limit the generalisability of our results. Conclusions should therefore be drawn cautiously. The findings suggest positive effects of resilience training for healthcare professionals, but the evidence is very uncertain. There is a clear need for high-quality replications and improved study designs. (Author)

Full URL: <https://doi.org/10.1002/14651858.CD012527.pub2>

2024-07404

Education and training for preventing and minimizing workplace aggression directed toward healthcare workers (Cochrane Review). Geoffrion S, Hills DJ, Ross HM, et al (2020), Cochrane Database of Systematic Reviews issue 9, 8 September 2020, Art No.: CD011860

Background

Workplace aggression constitutes a serious issue for healthcare workers and organizations. Aggression is tied to physical and mental health issues at an individual level, as well as to absenteeism, decreased productivity or quality of work, and high employee turnover rates at an organizational level. To counteract these negative impacts, organizations have used a variety of interventions, including education and training, to provide workers with the knowledge and skills needed to prevent aggression.

Objectives

To assess the effectiveness of education and training interventions that aim to prevent and minimize workplace aggression directed toward healthcare workers by patients and patient advocates.

Search methods

CENTRAL, MEDLINE, Embase, six other databases and five trial registers were searched from their inception to June 2020 together with reference checking, citation searching and contact with study authors to identify additional studies.

Selection criteria

Randomized controlled trials (RCTs), cluster-randomized controlled trials (CRCTs), and controlled before and after studies (CBAs) that investigated the effectiveness of education and training interventions targeting aggression prevention for healthcare workers.

Data collection and analysis

Four review authors evaluated and selected the studies resulting from the search. We used standard methodological procedures expected by Cochrane. We assessed the certainty of evidence using the GRADE approach.

Main results

We included nine studies—four CRCTs, three RCTs, and two CBAs—with a total of 1688 participants. Five studies reported episodes of aggression, and six studies reported secondary outcomes. Seven studies were conducted among nurses or nurse aides, and two studies among healthcare workers in general. Three studies took place in long-term care, two in the psychiatric ward, and four in hospitals or health centers. Studies were reported from the United States, Switzerland, the United Kingdom, Taiwan, and Sweden.

All included studies reported on education combined with training interventions. Four studies evaluated online programs, and five evaluated face-to-face programs. Five studies were of long duration (up to 52 weeks), and four studies were of short duration. Eight studies had short-term follow-up (< 3 months), and one study long-term follow-up (> 1 year). Seven studies were rated as being at "high" risk of bias in multiple domains, and all had "unclear" risk of bias in a single domain or in multiple domains.

Effects on aggression

Short-term follow-up

The evidence is very uncertain about effects of education and training on aggression at short-term follow-up compared to no intervention (standardized mean difference [SMD] -0.33, 95% confidence interval [CI] -1.27 to 0.61, 2 CRCTs; risk ratio [RR] 2.30, 95% CI 0.97 to 5.42, 1 CBA; SMD -1.24, 95% CI -2.16 to -0.33, 1 CBA; very low-certainty evidence).

Long-term follow-up

Education may not reduce aggression compared to no intervention in the long term (RR 1.14, 95% CI 0.95 to 1.37, 1 CRCT; low-certainty evidence).

Effects on knowledge, attitudes, skills, and adverse outcomes

Education may increase personal knowledge about workplace aggression at short-term follow-up (SMD 0.86, 95% CI 0.34 to 1.38, 1 RCT; low-certainty evidence). The evidence is very uncertain about effects of education on personal knowledge in the long term (RR 1.26, 95% CI 0.90 to 1.75, 1 RCT; very low-certainty evidence). Education may improve attitudes among healthcare workers at short-term follow-up, but the evidence is very uncertain (SMD 0.59, 95% CI 0.24 to 0.94, 2 CRCTs and 3 RCTs; very low-certainty evidence). The type and duration of interventions resulted in different sizes of effects. Education may not have an effect on skills related to workplace aggression (SMD 0.21, 95% CI -0.07 to 0.49, 1 RCT and 1 CRCT; very low-certainty evidence) nor on adverse personal outcomes, but the evidence is very uncertain (SMD -0.31, 95% CI -1.02 to 0.40, 1 RCT; very low-certainty evidence).

Measurements of these concepts showed high heterogeneity.

Authors' conclusions

Education combined with training may not have an effect on workplace aggression directed toward healthcare workers, even though education and training may increase personal knowledge and positive attitudes. Better quality studies that focus on specific settings of healthcare work where exposure to patient aggression is high are needed. Moreover, as most studies have assessed episodes of aggression toward nurses, future studies should include other types of healthcare workers who are also victims of aggression in the same settings, such as orderlies (healthcare assistants). Studies should especially use reports of aggression at an institutional level and should rely on multi-source

data while relying on validated measures. Studies should also include days lost to sick leave and employee turnover and should measure outcomes at one-year follow-up. Studies should specify the duration and type of delivery of education and should use an active comparison to prevent raising awareness and reporting in the intervention group only. (Author)

Full URL: <https://doi.org/10.1002/14651858.CD011860.pub2>

2024-06461

Gloucestershire Hospitals NHS Foundation Trust Gloucestershire Royal Hospital: Inspection report. Care Quality Commission (2023), Care Quality Commission, London, 10 November 2023. 20 pages

Gloucestershire Hospitals NHS Foundation Trust received authorisation on 1 July 2004. It was formed from Gloucestershire Hospitals NHS Trust, which was established following a reconfiguration of health services in Gloucestershire in 2002. Maternity Services are also provided at Stroud Maternity Hospital. We carried out this short announced focused inspection because at our last inspection in April 2022, we rated the trust overall as requires improvement and two warning notices were issued for Surgery and Maternity. We only visited the maternity unit at Gloucestershire Royal Hospital at this inspection. At our last inspection, carried out on the 6 and 7 April for maternity and the 12 and 13 April for Surgery, 2022 (on site) and the subsequent provision of evidence, the Commission found that: Surgery 1. Areas within Gloucester Royal Hospital were being used outside of their intended purpose with a lack of mitigation, timely risk escalation and insufficient governance processes. 2. There was a lack of assessment of risks to the health and safety of service users receiving the care and treatment. 3. There was not an effective governance systems or processes and that Standard Operating Procedures for theatre care and treatment were out of date or overdue a review (see the surgery section for what we found during this inspection).

Maternity

1. There was a lack of assessment of risks to the health and safety of service users receiving care and treatment.
2. There was not enough staff to support the provision of safe care. There was a lack of assessment of staff competence and skills to ensure the delivery of safe care. There were insufficient numbers of suitably qualified staff to deliver and manage the maternity triage service or the induction of labour process.
3. The governance systems and processes did not work effectively to ensure the oversight of the service and to learn from incidents and improve practice to keep service users safe. Following the inspection, the trust was served a warning notice under Section 29A of the Health and Social Care Act 2008, requiring them to make significant improvements. This was to ensure safeguarding training level 3 was provided for all staff and incidents to be investigated in a timely way so learning can be shared quickly to reduce the risk of it happening again. This is a repeat of part of the warning notice issued following the inspection in April 2022. [N.B.: Detail on maternity begins on page 11 of this report]. (Author, edited)

Full URL: <https://api.cqc.org.uk/public/v1/reports/83e06856-e4be-4af0-8ca4-556e069670f1?20240202115037>

2024-06455

Worcestershire Acute Hospitals NHS Trust Worcestershire Royal Hospital: Inspection report. Care Quality Commission (2023), Care Quality Commission, London, 29 November 2023. 19 pages

We inspected the maternity service at Worcestershire Royal Hospital as part of our national maternity inspection programme. We did not inspect services at the Alexandra Hospital as services provided at this location were outside of the scope of the national maternity inspection programme. Worcestershire Royal Hospital provides maternity services to the population of 580,000. Maternity services include an early pregnancy unit, outpatient department, maternity assessment unit, antenatal ward, delivery suite / labour ward, midwifery led birthing centre (The Meadow Birth Centre), two maternity theatres, postnatal ward, High dependency area / enhanced care.

Between April 2021 and March 2022 4,785 babies were born at Worcestershire Royal Hospital. We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions. We rated safe as Requires Improvement and well-led as Good. Our rating of Good for maternity services did not change ratings for the hospital overall; Worcestershire Royal Hospital is rated Requires Improvement.

We provided the service with 2 working days' notice of our inspection. We visited Maternity assessment (Triage), day assessment unit, Labour ward / Delivery Suite, maternity theatres, the antenatal and postnatal wards. We spoke with 2 obstetric consultants, 15 midwives, 1 support workers. We received 709 responses to our give feedback on care posters which were in place during the inspection. We reviewed 6 patient care records, 6 Observation and escalation charts and 10 medicines records. Following our onsite inspection, we spoke with senior leaders within the service; we also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. We then used this information to form our judgements. (Author)

2024-06001

Sexual Harassment, Abuse, and Discrimination in Obstetrics and Gynecology A Systematic Review. Gupta A, Thompson JC, Ringel NE, et al (2024), JAMA Network Open vol 7, no 5, May 2024, e2410706

Importance Unlike other surgical specialties, obstetrics and gynecology (OB-GYN) has been predominantly female for the last decade. The association of this with gender bias and sexual harassment is not known.

Objective To systematically review the prevalence of sexual harassment, bullying, abuse, and discrimination among OB-GYN clinicians and trainees and interventions aimed at reducing harassment in OB-GYN and other surgical specialties.

Evidence Review A systematic search of PubMed, Embase, and ClinicalTrials.gov was conducted to identify studies published from inception through June 13, 2023.: For the prevalence of harassment, OB-GYN clinicians and trainees on OB-GYN rotations in all subspecialties in the US or Canada were included. Personal experiences of harassment (sexual harassment, bullying, abuse, and discrimination) by other health care personnel, event reporting, burnout and exit from medicine, fear of retaliation, and related outcomes were included. Interventions across all surgical specialties in any country to decrease incidence of harassment were also evaluated. Abstracts and potentially relevant full-text articles were double screened.: Eligible studies were extracted into standard forms. Risk of bias and certainty of evidence of included research were assessed. A meta-analysis was not performed owing to heterogeneity of outcomes.

Findings A total of 10 eligible studies among 5852 participants addressed prevalence and 12 eligible studies among 2906 participants addressed interventions. The prevalence of sexual harassment (range, 250 of 907 physicians [27.6%] to 181 of 255 female gynecologic oncologists [70.9%]), workplace discrimination (range, 142 of 249 gynecologic oncologists [57.0%] to 354 of 527 gynecologic oncologists [67.2%] among women; 138 of 358 gynecologic oncologists among males [38.5%]), and bullying (131 of 248 female gynecologic oncologists [52.8%]) was frequent among OB-GYN respondents. OB-GYN trainees commonly experienced sexual harassment (253 of 366 respondents [69.1%]), which included gender harassment, unwanted sexual attention, and sexual coercion. The proportion of OB-GYN clinicians who reported their sexual harassment to anyone ranged from 21 of 250 AAGL (formerly, the American Association of Gynecologic Laparoscopists) members (8.4%) to 32 of 256 gynecologic oncologists (12.5%) compared with 32.6% of OB-GYN trainees. Mistreatment during their OB-GYN rotation was indicated by 168 of 668 medical students surveyed (25.1%). Perpetrators of harassment included physicians (30.1%), other trainees (13.1%), and operating room staff (7.7%). Various interventions were used and studied, which were associated with improved recognition of bias and reporting (eg, implementation of a video- and discussion-based mistreatment program during a surgery clerkship was associated with a decrease in medical student mistreatment reports from 14 reports in previous year to 9 reports in the first year and 4 in the second year after implementation). However, no significant decrease in the frequency of sexual harassment was found with any intervention.

Conclusions and Relevance This study found high rates of harassment behaviors within OB-GYN. Interventions to limit these behaviors were not adequately studied, were limited mostly to medical students, and typically did not specifically address sexual or other forms of harassment. (Author)

Full URL: <https://doi.org/10.1001/jamanetworkopen.2024.10706>

2024-05961

How to fix and improve maternity safety. Royal College of Midwives (2024), Royal College of Midwives, London, May 2024. 10 pages

Safe, good quality care should be the expectation and the requirement of every maternity service throughout the UK. That is why the Royal College of Midwives (RCM) not only wants maternity services that meet the needs and choices of women in how they birth their baby but also maternity services that are safe. (Author)

Full URL: https://www.rcm.org.uk/media/7465/0301_how-to-fix_safety_digital.pdf

2024-05786

Quarter of minority ethnic bank staff report discrimination. Kituno N (2024), Health Service Journal 23 May 2024

Nearly one in seven NHS bank-only workers say they have been discriminated against by patients and the public in the

2024-05785

'Culture of bullying and undermining' uncovered in trust's maternity service. Townsend E (2024), Health Service Journal 24 May 2024

Trainee midwives at a struggling trust have raised serious concerns about bullying and feeling afraid to speak up, an NHS England report has revealed. (Author)

2024-05413

Motivating Change: a grounded theory of how to achieve large-scale, sustained change, co-created with improvement organisations across the UK. Breckenridge JP, Gray N, Toma M, et al (2023), BMJ Open Quality vol 8, no 2, July 2019, e000553

Background Various theories provide guidance on implementing, sustaining and evaluating innovations within healthcare. There has been less attention given, however, to personal theories drawn from practice and the expertise of managers and front-line staff is a largely untapped resource. In this paper, we share learning from experienced improvement organisations to provide a conceptual level explanation of the conditions necessary to facilitate and sustain improvement at scale.

Methods Staff (n=42) from three leading change organisations in the UK, spanning health, education and social care, took part in three consultation meetings with the aim of sharing knowledge about sustaining large-scale change. This included one government organisation, one National Health Service Board and one large charity organisation. Using a participatory grounded theory approach, the workshops resulted in a co-created theory.

Results The theory of Motivating Change describes the psychosocial-structural conditions for large-scale, sustained change from the perspectives of front-line staff. The theory posits that change is more likely to be sustained at scale if there is synergy between staff's perceived need and desire for improvement, and the extrinsic motivators for change. Witnessing effective change is motivating for staff and positive outcomes provide a convincing argument for the need to sustain improvement activity. As such, evidence of change becomes evidence for change. This is only possible when there is a flow of trust within organisations that capitalises on positive peer pressure and suppresses infectious negativity. When these conditions are in place, organisations can generate self-proliferating improvement.

Conclusions The theory of Motivating Change has been co-created with staff and offers a useful explanation and guide for others involved in change work that capitalises on front-line expertise. (Author)

Full URL: <https://doi.org/10.1136/bmjopen-2018-000553>

2024-04782

Midwives: Bullying [parliamentary debate]. House of Lords (2024), Hansard vol 837, 16 April 2024

Transcript of a debate which took place in the House of Lords on 16 April 2024, following a question from Lord Hunt of Kings Heath to His Majesty's Government, regarding what assessment they have made of the impact of bullying of students and newly qualified midwives in the NHS on (1) retention of staff, and (2) the treatment of pregnant women, as highlighted in the #Saynotobullyinginmidwifery report published on 12 November 2023. (JSM)

Full URL: <https://hansard.parliament.uk/Lords/2024-04-16/debates/0A14D707-73CE-4F30-B50C-0520461B0595/MidwivesBullying>

2024-03844

Working in labor and delivery unit increases the odds of work place violence in Amhara region referral hospitals: Cross-sectional study. Dagnaw EH, Bayabil AW, Yimer TS, et al (2021), PLoS ONE vol 16, no 10, 2021, e0254962

Background

Workplace violence is any act of negative behavior that causes, physically and psychologically harm to health professionals face in the workplace. The prevalence of workplace violence becomes a challenging occupational issue with increasing nature worldwide. In spite of the seriousness and the impact of the problem, little is known about its magnitude and determinants in the study area and even in Ethiopia.

Objective

The study aimed to assess the magnitude of workplace violence and its associated factors among health care providers working for the last one year at Obstetrics and gynecology department in Amhara Regional State Referral

Methods

Institutional based cross-sectional study was conducted from October 1st to 30th, 2019. 503 study participants were incorporated in the study. A pre-tested structured questionnaire was used to collect the data. Data were entered into EPI info version 7.2.3.1 and analyzed using SPSS version 23. Binary Logistic regression model was fitted to identify factors associated with workplace violence considering the association to be significant p- value <0.05.

Result

This study revealed that 44.5% of the health care providers had reported workplace violence (95% CI: 40.2–48.7). Of this majority of the Victims were experienced a verbal type of violence 200 (88.1%), followed by physical 14 (6.2%), sexual 11 (4.8%), and racial two (0.8%). Factors of workplace violence in this research with statically significant, were: working in labor ward (AOR = 7.4, 95% CI: 2.9–18.7), Female sex of participant (AOR = 2.4, 95% CI: 1.4–4), work experience less than 5 years (AOR 8.5, 95% CI: 7.3–33.3) and numbers of staff less than 5 in a shift (AOR = 5.3 95% CI: 3.8–39.8) and 5–10 staff in a shift (AOR = 3.3, 95% CI: 2.7–25).

Conclusion and recommendations

The prevalence of workplace violence among obstetrics and gynecology department health professionals in Amhara regional state referral hospitals was high. Developing an incident resolution protocol and legislations to encourage health professionals to prompt report violent acts and judicial punishment of perpetrators will be useful to combat workplace violence at obstetrics and gynecology department. (Author)

Full URL: <https://doi.org/10.1371/journal.pone.0254962>

2024-03280

Could negative treatment of student midwives during training affect staff retention and care provisions for women and birthing people, families and neonates?. Marsh A (2024), MIDIRS Midwifery Digest vol 34, no 1, March 2024, pp 24-29

Background

There is little published literature discussing the mental health and wellbeing of student midwives in relation to the clinical environment. However, it appears that many student midwives consider leaving the role because of poor mental health, which may have detrimental effects on the future maternity workforce. The crisis of maternity services is widely documented, with mental distress in midwifery students linked to an unsupportive, bullying and intimidating clinical environment, poor mentor relationships and high dropout rates.

Objective

This scoping review aims to explore whether negative treatment of student midwives during training can affect staff retention and, consequently, care provisions for women and birthing people, families and neonates.

Methods

A scoping review was conducted using CINAHL Ultimate, refined to five databases: AMED, ERIC, MEDLINE, MEDLINE with Full Text and CINAHL Ultimate. Inclusion and exclusion criteria were set. The data were analysed using Braun & Clarke's thematic analysis (2006) to identify and collate patterns and themes in the literature.

Results

Four articles were suitable for inclusion and, from these, three common themes on the experience of students were identified: workplace bullying, lack of identity, and mental health and wellbeing. Direct links have been found to connect high levels of attrition to negative treatment in clinical practice, contributing to the widely documented staffing crisis in maternity services. Moreover, an unsupportive and toxic learning environment has been shown to impact negatively on care provisions for women and birthing people, neonates and families.

Conclusion

There is little research into the experiences of student midwives in clinical practice, despite their being exposed to the same working conditions and environment as qualified midwives. The conclusion of this scoping review is that a direct link can be made between treatment of student midwives, and staff attrition and retention, leading to a further deficit in the maternity workforce. (Author)

2024-03129

Maternity Services: Ethnic Groups [written answer]. House of Commons (2024), Hansard Written question 15670, 26 February 2024

Maria Caulfield responds to a written question from Justine Madders to the Secretary of State for Health and Social Care, asking how many and what proportion of maternity staff have completed cultural competence training in each NHS trust. (EA)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-02-26/15670>

2024-03028

Being fair 2: promoting a person-centred workplace that is compassionate, safe and fair. NHS Resolution (2023), NHS Resolution, London, March 2023. 45 pages

Being fair 2 aims to promote the value of a person-centred workplace that is compassionate, safe and fair.

A just and learning culture is the balance of fairness, justice, learning – and taking responsibility for actions. It is not about seeking to blame the individuals involved when care in the NHS goes wrong, nor the absence of responsibility and accountability.

Since the publication of Being fair in July 2019, and with ongoing work across the NHS, it is apparent that organisations still require support to improve the culture for those working within the health system to tackle issues of incivility, bullying and harassment.

Our second Being fair report sets out the benefits to an organisation of adopting a more reflective approach to learning from incidents and supporting staff. (Publisher)

Full URL: <https://resolution.nhs.uk/2023/03/30/being-fair-2-improving-organisational-culture-in-the-nhs/>

2024-03016

Maternity Services: Staff [written answer]. House of Lords (2024), Hansard Written question HL2664, 21 February 2024

Lord Markham responds to a written question from Lord Hunt of Kings Heath to the His Majesty's Government regarding what assessment they have made of the impact of understaffing in maternity units on levels of bullying, as highlighted in the #Saynotobullyinginmidwifery report published on 12 November 2023. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-02-21/HL2664>

2024-02910

How to fix the midwifery staffing crisis. Royal College of Midwives (2024), Royal College of Midwives, London, 28 February 2024. 8 pages

It is no secret that the UK has suffered from a chronic shortage of midwives, and that this shortage has had a sadly inevitable impact on maternity safety. While services in Scotland, Wales and Northern Ireland certainly have their challenges, it is England where the problems have been most acute, with a current estimated shortage of 2,500 midwives. The shortage of midwives has had an inevitable impact on maternity safety. (Author)

Full URL: <https://www.rcm.org.uk/media/7303/rcm-how-to-fix-guide-28-feb-2024.pdf>

2024-02908

Enabling wellbeing within trusts. NHS Providers, Foundation Trust Network (2023), NHS Providers, London, October 2023. 32 pages

There is an urgent need for interventions and support for the NHS workforce, to address concerning data on staff wellbeing, and to ensure high quality patient care. While vacancy rates and workload demands across the NHS will require action by government and national NHS bodies to resolve sustainably, the case studies in this report highlight how local, proactive measures can help to improve staff wellbeing and retention.

The key enablers to the initiatives featured in this report include access to adequate funding, senior leadership understanding and buy in, and continuous impact monitoring and evaluation for interventions. An overall understanding that staff wellbeing is everybody's business, and vital to the success of organisations, is also imperative.

The benefits to employers proactively enabling wellbeing are undeniable. With staff working in a healthier and more inclusive culture, organisations benefit from better employee morale and engagement. As trusts are continually challenged to deliver more activity within existing resources, and to maximise productivity without compromising on patient care, supporting staff and their wellbeing will be essential in achieving the asks of the NHS. (Author)

2024-01897

Follow your compassion. Newitt S, Patel D, McGloin S (2024), The King's Fund, London, 29 January 2024

Blog discussing an in-depth study with 22 newly-qualified midwives and nurses about the emotional aspects of their work, revealing the huge gap between the ambition for compassionate, inclusive leadership and the real-world experience of new nurses and midwives. (MB)

Full URL: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/following-compassion>

2023-13556

Facing Fear: A First-Year Student Midwife's Perspective. Fucella R (2023), The Student Midwife vol 6, no 4, October 2023, pp 6-9

Fear. It is one of the most gripping and visceral of human emotions. But what place, if any, does fear have within maternity care? As a first-year student midwife, fear appears to be an overwhelming theme, splashed across newspaper headlines and hotly debated in lectures halls. This article aims to critically discuss sources of this fear, amongst users of maternity services and within the midwifery profession itself – and look to some of the solutions to overcome it. Professional midwifery stands at a crossroads, with global goals driving improvements in practice, while the complex challenge of fear threatens to cripple progress if not responded to with hope. (Author)

2023-13473

Cultural Humility Digital Resource. NHS Education for Scotland (2023), NHS Education for Scotland, Edinburgh, December 2023

The NHS Scotland Academy has created a Cultural Humility digital resource in collaboration with NHS Education for Scotland's Equality, Diversity, and Human Rights Team and several partners across health, social care, and the third sector to support the development of positive cultural humility values and behaviours across the health and social care workforce.

Developed as a national resource, the introductory digital course includes a range of videos, reflective activities, scenarios, and a resource pack.

These are designed to support learners to increase their understanding of different cultures and backgrounds and develop their skills to engage in respectful and meaningful interactions for patients and staff across the country. (Author)

Full URL: <https://www.nhsscotlandacademy.co.uk/education-and-training/cultural-humility-digital-resource/>

2023-13252

Safety culture in maternity hospital: Perception of nurse-midwives. da Costa Brás CP, de Figueiredo MDCAB, Ferreira MMC (2024), Journal of Advanced Nursing vol 80, no 5, May 2024, pp 2091-2105

Aim

To explore nurse-midwives' perceptions of safety culture in maternity hospitals.

Design

A descriptive phenomenological study was conducted using focus groups and reported following the Consolidated Criteria for Reporting Qualitative Research.

Methods

Data were obtained through two online focus group sessions in June 2022 with 13 nurse-midwives from two maternity hospitals in the central region of Portugal. The first focus group comprised 6 nurse-midwives, and the second comprised 7 nurse-midwives. Qualitative data were analysed using content analysis.

Findings

Two main themes emerged from the data: (i) barriers to promoting a safety culture; (ii) safety culture promotion strategies. The first theme is supported by four categories: ineffective communication, unproductive management, instability in teams and the problem of errors in care delivery. The second theme is supported by two categories: managers' commitment to safety and the promotion of effective communication.

Conclusion

The study results show that the safety culture in maternity hospitals is compromised by ineffective communication, team instability, insufficient allocation of nurse-midwives, a prevailing punitive culture and underreporting of adverse events. These highlight the need for managers to commit to providing better working conditions, encourage training with the development of a fairer safety culture and encourage reporting and learning from mistakes. There is also a need to invest in team leaders who allow better conflict management and optimization of communication skills is essential.

Impact

Disseminating these results will provide relevance to the safety culture problem, allowing greater awareness of nurse-midwives and managers about vulnerable areas, and lead to the implementation of effective changes for safe maternal and neonatal care.

Patient or Public Contribution

There was no patient or public contribution as the study only concerned service providers, that is, nurse-midwives themselves. (Author)

2023-12887

University Hospitals of Derby and Burton NHS Foundation Trust. Royal Derby Hospital Inspection report. Care Quality Commission (2023), Care Quality Commission, London, 29 November 2023. 20 pages

Presents the findings of the inspection of the Royal Derby Hospital by the Care Quality Commission (CQC), which took place on the 15, 16, 22 and 23 August 2023. The report looks at the hospital and rating of that location, in addition to the maternity services, including antenatal, intrapartum (care during labour and delivery) and postnatal maternity care, based at the hospital. The maternity services rating dropped from good to inadequate overall and for being safe and well-led, while the hospital's rating dropped from good to requires improvement. (JSM)

Full URL: <https://api.cqc.org.uk/public/v1/reports/9c757801-d671-49d0-a4c7-a7b53650c95c?20231129010611>

2023-12169

Say No to Bullying in Midwifery. Burleigh A, Wylam J, Millar B (2023), #Saynotobullyinginmidwifery Facebook Group November 2023

The #Saynotobullyinginmidwifery Facebook group was set up in April 2017 in order to support midwives and maternity workers who found themselves the victims of bullying behaviour. It was very apparent that systems that had been put in place to protect the employee were not working and in many cases worked against the employee, who after raising concerns about culture, practices and safety, often became a bigger target. These systems either ignored the concerns, or often supported the perpetrators of poor and unsafe culture, in turn making the situation worse and the majority of members ended up leaving anyway. This was considered "problem solved."

In October 2021, the question "Why do Midwives leave?" was asked. The consequence of asking this question was a tsunami of accounts from midwives, student midwives, maternity support workers, lecturers, heads of midwifery and others. The member's repeatedly describe awful experiences which left them damaged and broken with lives and careers ruined. They reported that they found that the systems that should have been in place to support them worked against them. Factors other than bullying also come into play, workload, short staffing, hierarchy, lack of safety, lack of compassion, racism, disregarding disabilities, poor training environment..... the list goes on.

In the numerous accounts shared in this book/report, all areas of the system from CQC, CEO, HR, midwifery management, universities and the unions are described as being complicit, inadequate, disinterested and even corrupt. Work environments are described as unsafe, exit interviews were not performed, recorded or acted upon. Staff are not valued, they describe not having a safe working environment. All too often after speaking out whistle-blowers are demonised until they leave. Health and safety issues and truly evidence base practice ignored with no lessons learned. The mental anguish caused by these failures is very difficult to read.

Several reports have been published which clearly illustrate the devastation of unsafe care. We know from report after report that maternity is extremely understaffed and midwives and maternity workers are leaving in droves. Universities and training hospitals need to be a safe supportive place in which students can learn, train, work and develop good quality and safe care with adequate and experienced mentorship. This is essential in order to retain and facilitate newly qualified midwives who are happy and supported and then in turn become experienced and happy

staff, essential in what is an extremely responsible role. Staffing levels and training need to be optimal to ensure the safety of women and babies is optimal.

This report will also show that despite leaving roles that they love, many midwifery and maternity employees remain incredibly passionate about midwifery, maternity, mothers, babies, families and their colleagues and want the system to do better and be safer for all concerned. Many of the accounts in this book/report are from midwives who have reluctantly left the profession, many others are contemplating leaving.

We haven't included solutions in the report/book because there is no easy solution. Any solution needs an urgent multi-faceted approach where the focus is on doing and not just talking. The damage sadly cannot be repaired overnight. Midwives on the frontline must be listened to and experienced health and well being team incorporated into the workplace. The safety of mothers, babies, families and midwives depends on it. (Author)

2023-12110

Widespread 'toxic culture' is forcing us out, say staff. Kituno N (2023), Health Service Journal 13 November 2023

Large numbers of midwives report being left feeling undervalued and afraid to speak up due to bullying and widespread staffing shortages, which some say is putting mothers' and babies' lives at risk, according to a new publication shared with HSJ. (Author)

2023-11899

Compassion fatigue: A meta-narrative review of the healthcare literature. Sinclair S, Raffin-Bouchal S, Venturato L, et al (2017), International Journal of Nursing Studies vol 69, April 2017, pp 9-24

Background: Compassion fatigue describes a work-related stress response in healthcare providers that is considered a 'cost of caring' and a key contributor to the loss of compassion in healthcare.

Objective: The purpose of this review was to critically examine the construct of compassion fatigue and to determine if it is an accurate descriptor of work-related stress in healthcare providers and a valid target variable for intervention.

Design: Meta-narrative review.

Data sources: PubMed, Medline, CINAHL, PsycINFO, and Web of Science databases, Google Scholar, the grey literature, and manual searches of bibliographies.

Review methods: Seminal articles and theoretical and empirical studies on compassion fatigue in the healthcare literature were identified and appraised for their validity and relevance to our review. Sources were mapped according to the following criteria: 1) definitions; 2) conceptual analyses; 3) signs and symptoms; 4) measures; 5) prevalence and associated risk factors; and 6) interventions. A narrative account of included studies that critically examines the concept of compassion fatigue in healthcare was employed, and recommendations for practice, policy and further research were made.

Results: 90 studies from the nursing literature and healthcare in general were included in the review. Findings emphasized that the physical, emotional, social and spiritual health of healthcare providers is impaired by cumulative stress related to their work, which can impact the delivery of healthcare services; however, the precise nature of compassion fatigue and that it is predicated on the provision of compassionate care is associated with significant limitations. The conceptualization of compassion fatigue was expropriated from crisis counseling and psychotherapy and focuses on limited facets of compassion. Empirical studies primarily measure compassion fatigue using the Professional Quality of Life Scale, which does not assess any of the elements of compassion. Reported risk factors for compassion fatigue include job-related factors, fewer healthcare qualifications and less years experience; however, there is no research demonstrating that exemplary compassionate carers are more susceptible to 'compassion fatigue'.

Conclusion: In the last two decades, compassion fatigue has become a contemporary and iconic euphemism that should be critically reexamined in favour of a new discourse on healthcare provider work-related stress. (Author)

2023-11854

Tackling racism in maternal health. Catalao R, Zephyrin L, Richardson L, et al (2023), British Medical Journal vol 383, no 8405,

Approaches are needed that tackle the root causes, including the structural drivers of health, argue Raquel Catalao and colleagues. (Author)

Full URL: <https://doi.org/10.1136/bmj-2023-076092>

2023-11411

What Are Human Factors And Ergonomics? Elliott-Mainwaring H, Phillips C, Bowie P (2023), *The Practising Midwife* vol 26, no 9, October 2023, pp 20-24

This is the second of four co-written papers for the Advancing Practice series. In our first paper published in *The Practising Midwife* July 2023 issue, we explored patient safety in maternity and midwifery care. Here, we discuss 'Human Factors and Ergonomics' within healthcare, maternity and midwifery. The reflection points throughout this Advancing Practice piece are adapted from the NHS Education for Scotland's Safety Culture Discussion Cards.¹ In this paper, we hope to support midwives' understanding of the current maternity safety landscape via a Human Factors perspective. (Author)

2023-11232

Bullying in the workplace. Winter GF (2023), *British Journal of Midwifery* vol 31, no 10, October 2023, pp 597–598

George F Winter discusses the prevalence of reports highlighting bullying in midwifery, and the evidence for ways to address this issue. (Author)

2023-11212

Problematic substance use: an assessment of workplace implications in midwifery. Pezaro S, Maher K, Bailey E, et al (2021), *Occupational Medicine* vol 71, no 9, December 2021, pp 460–466

Background

Problematic substance use (PSU) poses occupational, personal and professional risks. As an occupational group, midwives have been under-represented in research on PSU.

Aims

The aim of this study was to assess self-reported occurrences of PSU, help-seeking behaviours and barriers, and perceptions of impairment in UK-based midwives.

Methods

Self-selecting registered midwives were anonymously surveyed using the Tobacco, Alcohol, Prescription Medications, and Substance Use/Misuse (TAPS) tool, the Perceptions of Nursing Impairment Inventory (PNII) and open-ended/closed questions. Quantitative data were used to explore PSU, help-seeking and attitudes to impairment. Qualitative responses were used to provide richer understandings.

Results

From 623 completed surveys, 28% (n = 176) self-reported PSU in response to work-related stress and anxiety, bullying, traumatic clinical incidents and maintenance of overall functioning. PSU was related to alcohol and a range of restricted drugs. While 11% of those affected indicated they had sought help, 27% felt they should seek help but did not. Reported barriers to help-seeking included fear of repercussions, shame, stigma, practicalities and a perceived lack of support either available or required. Perceptions of impairment were predominantly compassionate with a minority of stigmatizing attitudes displayed.

Conclusions

Overall, 10% of the sample reported they had attended work under the influence of alcohol, and 6% under the influence of drugs other than tobacco or those as prescribed to them. Furthermore, 37% indicated concern about a colleague's substance use. As stigmatizing attitudes and punitive actions can dissuade help-seeking, changed perceptions and policies which favour alternatives to discipline are suggested to reduce the risk overall. (Author)

Full URL: <https://doi.org/10.1093/occmed/kqab127>

2023-11065

Experiences of workplace adversity among midwives in labour wards of tertiary hospitals in northern Nigeria. Musa HA, Hunter B, Warren L, et al (2023), *African Journal of Midwifery and Women's Health* vol 17, no 3, July 2023, pp 1-12

Background/Aims

Midwifery has been described as an emotionally charged profession. It can be even more demanding as a result of the staff shortages and lack of resources often encountered in low- and middle-income countries. In Nigeria, there are high maternal and infant mortality rates, shortages in the midwifery workforce and a high prevalence of stress among midwives. The aim of this study was to explore midwives' experiences of workplace adversity and resilience in tertiary hospitals in northern Nigeria.

Methods

This study used a constructivist grounded theory approach. Data were collected via in-depth face-to-face interviews and field notes. A total of 34 interviews were conducted in two phases, with purposive and theoretical samples of midwives across two tertiary institutions in northern Nigeria. The iterative process of grounded theory methodology was used for data analysis.

Results

Significant adversity was caused by a severe lack of human and material resources, leading to an excessive workload. The nature of the work was characterised by high numbers of obstetric emergencies and attending to traumatic births.

Conclusions

Midwives working in tertiary hospitals in northern Nigeria experience workplace adversity fuelled by high caseloads, workforce shortages, a lack of basic equipment and consumables, an unsupportive working atmosphere and attending traumatic births. More investment in Nigerian maternity services is needed to improve quality of care provision, reduce adversity in the midwifery workforce and enhance staff retention. (Author)

2023-10339

REACH-OUT: Caring for the healthcare workforce post-COVID-19: A longitudinal mixed-methods study of post-COVID-19 outcomes in healthcare workers from diverse ethnicities. NHS Race & Health Observatory (2022), NHS Race & Health Observatory, London, Autumn 2022. 22 pages

In response to the potential consequences of long COVID, a wide range of nationally-funded research studies have been initiated in the UK to better understand the long term impact of SARS-CoV-2 infection on physical and mental health, and how to enhance the diagnosis and treatment of long COVID. However, these studies have largely, to date, focused on the general population, with a critical gap in research on long COVID among HCWs, and ethnic minority groups in particular. HCWs from ethnic minority backgrounds play a vital role in our response to the COVID-19 pandemic, comprising around 42% of doctors and more than 19% of other clinical staff (e.g., nurses, paramedics, midwives), within the NHS workforce. UK-REACH (United Kingdom Research study into Ethnicity And COVID-19 outcomes in HCWs) is a programme of work funded by the MRC-UKRI and NIHR to examine if, how and why ethnicity affects COVID-19 outcomes and the impact of COVID-19 on HCWs. The disproportionate impact of COVID-19 on HCWs has serious implications for the effective operation of the health system. A study focused on the first UK national lockdown found that HCWs are seven times more likely to get severe COVID-19 compared to other workers. However, up until now, there has been limited attention to how post-acute illness and long COVID are affecting the home and work lives of HCWs, and those from ethnic minority backgrounds in particular. Furthermore, the burden of long COVID and its ongoing mental, physical, and occupational impacts on this population are still unknown. This scarcity of literature is particularly problematic for this novel and poorly understood condition, with critical implications for the sustainable delivery of safe and high-quality care. Alongside this it is important to understand in detail the lived experiences of affected HCWs from different ethnic groups, and how they can best be supported, as well as how to support the recovery of the health system going forward. (Author, edited)

Full URL: https://www.nhsrho.org/wp-content/uploads/2023/05/RHO-REACH_OUT-Caring-for-the-healthcare-workforce-post-Covid-19.pdf

2023-10338

REACH-OUT: Caring for the healthcare workforce post COVID-19: A longitudinal mixed-methods study of post-COVID-19 outcomes in healthcare workers from diverse ethnicities. NHS Race & Health Observatory (2023), NHS Race & Health Observatory, London, August 2023. 16 pages

The REACH-OUT study aims to investigate the long-term impacts of COVID-19 on healthcare workers (HCWs) from diverse ethnic backgrounds in the United Kingdom (UK). The study is a collaboration between the NHS Race and Health Observatory and the University of Leicester, and it builds upon the UK-REACH project. The primary objectives of REACH-OUT are to estimate the prevalence of long COVID among HCWs,

characterise the syndrome, and understand its effects on the mental, physical, and occupational health of HCWs and their work and home lives. To achieve these goals, the study employs a mixed-methods approach. Firstly, a systematic review and meta-analysis to determine the global prevalence of long COVID among HCWs and identify the symptoms associated with the condition. This analysis will help identify common symptoms and their clustering patterns. Secondly, a longitudinal quantitative survey study using baseline and follow-up questionnaires to estimate the prevalence of long COVID in HCWs. This analysis will also investigate whether the prevalence of long COVID differs based on factors such as age, sex, ethnicity, and occupation. Additionally, qualitative research will be used to gain insights into the short - and medium-term impacts of long COVID on HCWs. This qualitative component involves interviews and discussions with HCWs, their families, and their colleagues. By gathering qualitative data, the study aims to understand the personal experiences and perspectives of HCWs affected by long COVID. The findings from the study will be used to enhance the understanding of how HCWs can be supported during their recovery process. The evidence generated through the study will contribute to developing effective support mechanisms for HCWs and inform policy recommendations aimed at facilitating the recovery of the healthcare system. (Author)

Full URL: <https://www.nhs.uk/rho/wp-content/uploads/2022/11/RHO-REACH-OUT-post-Covid-August-2023.pdf>

2023-10282

Cultural Safety in Midwifery 1. Cultural Safety in Midwifery for First Nations Women, People and Families. Coleman R, Barnes A (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 14-17

This is the first series of Midwifery Basics. It will contain a collection of authors, curated by Renae Coleman, and will explore the concepts of 'cultural safety in midwifery' within the Australian context. This series will consider the importance of equity, diversity, and inclusion, and show how midwives and birth workers are essential in creating a safe space for all. (Author)

2023-10281

Growing Midwifery Leadership Within Our Own Mob. Buzzacott C (2022), The Practising Midwife Australia vol 1, no 1, September 2022, pp 8-12

The Rhodanthe Lipsett Indigenous Midwifery Charitable Fund (RLIMCF) has a significant impact on the current health of First Nations mothers and babies, supporting First Nations midwives to develop and sustain our systems of health care such as Birthing on Country. Made for us, by us. RLIMCF's scholarship contribution to First Nations student midwives and midwives reaches mothers, babies and families. Our midwives give support to health professionals, community organisations, hospitals and birthing centres. They contribute to ongoing health and wellbeing for all generations to come. (Author)

2023-10178

Towards a healthy and sustainable workforce for the future: the current health and wellbeing of the nursing and midwifery workforce in Wales. Gray BJ, Bright D, Bolton S (2020), Cardiff: Public Health Wales 2020. 62 pages

The work undertaken by nursing and midwifery staff is at times rewarding as well as physically and emotionally challenging. Clearly enabling individual staff to make healthy lifestyle choices and achieve a balance between work and home-life is good for the practitioner as well as ensuring we have a healthy workforce. Equally important, however, is how employers support staff who find themselves unwell undergoing life experiences such as childbirth or bereavement, or are struggling to cope with their mental health.

Welsh Government has been developing policies aimed at improving the health and wellbeing of the population, which includes the section of the population in work. The most recent of these is the Healthy Weight: Healthy Wales (2019) strategy, which is a 10 year long-term plan to prevent and reduce obesity in Wales. There are four themes included in the plan: healthy environments; healthy settings; healthy people; and leadership and enabling change. The strategy sets out incremental changes designed to enable individuals to care for themselves as well as actions we can take to improve our environment. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/towards-a-healthy-and-sustainable-workforce-for-the-future1/>

2023-10177

Health and wellbeing of the nursing and midwifery workforce in Wales during the COVID-19 pandemic. Gray BJ, Kyle RG, Davies AR (2022), Cardiff: Public Health Wales 2022. 30 pages

Public Health Wales have played a key role in understanding the health and wellbeing of the nursing and midwifery workforce. This second report building on the previously published Towards a Healthy and Sustainable Workforce for

the Future provides an overview of current and emerging health and wellbeing challenges of working during the COVID-19 pandemic. For the first time, this new report includes the full spectrum of the workforce from student nurses and midwives to our senior colleagues. These insights will help shape our national strategy and organisational policies to ensure we have a sustainable, able, and well workforce for the future. This report shows that supporting staff health and wellbeing should remain at the heart of our plans to attract, value and retain our talented and dedicated health and care workforce in Wales. We are keeping a very close eye on whether people leave the NHS due to pressures brought on by the pandemic and at the same time are supporting retention through a range of policies to enhance engagement and wellbeing to support people to remain in work. As we continue to live with the impact of the pandemic it is imperative to ensure that mechanisms are in place to provide the support our health and care workforce needs. We will continue to work closely and collaboratively with our partners across Wales to monitor the impact of the pandemic and assess the support needed. This is more important now than ever. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/health-and-wellbeing-of-the-nursing-and-midwifery-workforce-in-wales-during-the-covid-19-pandemic/>

2023-09135

An examination of the moral habitability of resource-constrained obstetrical settings. Boakye PN, Peter E, Simmonds A, et al (2021), Nursing Ethics vol 28, no 6, September 2021, pp 1041-1060

Background: While there have been studies exploring moral habitability and its impact on the work environments of nurses in Western countries, little is known about the moral habitability of the work environments of nurses and midwives in resource-constrained settings.

Research objective: The purpose of this research was to examine the moral habitability of the work environment of nurses and midwives in Ghana and its influence on their moral agency using the philosophical works of Margaret Urban Walker.

Research design and participants: A critical moral ethnography was conducted through the analysis of interviews with 30 nurses and midwives, along with observation, and documentary materials.

Ethical considerations: After receiving ethics approval, signed informed consent was obtained from participants before data collection.

Results: Five themes were identified: (1) holding onto the values, identities, and responsibilities of being a midwife/nurse; (2) scarcity of resources as limiting capacity to meet caring responsibilities; (3) gender and socio-economic inequities shaping the moral-social context of practice; (4) working with incoherent moral understandings and damaged identities in the context of inter- and intra-professional relationships; and (5) surviving through adversity with renewed commitment and courage.

Discussion: The nurses and midwives were found to work in an environment that was morally uninhabitable and dominated by the scarcity of resources, overwhelming and incoherent moral responsibilities, oppressive conditions, and workplace violence. These situations constrained their moral agency and provoked suffering and distress. The nurses and midwives negotiated their practice and navigated through morally uninhabitable work environment by holding onto their moral values and commitments to childbearing women.

Conclusion: Creating morally habitable workplaces through the provision of adequate resources and instituting interprofessional practice guidelines and workplace violence prevention policies may promote safe and ethical nursing and midwifery practice.

Keywords: Ghana; limited resources; midwives; moral agency; moral distress; moral habitability; nurses. (Author)

2023-09082

Nursing/midwifery interns struggling in overcrowded hospitals. Anon (2023), World of Irish Nursing & Midwifery vol 31, no 5, Summer 2023, pp 10-11

ALMOST three out of four intern nurses and midwives (73%) believe staffing levels in their workplaces are not sufficient to support a positive learning environment, according to a new survey published by the INMO last month. (Author)

Full URL: <https://publications.inmo.ie/view/757579364/10/>

2023-09062

Workplace stress. Eccles K (2023), World of Irish Nursing & Midwifery vol 31, no 3, April 2023, pp 24-25

Nursing and midwifery staffing levels should be underpinned by the Framework for Safe Staffing and Skill Mix and both the physical and mental health of nurses and midwives must be a priority for healthcare employers, writes Karen Eccles. (Author)

Full URL: <https://publications.inmo.ie/view/529639626/24/>

2023-09043

Fear and risk of attack in the workplace. Eccles K (2023), World of Irish Nursing & Midwifery vol 30, no 1, February 2023, pp 38-39

Across Ireland on a daily basis, nurses and midwives are facing violence and aggression in the workplace and it is long past time for employers to take action to protect them, writes Karen Eccles. (Author)

Full URL: <https://publications.inmo.ie/view/811614799/38/>

2023-08469

Spotlight on Nursing and Midwifery Report 2023. Nursing and Midwifery Council (2023), Nursing and Midwifery Council, London, 3 August 2023. 56 pages

The first of the Nursing and Midwifery Council's (NMC's) annual insight publications. Covers three major areas: 1. Becoming a registered professional. This section looks at trends in the nurses, midwives and nursing associates joining the NMC register. It also explores people's motivations for joining the profession, their experiences of education and training and how it prepared them for practice and any variation between those educated in the UK and overseas. 2. Practising in the UK. This section looks at the experiences of early career UK and internationally educated professionals practising in the UK, their career intentions and reasons why they choose to leave the NMC register. 3. Maternity care. Sharing findings from public inquiries and insights from NMC fitness to practise cases, this section looks at people's experiences of maternity services across the UK. (Author, edited)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2023/spotlight-on-nursing-and-midwifery-report-2023.pdf>

2023-07564

The ups and downs of midwifery in the UK. Allkins S (2023), British Journal of Midwifery vol 31, no 6, June 2023

This is an editorial that discusses the state of maternity care in the UK using the data from Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK) as well as the NHS 2023 long term plan to improve care. (JM)

2023-06954

Nursing Workforce Diversity. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) (2023), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing 19 May 2023, online

Diversification of the health care workforce aligns with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) strategic goals. In the 21st century, research supports the continuous efforts to attract, develop, and foster a diverse workforce. AWHONN maintains that developing a diverse nursing workforce is an essential component to attracting the largest possible pool of talent and achieving health equity for childbearing people, newborns, and individuals throughout their life span by increasing concordance in patient–nurse relationships. AWHONN opposes discrimination in the nursing workforce based on ability, age, generation, ethnicity, gender identity, national origin, race, religion, and sexual orientation. AWHONN acknowledges that as our knowledge of diversity continues to evolve, so will our definition of workforce diversity. (Author)

2023-06280

NHS policy on bullying and discrimination is an evidence-free zone. Kline R (2023), Health Service Journal 6 June 2023

The existing HR strategies in the NHS lack evidence-based approaches, which hinders their effectiveness in tackling discrimination and bullying. To establish a safer and more equitable workplace, proactive measures, accountability, and debiasing processes are crucial, explains Roger Kline. (Author)

2023-04860

Invest in maternity workforce to tackle racial disparities in care, say MPs. Devereux E (2023), Nursing Times 18 April 2023, online

Maternity staff shortages have become “a barrier” to tackling racial inequalities and disparities within maternity care, a report by MPs has found. (Author)

2023-04663

The Experiences of Black Community-Based Doulas as They Mitigate Systems of Racism: A Qualitative Study. Thomas K, Quist S, Peprah S, et al (2023), Journal of Midwifery & Women's Health vol 68, no 4, July/August 2023, pp 466-472

Introduction

Black pregnant individuals endure a disproportionate burden of preventable morbidity and mortality due to persistent, racially mediated social and systemic inequities. As patient advocates, Black community-based doulas help address these disparities via unique services not provided by conventional doulas. However, Black doulas themselves may encounter obstacles when providing care to Black perinatal clients. We characterized the barriers encountered by Black community-based doulas in Los Angeles, California.

Methods

We partnered with a Black community-based doula program to conduct semistructured interviews with its community doulas and program directors, covering the following topics: motivations for becoming a doula, services provided, and challenges faced as a Black doula in perinatal settings. Interview transcripts were reviewed via directed content analysis, with attention to the influence of systemic racism on service provision. Additionally, our research team used Camara Jones' Levels of Racism, which describes race-associated differences in health outcomes to code data.

Results

We interviewed 5 Black community-based doulas and 2 program directors, who all shared experiences of inequitable care and bias against Black clients that could be addressed with the support and advocacy of culturally congruent doulas. The community doulas shared experiences of stigma as Black doulas, compounded by racial prejudice. Interviewees noted sources of structural racism affecting program development, instances of interpersonal racism as they interacted with the health care system, and internalized racism that was revealed during culturally based doula trainings. Additionally, the doulas emphasized the importance of cultural concordance, or a shared identity with clients, which they considered integral to providing equitable care.

Conclusion

Despite facing institutionalized, interpersonal, and internalized forms of racism, Black community-based doulas provide avenues for Black birthing individuals to navigate systemic racism experienced during the perinatal process. However, these forms of racism need to be addressed for Black community doulas to flourish. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13493>

2023-02469

Reflections on Use of Quality Improvement Methods for Anti-Racism Work in a Maternity Department. Neiman S, Oamen J, Abdus-Salaam RS (2023), The Practising Midwife vol 26, no 3, March 2023, pp 37-39

A large, urban London teaching hospital has a strategic objective of “develop all our diverse staff to deliver their potential and foster talent” (trust intranet, updated march 04, 2022). In drafting the new strategy, the words “commitment to equality and diversity” were suggested. Was there any change created by the strategy? Do such words on a website stop racist discrimination, bullying and harassment within departments? (Author)

2023-02432

Decolonising the Midwifery Curriculum. Allan G, Thomas S (2023), The Practising Midwife vol 26, no 2, February 2023, pp 8-12

Decolonising the midwifery curriculum means to understand the historical and political effects of colonialism on healthcare, and how those accessing maternity care can still be disadvantaged by it today. Decolonising the midwifery curriculum is readdressing the imbalance in Eurocentric content that reinforce Western dominance, ensuring that taught content represents all cultures and fosters a sense of shared understanding and cultural humility. It is a process that asks us to challenge ourselves and institutional power imbalances that perpetrate harmful bias towards ethnicity, class, gender and able-bodism, to produce midwives who are better equipped to provide culturally-safe and inclusive care. (Author)

2023-00313

Bullying and unfairness in midwifery. Akehurst R (2020), Midwifery Matters no 167, Winter 2020, pp 15-18

In this article, Rachel Akehurst describes her story of being bullied within the NHS, followed by an NMC referral some ten years later after building a successful hypnobirthing business. She has received support from Midwives' Haven and we are grateful to Rachel for sharing her story of courage in the face of intimidation. (Author)

2023-00042

National Coordinator's Report – Power and Hierarchy in the Association of Radical Midwives. Hales K (2022), Midwifery Matters no 172, Spring 2022, pp 16-17

The author reflects on accusations of misuse of power and hierarchy levelled at longstanding members of the Association of Radical Midwives (ARM). (MB)

2022-10135

Combating racial discrimination against minority ethnic nurses, midwives and nursing associates. NHS England (2022), NHS England, London, 3 November 2022

This resource is designed to support nurses, midwives and nursing associates, providing advice on the action you can take if you witness or experience racism. It also supports those in leadership roles to be inclusive leaders. (Author)

Full URL: <https://www.england.nhs.uk/long-read/combating-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates/>

2022-09422

From Da-a-Luz Training to Midwifery Education within the NHS. Anonymous (2022), Midwifery Matters no 174, Autumn 2022, pp 30-31

An anonymous student midwife shares her experiences of feeling unwanted, unsupported and ignored while on placement on a busy and understaffed labour ward. (MB)

2022-09240

Workforce Race Equality Standard (WRES) Survey 2022 initial findings. Nursing and Midwifery Council (2022), Nursing and Midwifery Council (NMC), London, September 2022. 17 pages

Presents findings from the Nursing and Midwifery Council (NMC) survey of members, in line with the NHS Workforce Race Equality Standard (WRES).

The survey was conducted in July 2022 and yielded a response rate of 34.9%, which was a decrease of 13.8 percentage points from the previous year's survey, to which 48.7% of NMC colleagues responded. Reasons given for this decrease were high workload, timing of the survey in the Summer, and that it coincided with the 'Your Voice' survey.

Findings from the survey show a reduction in the number of colleagues reporting discrimination, harassment or bullying in the workplace, but while colleagues from Black and Minority Ethnic backgrounds have reported fewer incidents of harassment from people outside the NMC, the number is still three times higher than the number of similar cases reported by white colleagues. (JSM)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/edi-reports/nmc-wres-report-2022.pdf>

2022-09138

Whistleblowing disclosures report 2022. Healthcare professional regulators (2022), London, Healthcare professional regulators, 2022. 25 pages

Annual report from the healthcare professional regulators on whistleblowing disclosures between 1 April 2021 and 31 March 2022. The report shows that the Nursing and Midwifery Council (NMC) received 152 disclosures which it reasonably believed met the criteria and were 'qualifying disclosures'. States that in all qualifying disclosures, regulatory action was taken, and where appropriate, information was shared with another body. Reports that the most common themes for disclosure were: patient safety and care; leadership and management; health and safety; and negative behaviours displayed by colleagues, such as bullying, intimidation or harassment. (JSM)

Full URL: https://www.nmc.org.uk/globalassets/sitedocuments/news/whistleblowing-report_final_27.9.22.pdf

2022-08890

Policy Briefing: The Ockenden review. NHS Race & Health Observatory (2022), London: NHS Race & Health Observatory 22 September 2022

This briefing examines the Ockenden review through the lens of race equality and makes recommendations for best practice in the future. (Author)

Full URL: <https://www.nhs.uk/publications/policy-briefing-the-ockenden-review/>

2022-07971

Midwives' haven. Barrett A (2021), Midwifery Matters no 169, Summer 2021, pp 16-17

Angie Barrett describes this vital support network for midwives under attack. (Author)

2022-07969

Professional Midwifery Advocates vs. bullying. Lester A (2021), Midwifery Matters no 169, Summer 2021, pp 14-15

Annie Lester explores the role of the PMA in raising awareness of bullying and promoting a culture of respect. (Author)

2022-05117

Black, Asian and minority ethnic midwives' perceptions of the maternity workplace culture. Garcha J (2022), MIDIRS Midwifery Digest vol 32, no 2, June 2022, pp 160-164

Black, Asian and minority ethnic women and babies have poorer health care experiences and outcomes. Key to addressing this disparity is to ensure the ethnicity of the health workforce reflects the local community. Understanding Black, Asian and minority ethnic midwives' perceptions of the workplace is important to achieving racial equality. This study aimed to determine Black, Asian and minority ethnic midwives' views and to explore their attitudes about the working culture at University Hospitals Coventry and Warwickshire (UHCW). Consistent with the wider literature, Black, Asian and minority ethnic midwives reported significant levels of discrimination and abuse and perceived differences between White and Black, Asian and minority ethnic midwives' support for career development within the National Health Service (NHS). (Author)

2022-04767

The Inequity Inbox: A Model for Addressing Bias in the Clinical Environment. Lagon EP, Mitchell C, Bryant AC, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 5, September 2022, 100666

The impact of racism, sexism, and bias on patient care and provider wellbeing is receiving increasing attention. Most institutions utilize safety reporting systems to record instances of discrimination and identify opportunities for improvement in patient care and workplace culture. However, such systems may not capture events that staff do not feel safe reporting without an option to submit anonymously. We describe our experience developing a multicenter anonymous online reporting system for staff and students that have experienced or witnessed microaggressions, bias, or unequal treatment. (Author)

2022-04263

Leavers' survey 2020: why do people leave the NMC register? Nursing and Midwifery Council (2021), Nursing and Midwifery Council, London, May 2021. 25 pages

Presents data from the leavers' survey carried out by the Nursing and Midwifery Council (NMC). The report indicates that a total of 21,800 nurses, midwives and nursing associates left the permanent register between July 2019 and June 2020. The most commonly selected reasons for leaving the register were retirement, personal circumstances and too much pressure, and two new categories were added for workplace culture and the COVID-19 pandemic. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/leavers-survey-2021.pdf>

2022-03997

Group Clinical Supervision for midwives and burnout: a cluster randomized controlled trial. Catling C, Donovan H, Phipps H, et al (2022), BMC Pregnancy and Childbirth vol 22, no 309, 11 April 2022

Background

There are major shortfalls in the midwifery workforce which has been exacerbated by the COVID 19 pandemic. Midwives have high levels of burnout and many, often early career midwives, are planning to leave the profession.

There are reports of a poor workplace culture in maternity units, including bullying. Support is essential for the welfare of the workforce to be able to cope with the demands of their jobs. Supportive strategies, such as Clinical Supervision, a recognised approach in healthcare, enable reflection in a facilitated, structured way, and can enhance professional standards. The purpose of this research is to study burnout levels in midwives, those exiting their workplace and perceptions of workplace culture in relation to access to, and attendance of, monthly Clinical Supervision.

Methods

This study will be a cluster randomised controlled trial of maternity sites within Sydney and the surrounding districts. Twelve sites will be recruited and half will receive monthly Clinical Supervision for up to two years. Midwives from all sites will be requested to complete 6-monthly surveys comprising validated measurement tools: the Copenhagen Burnout Inventory (CBI), the Australian Midwifery Workplace Culture (AMWoC) tool and the Clinical Supervision Evaluation Questionnaire (CSEQ) (the latter for intervention sites only). Primary outcomes are the levels of burnout in midwives (using the CBI). Secondary outcomes will be the quality of the intervention (using the CSEQ), perceptions of workplace culture (using the AMWoC tool) and midwives' intention to stay in their role/profession, as well as sick leave rates and numbers of exiting staff. We will also determine the dose effect – ie the impact in relation to how many Clinical Supervision sessions the midwives have attended, as well as other supportive workplace strategies such as mentoring/coaching on outcomes.

Discussion

Through attending monthly Clinical Supervision we hypothesise that midwives will report less burnout and more positive perceptions of workplace culture than those in the control sites. The potential implications of which are a productive workforce giving high quality care with the flow-on effect of having physically and psychologically well women and their babies.

Trial registration

The ACTRN Registration number is ACTRN12621000545864p, dated 10/05/2021, (Author)

Full URL: <https://doi.org/10.1186/s12884-022-04657-4>

2022-03483

Exploring the relationship between midwives' work environment, women's safety culture, and intent to stay.

Rodríguez-García MC, Martos-López IM, Casas-López G, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 1, February 2023, pp e10-e16

Background

The shortage of midwives is a concern for healthcare systems as it compromises the quality maternity care. Various studies argue that a favorable work environment increases nurses' job satisfaction and intention to continue working at their current workplace.

Aim

To analyze the work environment and its relationship with women's clinical safety culture and midwives' intention to stay in their current job and the midwifery profession.

Methods

A cross-sectional, correlational study was performed on N = 218 midwives working in Spain. Standardized instruments were used, including The Practice Environment Scale of the Nursing Work Index (PES-NWI) and the Hospital Survey on Patient Safety Culture (HSOPSC). Descriptive and bivariable statistics were used. The study followed the STROBE guidelines.

Results

The work environment in the labor wards was mixed, according to the PES-NWI classification. The mean total score of the PES-NWI significantly and positively correlated with the mean total score of the HSOPSC ($r_s = 0.498$, $p < 0.001$), indicating that as the quality of midwives' work environment increased, women's clinical safety increased. Significant correlations were observed between the midwives' intent to stay in the hospital where they work and features of women's safety culture.

Conclusion

The results of this study showed significant relationships between the work environment, women's safety culture, and midwives' intentions to leave their job/profession. Creating a favorable working environment could be a potentially effective strategy that encourages improvement in the women's safety culture in healthcare organizations and greater intention of midwives to stay at their current job. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2022.04.002>

2022-02196

Social culture and the bullying of midwifery students whilst on clinical placement: A qualitative descriptive exploration.

Capper T, Muurlink O, Williamson M (2021), Nurse Education in Practice vol 52, March 2021, 103045

The context within which midwifery students are professionally socialised is thought to impact upon the development of their sense of belongingness, their attitudes and values, and their commitment to the midwifery profession. Negative forms of socialisation are known to lead to undesirable outcomes including desensitisation about humanistic needs. This has potential to extend to an acceptance of workplace bullying and unfair treatment of others, including midwifery students whilst on clinical placement. This study aimed to explore how the social culture of the maternity setting influences midwifery students' experiences of being bullied whilst on clinical placement. One hundred and twenty midwifery students from Australia and the United Kingdom completed a qualitative online survey and the data was thematically analysed. One main overarching theme and four sub themes were identified. These were: 'the organisational culture of acceptance: "in front of"', 'brazen expression', 'group buy-in', 'suppression of dissent', and 'collateral damage'. Each of these factors enabled replication of the problem and led to perpetuation of the bullying cycle. This study illuminated that an entrenched culture of acceptance exists which impacts the students educational experience, the care received by mothers and babies, and the reputation of the midwifery profession. (Author)

2022-00182

Reducing midwife burnout at organisational level — Midwives need time, space and a positive work-place culture. Doherty J, O'Brien D (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 6, November 2022, e563-e572

Background

Maternity care organisations have a responsibility to ensure the health and welfare of their staff. Rates of burnout are high in midwifery compared to other professionals. Therefore, exploring how it can be reduced is imperative.

Aim

To explore with midwives the contributors to burnout and how best to reduce burnout in a maternity hospital in Ireland.

Methods

A Participatory Action Research study involving Co-operative Inquiry meetings (n = 5) with practising midwives (n = 21) between October 2018 and March 2019, in a large, urban teaching maternity hospital in Ireland. The transcribed data were analysed using Thematic Network Analysis.

Findings

Several recommendations were made for maternity organisations, to reduce or prevent burnout. These include improving workplace culture, increasing support and acknowledgement, offering time and space for debriefing and reflection and regular rotation of staff. Consistent staff shortages are, however, a barrier to adhering to these recommendations.

Conclusion

This study is the first of its kind to offer an in-depth exploration with midwives into the main contributors of burnout and what can be done at an organisational level to reduce burnout among midwives. The findings of this study highlighted the importance of working relationships. Additionally, owing to the nature of midwifery practice, time and space need to be created for midwives to debrief and reflect. However, there is an urgent need for healthcare systems to combat staffing shortages in order for these strategies to be successful. (Author)

2022-00095

Open statement to healthcare providers from the NHS Race and Health Observatory, Nursing and Midwifery Council, General Medical Council, and the Care Quality Commission. NHS Race & Health Observatory (2021), London: NHS Race & Health Observatory 28 May 2021

Statement from the NHS Race & Health Observatory, supported by three regulators including the Nursing and Midwifery Council, calling on healthcare leaders to ensure that policies and processes are fair, inclusive and in line with the 2010 Equality Act. (Author, edited)

Full URL: <https://bit.ly/3i5iXRt>

2022-00068

Caring with Confidence: The Code in Action: Being inclusive and challenging discrimination. Nursing and Midwifery Council (2020), London: NMC 5 November 2020

'Caring with Confidence' is a series of bite-sized animations about key aspects of the role of nursing and midwifery professionals, and how the Code can support them. This animation, the fifth in the series, looks at being inclusive, and challenging discrimination in the workplace and among those in our care, and respecting and supporting those of different genders, ethnicities, sexual orientation, religions and beliefs, ages, nationalities, disabilities, socioeconomic backgrounds and those with different caring responsibilities. (Author, edited)

Full URL: <https://www.nmc.org.uk/standards/code/code-in-action/inclusivity/>

2021-11930

Abortion: Clinics [written answer]. House of Commons (2021), Hansard Written question 71522, 8 November 2021

Rachel Maclean responds to a written question from Stephen Farry to the Secretary of State for the Home Department, regarding what recent discussions she has had with relevant stakeholders on establishing buffer zones to protect people (a) accessing and (b) providing care at abortion clinics. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-11-08/71522>

2021-11687

NHS lacks the fundamental tools required to tackle discrimination, report warns. Limb M (2021), BMJ vol 375, no 8314, 8 November 2021, n2714

Inequality between NHS staff groups is persisting or getting worse, with a rise in reported discrimination across race, gender, disability status, and religion, research has found (1)

1. Hemmings N, Buckingham H, Oung C, et al (2021). Attracting, supporting and retaining a diverse NHS workforce. London: Nuffield Trust. https://www.nuffieldtrust.org.uk/files/2021-11/1636121852_nhs-workforce-diversity-web.pdf.

(Author, edited)

2021-11473

'Painfully slow' progress on diversity and inclusion for NHS staff, report warns. Howarth G (2021), Nursing Times 8 November 2021

Discrimination and inequality remain major issues affecting nursing and midwifery, a new report by Nuffield Trust has revealed. (Author, edited)

Full URL: <https://www.nursingtimes.net/news/workforce/painfully-slow-progress-on-diversity-and-inclusion-for-nhs-staff-report-warns-08-11-2021/>

2021-11472

Attracting, supporting and retaining a diverse NHS workforce. Hemmings N, Buckingham H, Oung C, et al (2021), London: Nuffield Trust November 2021, 106 pages

The vital work of the NHS would be impossible without the contribution of a broad range of people, and a diverse and inclusive workforce ensures better care for patients. Yet despite considerable efforts and initiatives, it is clear that issues such as discrimination and harassment are present at every level of the health service. In this major new report commissioned by NHS Employers, we examine the representation of under-served groups and provide a set of recommendations for change as the NHS strives to become an exemplar of equality, diversity and inclusion. (Author)

Full URL: https://www.nuffieldtrust.org.uk/files/2021-11/1636121852_nhs-workforce-diversity-web.pdf

2021-09380

The Government's response to the Health and Social Care Committee report: Safety of maternity services in England [Last updated 19 October 2021]. Department of Health and Social Care (2021), London: Department of Health and Social Care September 2021. 36 pages

This is the Government's formal response to the recommendations made by the Health and Social Care Committee in its report, 'The Safety of Maternity Services in England' (1).

The Committee's inquiry examined evidence relating to the safety of maternity services. It builds upon current investigations following incidents at East Kent Hospitals University Trust and Shrewsbury and Telford Hospitals NHS Trust, as well as the inquiry into the University Hospitals of Morecambe Bay NHS Trust. The inquiry also considered whether the clinical negligence and litigation processes need to be changed to improve the safety of maternity services and explored the impact of blame culture on learning from incidents. 1. House of Commons Social Care Committee. The safety of maternity services in England. Fourth Report of Session 2021-22. London: House of

2021-09107

The Solution Series. 4: Making maternity services safer: nurturing a positive culture. Royal College of Midwives (2021), London: RCM 16 September 2021. 8 pages

'Making maternity services safer: nurturing a positive culture', the fourth instalment in the Royal College of Midwives' Solution Series, in response to the Ockenden Report (1), recognises that organisational culture has been identified as a key factor in recent investigations and reports on maternity safety and that there is a growing body of evidence clearly linking culture with safety. Offers guidance as to how maternity staff can be supported to provide better care leading to improved safer. 1.

Ockenden D. Ockenden report: emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. London: House of Commons, 10 December 2020. (Author, edited)

Full URL: <https://www.rcm.org.uk/media/5275/the-solution-series-4-making-maternity-services-safer-nurturing-a-positive-culture-v3.pdf>

2021-08924

The parents are watching: Midwifery students' perceptions of how workplace bullying impacts mothers and babies. Capper TS, Muurlink OT, Williamson MJ (2021), Midwifery vol 103, December 2021, 103144

Problem

Bullying in the midwifery profession has been documented and the problem is now known to extend to the poor treatment of midwifery students. In nursing, research has shown that bullying in the clinical workplace can adversely impact on quality of care. To date, no research has explored whether the bullying of midwifery students has secondary impacts on the experiences and care of mothers, babies, and their support persons.

Aim

To examine how midwifery students, who self-identify as having been bullied, perceive the repercussions on women and their families.

Methods

This qualitative descriptive study explored 120 Australian and United Kingdom (UK) based midwifery students. Data were collected using an anonymous online qualitative survey and were thematically analysed.

Findings

The findings suggest that the bullying of midwifery students impacts women and their families in a number of ways. Midwifery students perceive that mothers and babies are frequently implicated either directly or indirectly in the enactment of bullying. This can impact their safety, fractures relationships, and impairs the women's confidence in the student and the profession. Students additionally reported that women and/or their support persons can feel compelled to step in to defend and protect the student.

Conclusions

The bullying of midwifery students is perceived to place women at risk, in uncomfortable situations, damage rapport and undermines their confidence in students and the profession. This also impacts adversely on the student's ability to provide women centred care as they lose confidence in front of the woman and her family when they are bullied by registered midwives. (Author)

2021-08556

Barriers to Quality Midwifery Care: A Systematic Review and Meta-Synthesis of Qualitative Data. Ismaila Y, Bayes S, Geraghty S (2021), International Journal of Childbirth vol 11, no 3, 2021, pp 84-100

BACKGROUND

Skilled attendance at birth by well-educated and regulated midwives has been identified to reduce maternal and neonatal deaths, however, it has been established that midwives experience barriers that can affect their ability to provide quality care to women and neonates.

AIM

This systematic review and meta-synthesis of qualitative data was conducted to investigate the barriers to midwives'

ability to provide quality care focusing on African and developed countries.

METHODS

The Joanna Briggs Institute process for conducting systematic reviews was followed for this review. Qualitative studies that reported on barriers to midwives' ability to provide quality care were identified by searching the following databases: CINAHL, PubMed, Web of Science, and PsychINFO. Studies reported in English in the last 10 years, within which most participants were midwives and the data reported on barriers to quality care provision by midwives were included in this review.

RESULTS

813 published research studies were screened, and 11 research papers were included in this review. The meta-synthesis of the findings resulted in six categories: the lack of equipment; inadequate skills and training, lack of space and infrastructure, staff shortages and high workloads, emotional barriers, and workplace culture. Using the Donabedian model of quality care, the barriers were grouped into structure, process, and outcome factors.

CONCLUSION

Currently efforts to improve quality care in African countries focus on structural factors. Efforts to improve quality care in developed countries focus on process factors. In order to improve quality care for women and neonates, efforts need to be focused on all the factors that promote equality care. (Author)

2021-08059

Developing the Australian Midwifery Workplace Culture instrument. Catling C, Rossiter C, McIntyre E (2020), International Journal of Nursing Practice vol 26, no 1, February 2020, e12794

Aim

To develop and psychometrically test the Australian Midwifery Workplace Culture instrument.

Background

Workplace culture is critical within midwifery settings. Culture determines not only the well-being and continued retention of maternity staff and managers but it also affects the quality and ultimate safety of the care they provide to women, infants and families. Several studies have identified cultural problems within maternity services. Relatively few instruments take account of the unique aspects of these workplaces and the relationship between midwives and women.

Design

Three-stage instrument development involved item generation (based on the Culture of Care Barometer), expert content validation and a pilot test.

Methods

During 2016, 38 midwifery experts reviewed the initial items, and 322 midwives then pilot-tested the draft instrument. We used exploratory factor analysis to identify key domains and to refine the instrument.

Results

The refined instrument contained 22 items in three distinct domains: relationship with managers, empowerment and collegiality.

Conclusion

The instrument can contribute to understanding important dimensions of the culture in maternity workplaces and thus to examining problematic attitudes and practices. The instrument requires further development and testing with larger and more diverse samples of midwives and validation in specific midwifery settings and models of care. (Author)

2021-07529

How do power and hierarchy influence staff safety in maternity services? Elliott-Mainwaring H (2021), British Journal of Midwifery vol 29, no 8, August 2021, pp 430-439

Background

There are considerable tensions for healthcare staff between their employee allegiance and contracts, patient safety,

and their responsibilities to codes of conduct within professional registration, and the NHS Constitution.

Aims

The research aim was to identify how power and hierarchy influence staff safety in maternity services and this was achieved by reviewing research papers concerned with personal narratives of staff experiences and perspectives of employment in their profession.

Methods

This systematic narrative review was based on the approach of a narrative synthesis, with papers coded using Nvivo software.

Findings

Power and hierarchy influence staff safety in maternity services by creating challenges to staff safety, which appear to essentially derive from poor communication. The workplace adversity described by participants seems to be linked with 1) psychological vulnerability 1.1) anxiety about the job, and 1.2) dysfunctional relationships, alongside 2) working conditions 2.1) poor organisational and structural conditions 2.2) institutional normalisation of dysfunctional relationships and 2.3) interpersonal elements feeding into an obstructive culture.

Conclusion

The negative influences of the cultural concepts of power and hierarchy on staff safety are significant within maternity services. Disconfirmation findings, those which stood out as different from the rest, evidenced the possibilities that healthy, psychologically safe working conditions could offer for healthcare staff in improving their prevailing culture. (Author)

2021-06771

London North West University Healthcare NHS Trust: Northwick Park Hospital. Care Quality Commission (2021), London: CQC 25 June 2021. 54 pages

Report detailing an inspection of maternity services at Northwick Park Hospital at London North West University Healthcare NHS Trust between 19-20 April 2021. The Care Quality Commission (CQC) reports that services require improvement due to low levels of mandatory training, lack of skills and experience among midwifery staff, poorly managed patient safety incidents, poor interdisciplinary team working, inadequate leadership and allegations of bullying. The report outlines 19 areas for improvement in order for the trust to comply with legal regulations. (LDO)

Full URL: <https://api.cqc.org.uk/public/v1/reports/6362d294-c59c-4467-a496-cd9d7b139341?20210625080036>

2021-06766

Midwifery workplace culture in Sydney, Australia. Catling C, Rossiter C, Cummins A, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 4, July 2022, pp e379-e388

Problem

Aspects of the midwifery workplace culture have previously been measured as negative with limited leadership or support. Support for midwives is essential for them to face the complexity and workloads in Australian maternity units.

Background

Understanding the culture of the midwifery workplace is important to develop strategies to stem workforce attrition and to optimise care of women and their families.

Aims

This study aimed to assess midwives' perceptions of workplace culture in two maternity units in Sydney, Australia, and compare the results with a national study using the same validated instrument.

Method

This study reports results using the Australian Midwifery Workplace Culture instrument (n = 49 midwives) and stakeholder groups (n = 10). Simple descriptive statistics were used, and the qualitative responses were analysed thematically.

Findings

Compared to the national sample, participants rated their workplace more favourably, especially their relationships with managers and colleagues. Over one-third (36.7%) considered that their workplace had a positive culture, compared with 27.9%. However, they rated their workplaces more negatively on time constraints and staff resources, and reported limited autonomy. Workplaces were highly medicalised which impacted their philosophy of

woman-centred care and their ability to work autonomously.

Discussion

Factors related to collegiality in the workplace, relationship with managers, midwives' intention to leave the profession and time constraints are discussed in comparison to the national study, as well as other relevant research.

Conclusion Workplace collaboration, support, respect and understanding were extremely important to midwives, as were adequate staffing levels, teamwork and opportunities for further education. (Author)

2021-06663

Inspection uncovers bullying culture in trust's maternity department. Parry G (2021), Nursing Times 25 June 2021

A "poor culture" in a London maternity department, with multiple instances of bullying and staff shouting at both each other and their patients, has sparked serious concerns from regulators. (Author)

Full URL: <https://www.nursingtimes.net/news/hospital/inspection-uncovers-bullying-culture-in-trusts-maternity-department-25-06-2021/>

2021-05799

Diversity differs: a global perspective on diversity, equity and inclusion definitions, priorities and action in reproductive and maternal health practice. King K, Singh N, Bajpai S, et al (2021), The Practising Midwife vol 24, no 7, July/August 2021, pp 18-22

Diversity, equity and inclusion (DEI) are three words that we hear and see in our practice and in all areas of workplace and media development, particularly in the Global North. While each of us will have our own context and definitions of these words and how they impact our practice, what do they mean when we shift our attention to the global agendas of maternal and reproductive health? (Author)

2021-02078

Epidurals during normal labour and birth — Midwives' attitudes and experiences. Aune I, Brøtmet S, Grytskog KH, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 4, July 2021, pp e384-e389

Background

Midwives have their own beliefs and values regarding pain during childbirth. Their preferences concerning labour pain management may influence women's choices.

Aim

To gain a deeper understanding of midwives' attitudes and experiences regarding the use of an epidural during normal labour.

Methods

A qualitative approach was chosen for data collection. Ten in-depth interviews were conducted with midwives working in three different obstetric units in Norway. The transcribed interviews were analysed using Malterud's systematic text condensation.

Findings

The analysis provided two main themes: "Normal childbirth as the goal" and "Challenges to the practice, knowledge, philosophy and experience of midwives". Distinctive differences in experiences and attitudes were found. The workplace culture in the obstetric units affected the midwives' attitudes and their midwifery practice. How they attended to women with epidural also differed. An epidural was often used as a substitute for continuous support when the obstetric unit was busy.

Discussion

Midwives estimate labour pain differently, and this might impact the midwifery care. However, midwives' interests and preferences concerning labour pain management should not influence women's choices. Midwives are affected by the setting where they work, and research highlights that an epidural might lead to a focus on medical procedures instead of the normality of labour.

Conclusion

Midwives should be aware of how powerful their position is and how the workplace culture might influence their attitudes. The focus should be on "working with" women to promote a normal birth process, even with an epidural.

2021-01607

NHS staff survey adds to concerns over wellbeing and discrimination. Ford M (2021), Nursing Times 11 March 2021

More than two in five health workers are feeling unwell because of work-related stress and more than a third are considering leaving their current organisation, the latest annual NHS staff survey has revealed. (Author)

2021-00280

Midwifery students' perceptions of the modifiable organisational factors that foster bullying behaviours whilst on clinical placement. A qualitative descriptive study. Capper TS, Muurlink OT, Williamson MJ (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 6, November 2021, pp e608-e615

Problem

An increasing body of research suggests midwifery students experience bullying and harassment whilst on clinical placement. Little is known, however, about factors that foster bullying within this context and how they may be addressed.

Aim

To explore and describe midwifery students' perceptions of what modifiable organisational factors foster bullying behaviours and to map the identified factors against the students' perceptions of a solution.

Methods

A qualitative descriptive design was used. A total of 120 midwifery students from the United Kingdom and Australia participated in this study. Participants completed an online qualitative survey and data was thematically analysed.

Findings

The midwifery students in this study perceive that several organisational factors exist that help foster bullying behaviours towards them whilst undertaking clinical placement. Three overarching themes were identified relating to ineffective midwifery mentorship, the high stress environment of the maternity unit, and challenges faced with transparency and whistleblowing. Students identified a range of potential structural responses to bullying.

Conclusions

Recommendations are made that midwifery managers and academics acknowledge how students perceive several potentially modifiable organisational factors which either lead to or exacerbate the likelihood of them being the target of bullying whilst on clinical placement. Consideration should be given to solutions that from the student's perspective may help tackle bullying and subsequently lead to fewer students leaving midwifery education and further depleting the future workforce. (Author)

20201203-45*

Cultural safety in midwifery practice - protecting the cultural identity of the woman. Esegbona-Adeigbe S (2020), *The Practising Midwife* vol 23, no 11, December 2020, pp 9-11

This paper discusses the importance of cultural safety in midwifery practice. Recently the NMC (Nursing and Midwifery Council) (1) produced standards on proficiencies for midwives stating the importance of combining clinical knowledge with cultural competence during midwifery practice. We must acknowledge the impact of midwives' professional and workplace culture on providing culturally safe care during pregnancy. In particular, the importance of midwives acquiring cultural safety during practice is key and the strategies that can be used to achieve this.

1. Nursing and Midwifery Council (2018). *The Code: Standards of proficiencies for midwives*. London: NMC. (Author, edited)

20201116-23

A problem shared. Pauley T, Kendall M (2020), *Midwives* vol 23, November 2020, pp 45-48

Tara Pauley and Matt Kendall consider how one hospital embedded a transformational leadership approach to implement positive change following the WHELM study findings. (Author)

20201007-5*

Overcoming bullying in the workplace. O'Connor C (2020), *World of Irish Nursing & Midwifery* vol 28, no 6, July/August 2020, p 37

All employees, including student interns and new graduates are entitled to respect in the workplace, writes Catherine O'Connor. (Author)

Full URL: <https://online.flippingbook.com/view/382543/36/>

20200923-4*

The courage of compassion: Supporting nurses and midwives to deliver high-quality care. West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery

workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

Full URL: https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf

20200915-78

Returning to work. Sorby A, Sullivan W (2020), Midwives vol 23, September 2020, p 47

RCM employment relations advisor Alice Sorby and TUC Race Equality Officer Wilf Sullivan say it's right to raise concerns during COVID-19. (Author)

20200907-36*

Compassion as a powerful intervention: how the interactions between women, midwives and maternity services influence women's childbirth experiences and subsequent trauma. Patterson J, Ménage D (2020), The Practising Midwife vol 23, no 8, September 2020, pp 41-45

This article combines work from two separate PhD research studies by Dr Jenny Patterson and Dr Diane Ménage. These studies explored, from different perspectives, how the nature of interactions between midwives and women may contribute to, or prevent, trauma. The findings are presented and discussed. Jenny and Diane argue that their joint findings add new insights and show that the compassion shown during interactions between midwives and women may be key to preventing experiences becoming traumatic for women and midwives. They uphold compassion as a vital human connection in midwifery care and the workplace culture as key to sustaining it. (Author)

20200826-30*

Midwifery students' experiences of bullying and workplace violence: A systematic review.. Capper T, Muurlink O, Williamson M (2020), Midwifery vol 90, November 2020, 102819

Background

Workplace violence directed at registered midwives in the maternity setting has been a recognised issue since the early 1990s. More recently it has become evident that midwifery students are also victims of bullying and harassment whilst on clinical placement. Due to the short and long-term impacts this has on students, it is likely to have a detrimental effect on the future and sustainability of the midwifery profession. As a basis for designing a response, it is important to understand what is currently known about this phenomenon.

Aim

To systematically review the literature to identify what is known about workplace violence and bullying experienced by midwifery students whilst on clinical placement.

Method

Reporting of this review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A search was undertaken of all primary research that focussed upon workplace violence and bullying involving midwifery students whilst on clinical placement, published between January 1990 and December 2019. Pre-defined terms were used to search the following five databases: CINAHL, Web of Science, MEDLINE, Embase, supplemented with Google Scholar. Additional manual searches of reference lists were conducted. An assessment of the quality of each eligible study was then undertaken using an appropriate mixed methods appraisal tool (MMAT). Extracted data were then synthesised using thematic synthesis.

Findings

Nine articles met the criteria for inclusion in the review. Studies were primarily qualitative, with some reporting descriptive statistics that do not enable key issues such as prevalence to be reliably addressed. The synthesis identified four main themes that related to workplace violence and bullying of midwifery students whilst on clinical placement. Results were clustered around the role of power in bullying, prevalence and impacts, the culture of compliance, and the victim's response.

Conclusions and Implications for Practice

A broader understanding of the nature of workplace violence and bullying and how it manifests itself is beginning to emerge, but more and higher quality research is required to establish an empirical base on which to design interventions. Studies suggest that bullying is common and has significant impacts at both a personal and professional level. This strongly reinforces a need for greater policy and organisational responses to bullying in the clinical education context, in order to break the bullying cycle and ensure the midwives of the future remain in the profession and sustain the workforce. (Author)

20200804-1*

Exclusive: Working conditions contributing to poor nurse wellbeing. Mitchell G (2020), Nursing Times 15 July 2020

A new workplace culture is needed that 'explicitly recognises' how the very nature of the work carried out by nurses and midwives can strain their mental health, researchers have warned. (Author)

20200730-18*

Race matters. A statement by the RCM. Royal College of Midwives (2020), London: RCM June 2020. 4 pages

A statement from the Royal College of Midwives (RCM) setting out the ways in which it is addressing inequality and racism in the organisation and the wider community, in light of feedback from its Black, Asian and Minority Ethnic (BAME) members. Actions for 2020 include: Training for RCM staff on race awareness; Training for RCM activists on race awareness; Ensuring race awareness is considered explicitly in all RCM work programmes and projects, e.g. I. Leadership programmes II. Conference programmes III. Every policy initiative IV. Branch and Workplace Activity; Provide guidance and opportunities for discussion to RCM Networks. (JSM)

Full URL: <https://pre.rcm.org.uk/supporting/race-matters/>

20200730-15*

We are the NHS: People Plan 2020/21 - action for us all [Last updated 6 August 2020]. NHS England (2020), London: NHS England 30 July 2020, 51 pages

This plan sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the COVID-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care. (Publisher, edited)

Full URL: <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

20200717-5*

NHS: Racial Discrimination [written answer]. House of Commons (2020), Hansard Written question 62691, 22 June 2020

Helen Whately responds to a written question from Abena Oppong-Asare to the Secretary of State for Health and Social Care, regarding what plans his Department has to investigate reports of historical workplace racism in the NHS. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-22/62691/>

20200716-5*

The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom. Kinman G, Teoh K, Harriss A (2020), London: The Society of Occupational Medicine July 2020, 67 pages

This report summarises evidence on the mental health and wellbeing of nurses and midwives working in the United Kingdom. Findings suggest that nurses and midwives have a greater risk of burnout and mental health problems compared with the general population, they have a particularly high risk of harassment and bullying, there is an increased risk of compassion fatigue due to the demands of patient-centred care, and retention rates in both fields are poor. The report makes 45 recommendations for widespread organisational change including increased staffing levels in both professions, requirements to take breaks for food and drink and regular audits to assess the scale of mental health problems in the workforce. There is a need for further research into the specific mental health problems faced by BAME nurses and midwives. (LDO)

Full URL: https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kin_gdom.pdf

20200324-29*

Being bullied as a midwifery student: does age matter?. Capper T, Muurlink O, Williamson M (2020), British Journal of Midwifery vol 28, no 3, March 2020

Clinical placement is a compulsory component of midwifery education and a time when some midwifery students become targets of workplace bullying. An anonymous, online qualitative survey was used to collect data from two contrasting groups of purposively recruited UK and Australian midwifery students that responded to a call for

experiences of bullying while on clinical placement. Participants in group were either aged between 18-21 years (n=20) or over 43 years of age (n=20). The data collected from each group was thematically analysed and compared. While younger midwifery students have an additional power disadvantage compared to their older counterparts, the pattern of bullying experience between the two groups was remarkably similar. Younger students however, experience more verbal and overt forms, and are more likely to respond passively to the experience. Results are discussed in terms of impact on individual welfare and the viability of the profession. (Author)

20200320-13*

An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator?. Johnson J, Cameron L, Mitchinson L, et al (2019), Journal of Research in Nursing vol 24, no 8, December 2019, pp 604-619

Background

Bullying and discrimination may be indirectly associated with patient safety via their contribution to burnout, but research has yet to establish this.

Aims

The aims of this study were to investigate the relationships between workplace bullying, perceived discrimination, levels of burnout and patient safety perceptions in nurses and midwives and to assess whether bullying and discrimination were more frequently experienced by Black, Asian and minority ethnic than White nurses and midwives.

Methods

In total, 528 nurses and midwives were recruited from four hospitals in the United Kingdom to complete a cross-sectional survey between February and March 2017. The survey included items on bullying, discrimination, burnout and individual level and ward level patient safety perceptions. Data were analysed using path analysis.

Results

The results were reported according to the STROBE checklist. Bullying and discrimination were significantly associated with higher burnout. Higher burnout was in turn associated with poorer individual- and ward-level patient safety perceptions. Experiences of discrimination were three times more common among Black, Asian and minority ethnic than White nurses and midwives, but there was no significant difference in experiences of bullying.

Conclusions

Bullying and discrimination are indirectly associated with patient safety perceptions via their influence on burnout. Healthcare organisations seeking to improve patient care should implement strategies to reduce workplace bullying and discrimination. (Author)

20200305-203*

Abortion: clinics [written answer]. House of Commons (2020), Hansard Written question 20636, 25 February 2020

Kit Malthouse responds to a written question asked by Alex Sobel to the Secretary of State for the Home Department, regarding whether she intends to bring forward legislative proposals to reduce harassment of (a) women attending and (b) healthcare professionals working at abortion clinics. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-02-25/20636/>

20200213-58

Standing up to bullying. Various (2019), Midwives vol 22, November 2019, pp 32-36

Anti-Bullying Week runs from 11 to 15 November. To acknowledge this, here are five personal accounts of bullying and what to do about it. (Author)

20200213-57

Bullying, undermining and gaslighting. Sorby A, Adgie G, Currer E (2019), Midwives vol 22, November 2019, pp 29-31

Employment relations advisor Alice Sorby, regional head for the North Gill Adgie and national officer Emma Currer explain your rights. (Author)

20200206-10*

Health consequences of bullying in the healthcare workplace: A systematic review. Lever I, Dyball D, Greenberg N, et al (2019), Journal of Advanced Nursing vol 75, no 12, December 2019, pp 3195-3209

Aims

To review both mental and physical health consequences of bullying for healthcare employees.

Design

Systematic literature review.

Data sources

EMBASE, MEDLINE, PsycINFO, PUBMED and Web of Science Core Collection were searched for articles published between 2005 - January 2017.

Review methods

This review was conducted using the framework described by Khan and reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Two independent reviewers performed systematic data extraction and appraised the methodological quality of included articles. A pooled mean prevalence of bullying was estimated.

Results

Forty-five papers met inclusion criteria. Bullying prevalence ranged from 3.9% to 86.5%, with a pooled mean estimate of 26.3%. Perceived bullying was associated with mental health problems including psychological distress, depression and burnout, and physical health problems including insomnia and headache. Bullied staff took more sick leave.

Conclusion

Bullying occurs frequently amongst healthcare staff and is deleterious to health and occupational functionality. (Author)

20191030-3*

Midwifery workplace culture in Australia: A national survey of midwives. Catling C, Rossiter C (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 5, September 2020, pp 464-472

Problem

The midwifery workforce in Australia is impacted by shortages and attrition. Workplace culture affects midwives' intentions to stay in the profession and their capacity to provide woman-centred care for mothers and infants.

Background

Staff attrition in maternity services often relates to midwives' workplace experiences and negative perceptions of organisational culture. Broad-based data are essential to fully understand midwifery workplace culture.

Aim

This study aimed to examine Australian midwives' perceptions of workplace culture, using a specifically developed instrument.

Methods

A national online survey of Australian midwives, within a wider project on maternity workplace culture. Quantitative data were analysed descriptively. Qualitative data were analysed using content analysis.

Findings

Overall, 322 eligible midwives rated workplace culture and 150 provided further qualitative responses. Themes included 'the ability to be a midwife', 'support at work' and 'bullying'. Less than a third of midwives thought their workplace had a positive culture. Many respondents felt disengaged and unsupported by managers and described an inability to use all their midwifery knowledge in medically-dominated environments. Many attributed poor workplace culture to limited resources, poor communication, time pressure and a lack of leadership in their workplaces. Inadequate staffing levels and poor management left many midwives feeling disempowered and despondent about their workplace. Others, however, described highly positive workplace cultures and inspiring role models.

Conclusion

The survey captured a snapshot of Australian midwifery workplace culture. Findings on leadership, workloads, management support and other aspects of workplace culture can inform future workforce planning and policies. A larger study of the midwifery workplace culture is needed. (43 references) (Author)

20191016-23

Yvonne Coghill: 'Cultural transformation' is needed to tackle racial inequality. Ford M (2019), Nursing Times vol 115, no 10, October 2019, pp 8-9

Interview with Yvonne Coghill, director of the Workforce Race Equality Standard (WRES) at NHS England and NHS Improvement. (MB)

20190906-24

In the line of duty: the emotional wellbeing of midwives. Den J (2019), The Practising Midwife vol 22, no 8, September 2019, pp 31-34

The culture and working practices within midwifery settings are key modifiable factors that influence the emotional wellbeing of midwives. As a caring profession, a culture of self-sacrifice still appears to be expected in the provision of care, despite this having a negative effect on care provision. Shift patterns, long shifts and working practices where midwives continue to miss rest breaks, work unpaid beyond their contracted work hours or present for work when unwell, all have a negative impact on emotional wellbeing. Future wellbeing strategies in midwifery settings should focus on supporting a positive workplace culture that cares equally for its midwives as it does for the women and babies in its care.

20190905-47

The Midwives' Haven Column: Midwives in Jeopardy: TMEWS (Toxic Management Early Warning Score). Hughes D (2019), Midwifery Matters no 162, Autumn 2019, pp 24-25

Reports on a workshop which introduced the concept of the Toxic Management Early Warning Score (TMEWS), which aims to identify when a midwife may be in jeopardy from her colleagues and managers. (JSM)

20190703-55

Guilt, forgiveness and medical error. Winter GF (2019), British Journal of Midwifery vol 27, no 3, March 2019, p 145

Is the greater emphasis on no-blame working cultures at odds with health professionals' responsibility to recognise and learn from errors? George Winter debates the issues at stake. (6 references) (Author)

20190621-85*

Time for bullying and harassment in nursing and midwifery to stop. Kline R (2019), Nursing and Midwifery Council 20 June 2019, online

Roger Kline, research fellow at Middlesex University Business school and co-author with Duncan Lewis of The price of fear: Estimating the financial cost of bullying and harassment to the NHS in England (2018), thinks the NMC should try to influence the working and learning environment. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/blog-time-for-bullying-and-harassment-within-nursing-and-midwifery-to-stop/>

20190425-105

Promoting civility in healthcare settings. Conner Black A (2019), International Journal of Childbirth Education vol 34, no 2, April 2019, pp 64-67

Uncivil behaviors in any healthcare environment can lead to ineffective teamwork, decreased staff satisfaction, and compromised safety for patients. Studies show that the TeamSTEPPS curriculum has improved staff satisfaction and morale, communication within healthcare teams, and patient safety in clinical settings. Childbirth educators and healthcare providers in obstetrics and gynecology can benefit from using TeamSTEPPS to prevent and mitigate uncivil behaviors and to promote effective teamwork and patient safety. (18 references) (Author)

20180716-4

Maternity is part of the whole safety system. Silverton L (2018), British Journal of Midwifery vol 26, no 7, July 2018, p 426

The provision of evidence-based, safe, quality care, first-time, is the priority of health services and is effective and efficient. However, services vary and best practice is not shared well. Workplace culture has a powerful influence over everyday practice, and mandatory training is a key risk mitigator, therefore both require attention to ensure best practice and equally high attention to safety in every service. (2 references) (KRB)

20180508-10

Making a stand for midwifery. Golden P (2018), The Practising Midwife vol 21, no 5, May 2018, pp 9-13

Midwives face increasing challenges in the profession, such as investigations, employment and regulatory challenges, and complaints from colleagues or clients. Significant numbers of midwives are leaving due to work pressures, with low resources, staffing and morale. The bullying culture is at last being recognised, talked about and some measures to curb its effect on midwives are increasing. Yet midwives remain an endangered species. They often have to balance work and family life with commitments to both. How can they stand up for themselves when the inevitable

20180307-105

Institutional betrayal and gaslighting: why whistle-blowers are so traumatized. Ahern K (2018), The Journal of Perinatal and Neonatal Nursing vol 32, no 1, January/March 2018, pp 59-65

Despite whistle-blower protection legislation and healthcare codes of conduct, retaliation against nurses who report misconduct is common, as are outcomes of sadness, anxiety, and a pervasive loss of sense of worth in the whistle-blower. Literature in the field of institutional betrayal and intimate partner violence describes processes of abuse strikingly similar to those experienced by whistle-blowers. The literature supports the argument that although whistle-blowers suffer reprisals, they are traumatized by the emotional manipulation many employers routinely use to discredit and punish employees who report misconduct. 'Whistle-blower gaslighting' creates a situation where the whistle-blower doubts her perceptions, competence, and mental state. These outcomes are accomplished when the institution enables reprisals, explains them away, and then pronounces that the whistle-blower is irrationally overreacting to normal everyday interactions. Over time, these strategies trap the whistle-blower in a maze of enforced helplessness. Ways to avoid being a victim of whistle-blower gaslighting, and possible sources of support for victims of whistle-blower gaslighting are provided. (35 references) (Author)

20180226-18*

Prevalence, causes and mental health impact of workplace bullying in the Neonatal Intensive Care Unit environment.

Chatziioannidis I, Bascialla FG, Chatzivalsama P, et al (2018), BMJ Open vol 8, no 2, February 2018, e018766

Objectives The aim of this study is to examine the prevalence, to report barriers and mental health impact of bullying behaviours and to analyse whether psychological support at work could affect victims of bullying in the healthcare workplace.

Design Self-administered questionnaire survey.

Setting 20 in total neonatal intensive care units in 17 hospitals in Greece.

Participants 398 healthcare professionals (doctors, nurses).

Main outcome measures The questionnaire included information on demographic data, Negative Act Questionnaire-Revised (NAQ-R) behaviour scale, data on sources of bullying, perpetrators profile, causal factors, actions taken and reasons for not reporting bullying, psychological support and 12-item General Health Questionnaire (GHQ-12) scores to investigate psychological distress.

Results Prevalence of bullying measured by the NAQ-R was 53.1% for doctors and 53.6% for nurses. Victims of bullying differed from non-bullied in terms of gender and job experience, among demographic data. Crude NAQ-R score was found higher for female, young and inexperienced employees. Of those respondents who experienced bullying 44.9% self-labelled themselves as victims. Witnessing bullying of others was found 83.2%. Perpetrators were mainly females 45-64 years old, most likely being a supervisor/senior colleague. Common reasons for not reporting bullying was self-dealing and fear of consequences. Bullying was attributed to personality trait and management. Those who were bullied, self-labelled as a victim and witnessed bullying of others had higher GHQ-12 score. Moreover, psychological support at work had a favour effect on victims of bullying.

Conclusions Prevalence of bullying and witnessing were found extremely high, while half of victims did not consider themselves as sufferers. The mental health impact on victims and witnesses was severe and support at work was necessary to ensure good mental health status among employees. (55 references) (Author)

Full URL: <http://bmjopen.bmj.com/content/8/2/e018766>

20180221-124*

Midwifery student reactions to workplace violence. Shapiro J, Boyle MJ, McKenna L (2018), Women and Birth: Journal of the Australian College of Midwives vol 31, no 1, February 2018, pp e67-e71

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.

(33 references) (Author)

20180130-107

Finding strength after bullying in the workplace: a reflective account. Black SE (2018), MIDIRS Midwifery Digest vol 28, no 1, March 2018, pp 23-27

Purpose: To critically analyse and reflect on the subject of 'bullying' in the workplace.

Introduction: This article will be based on a reflective account of my first-hand experience of bullying in the workplace. Bullying can be defined as 'repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety' (ANMF 2017). Workplace bullying is currently a serious problem in the United Kingdom's (UK) workplaces.

Literature review: To explore behavioural traits, personality, effects on mental and physical health, leadership styles and cultural influences in relation to bullying.

Conclusion: Staff should be given information on how to report bullying behaviours and managers/senior members of the team should promote an open and honest culture towards reporting bullying. Staff should also be able to access support from colleagues, union representatives, human resources (HR) and managers if needed. To support staff further when dealing with and tackling workplace bullying, training on effective communication skills, resilience and conflict resolution should be included.

(30 references) (Author)

20170802-71*

Enactors of horizontal violence: the pathological bully, the self-justified bully, and the unprofessional co-worker. Taylor RA, Taylor SS (2017), Journal of Advanced Nursing 16 July 2017, accepted article

Aim

To suggest an alternative approach to improving recognition of horizontal violence using enactor types identified in a study exploring nurses' perceptions of horizontal violence.

Background

Horizontal violence is an umbrella term used to describe a range of aggressive behaviors between nurse colleagues. It is suggested that nurses do not recognize the phenomenon when they witness or experience it, contributing to its perpetuation.

Design

This was a qualitative, descriptive study undertaken to inform theory development and the design of future interventions to address horizontal violence.

Method

Observation, document review and semi-structured interviews took place in two inpatient hospital units in the Northeastern United States between June and November 2012. Ongoing analysis identified three distinct types of enactors of horizontal violence.

Findings

Nurse participants rarely used terms from hospital policies or nursing literature to describe behaviors associated with horizontal violence but identified behaviors by describing the attributes of the enactor and the situation. Three enactor types were disaggregated from the data: the Pathological Bully, the Self-Justified Bully and the Unprofessional Co-worker.

Conclusion

Findings support previous research suggesting nurses do not recognize aggressive behaviors when they witness or experience them and do not have a name for those who enact these behaviors. This disaggregation of enactors of horizontal violence into recognizable types introduces an alternative approach to addressing the phenomenon. Development of instruments to identify these enactors, as well as testing of these instruments, is required to establish the utility of this disaggregation in nursing practice and in designing future interventions. (41 references) (Author)

20170622-19

Australian midwives' experiences of their workplace culture. Catling CJ, Reid F, Hunter B (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 2, April 2017, pp 137-145

Background

A number of adverse events in Australia and overseas have highlighted the need to examine the workplace culture in the maternity environment. Little attention has been paid to the midwifery workplace culture in Australia.

Aim

The study aimed to explore the midwifery workplace culture from the perspective of midwives themselves.

Methods

A qualitative descriptive design was used. Group and individual interviews were undertaken of urban, regional and rural-based midwives in Australia. Data were analysed thematically.

Findings

The study showed that both new and experienced midwives felt frustrated by organisational environments and attitudes, and expressed strategies to cope with this. Five themes were identified from the data. These were: Bullying and resilience, Fatigued and powerless midwives, Being 'hampered by the environment', and The importance of support for midwifery.

Discussion

The study discusses the themes in depth. In particular, discussion focusses on how midwifery practise was affected by midwives' workplace culture and model of care, and the importance of supportive relationships from peers and managers.

Conclusion

This study illuminated both positive and negative aspects of the midwifery workplace culture in Australia. One way to ensure the wellbeing and satisfaction of midwives in order to maintain the midwifery workforce and provide quality care to women and their families is to provide positive workplace cultures. (50 references) (Author)

20170607-28*

Increase in number of senior BME nurses and midwives is great news. Coghill Y (2017), Nursing Standard vol 31, no 37, 10 May 2017, p 30

In March, NHS England published the second Workforce Race Equality Standard (WRES) data analysis report. This analyses the differences in experience of black and minority ethnic (BME) and white staff in the NHS, across nine WRES indicators. (Author)

20170405-57

Workplace violence: when silence isn't golden. Miller L (2017), The Journal of Perinatal and Neonatal Nursing vol 31, no 1, Jan/March 2017, pp 12-14

Gives an overview of bullying in the workplace, suggesting it is part of the culture in some institutions and that it can result in problems with morale and productivity, absenteeism, high staff turnover, and the risk of damaging institutions' reputation and patient-professional relations when patients witness abuse. Discusses the legal ramifications and the role colleagues should play in reducing workplace violence. (8 references) (KRB)

20170405-54

Workplace aggression in the perinatal setting. Pascucci C, Adams ED (2017), The Journal of Perinatal and Neonatal Nursing vol 31, no 1, Jan/March 2017, pp 3-6

The stressful nature of providing healthcare can lead to aggression, bullying, and even violence in the workplace. A hierarchical framework can push obstetric providers to aggression, and may itself be enforced by abusive actions. The article discusses obstetric violence, a type of violence against women which occurs during labour, and can include forced or coerced caesarean sections; additional forms of workplace aggression; advocacy for women experiencing obstetric violence; and interventions to address workplace aggression. (24 references) (KRB)

20170322-126

A bite-sized approach. Jones S (2017), *Midwives* vol 20, Spring 2017, pp 72-73

The RCM's Caring for You campaign has been vital in improving workplace culture, writes workplace representative and midwife Sarah Jones. (Author)

20170131-14*

Interventions for prevention of bullying in the workplace (Cochrane Review). (Assessed as up-to-date: 31 JAN 2016). Gillen PA, Sinclair M, Kernohan WG, et al (2017), *Cochrane Database of Systematic Reviews* Issue 1, 2017

Background

Bullying has been identified as one of the leading workplace stressors, with adverse consequences for the individual employee, groups of employees, and whole organisations. Employees who have been bullied have lower levels of job satisfaction, higher levels of anxiety and depression, and are more likely to leave their place of work. Organisations face increased risk of skill depletion and absenteeism, leading to loss of profit, potential legal fees, and tribunal cases. It is unclear to what extent these risks can be addressed through interventions to prevent bullying.

Objectives

To explore the effectiveness of workplace interventions to prevent bullying in the workplace.

Search methods

We searched: the Cochrane Work Group Trials Register (August 2014); Cochrane Central Register of Controlled Trials (CENTRAL; The Cochrane Library 2016, issue 1); PUBMED (1946 to January 2016); EMBASE (1980 to January 2016); PsycINFO (1967 to January 2016); Cumulative Index to Nursing and Allied Health Literature (CINAHL Plus; 1937 to January 2016); International Bibliography of the Social Sciences (IBSS; 1951 to January 2016); Applied Social Sciences Index and Abstracts (ASSIA; 1987 to January 2016); ABI Global (earliest record to January 2016); Business Source Premier (BSP; earliest record to January 2016); OpenGrey (previously known as OpenSIGLE-System for Information on Grey Literature in Europe; 1980 to December 2014); and reference lists of articles.

Selection criteria

Randomised and cluster-randomised controlled trials of employee-directed interventions, controlled before and after studies, and interrupted time-series studies of interventions of any type, aimed at preventing bullying in the workplace, targeted at an individual employee, a group of employees, or an organisation.

Data collection and analysis

Three authors independently screened and selected studies. We extracted data from included studies on victimisation, perpetration, and absenteeism associated with workplace bullying. We contacted study authors to gather additional data. We used the internal validity items from the Downs and Black quality assessment tool to evaluate included studies' risk of bias.

Main results

Five studies met the inclusion criteria. They had altogether 4116 participants. They were underpinned by theory and measured behaviour change in relation to bullying and related absenteeism. The included studies measured the effectiveness of interventions on the number of cases of self-reported bullying either as perpetrator or victim or both. Some studies referred to bullying using common synonyms such as mobbing and incivility and antonyms such as civility.

Organisational/employer level interventions

Two studies with 2969 participants found that the Civility, Respect, and Engagement in the Workforce (CREW) intervention produced a small increase in civility that translates to a 5% increase from baseline to follow-up, measured at 6 to 12 months (mean difference (MD) 0.17; 95% CI 0.07 to 0.28).

One of the two studies reported that the CREW intervention produced a small decrease in supervisor incivility victimisation (MD -0.17; 95% CI -0.33 to -0.01) but not in co-worker incivility victimisation (MD -0.08; 95% CI -0.22 to 0.08) or in self-reported incivility perpetration (MD -0.05 95% CI -0.15 to 0.05). The study did find a decrease in the number of days absent during the previous month (MD -0.63; 95% CI -0.92 to -0.34) at 6-month follow-up.

Individual/job interface level interventions

One controlled before-after study with 49 participants compared expressive writing with a control writing exercise at two weeks follow-up. Participants in the intervention arm scored significantly lower on bullying measured as incivility perpetration (MD -3.52; 95% CI -6.24 to -0.80). There was no difference in bullying measured as incivility victimisation (MD -3.30 95% CI -6.89 to 0.29).

One controlled before-after study with 60 employees who had learning disabilities compared a cognitive-behavioural intervention with no intervention. There was no significant difference in bullying victimisation after the intervention (risk ratio (RR) 0.55; 95% CI 0.24 to 1.25), or at the three-month follow-up (RR 0.49; 95% CI 0.21 to 1.15), nor was there a

significant difference in bullying perpetration following the intervention (RR 0.64; 95% CI 0.27 to 1.54), or at the three-month follow-up (RR 0.69; 95% CI 0.26 to 1.81).

Multilevel Interventions

A five-site cluster-RCT with 1041 participants compared the effectiveness of combinations of policy communication, stress management training, and negative behaviours awareness training. The authors reported that bullying victimisation did not change (13.6% before intervention and 14.3% following intervention). The authors reported insufficient data for us to conduct our own analysis.

Due to high risk of bias and imprecision, we graded the evidence for all outcomes as very low quality.

Authors' conclusions

There is very low quality evidence that organisational and individual interventions may prevent bullying behaviours in the workplace. We need large well-designed controlled trials of bullying prevention interventions operating on the levels of society/policy, organisation/employer, job/task and individual/job interface. Future studies should employ validated and reliable outcome measures of bullying and a minimum of 6 months follow-up. (Author)

20161202-38

Birthplace as the midwife's work place: how does place of birth impact on midwives?. Davis DL, Homer CS (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 5, October 2016, pp 407-415

In, many high and middle-income countries, childbearing women have a variety of birthplaces available to them including home, birth centres and traditional labour wards. There is good evidence indicating that birthplace impacts on outcomes for women but less is known about the impact on midwives.

Aim

To explore the way that birthplace impacts on midwives in Australia and the United Kingdom.

Method

A qualitative descriptive study was undertaken. Data were gathered through focus groups conducted with midwives in Australia and in the United Kingdom who worked in publicly-funded maternity services and who provided labour and birth care in at least two different settings.

Findings

Five themes surfaced relating to midwifery and place including: 1. practising with the same principles; 2. creating ambience: controlling the environment; 3. workplace culture: being watched 4. Workplace culture: 'busy work' versus 'being with'; and 5. midwives' response to place.

Discussion

While midwives demonstrate a capacity to be versatile in relation to the physicality of birthplaces, workplace culture presents a challenge to their capacity to 'be with' women.

Conclusion

Given the excellent outcomes of midwifery led care, we should focus on how we can facilitate the work of midwives in all settings. This study suggests that the culture of the birthplace rather than the physicality is the highest priority. (34 references) (Author)

20160602-4*

NHS Workforce Race Equality Standard 2015 Data Analysis Report for NHS Trusts. Naqvi H, Razaq SA, Piper J (2016), NHS England 2 June 2016

This report presents the workplace experiences of Black and Ethnic Minority (BME) and white staff for every NHS trust across England. (KM) [The full version of this report is available from:

<https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf>]

Full URL: <https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf>

20160510-25

8. Resilience and self-preservation; taking care of one another. Taylor K, Blease M (2016), The Practising Midwife vol 19, no 5, May 2016, pp 30-32

Preceptorship is the 15th series of 'Midwifery basics' targeted at practising midwives. The aim of these articles is to provide information to raise awareness of the impact of the work of midwives on women's experience, and encourage midwives to seek further information through a series of activities relating to the topic. In this final article in the preceptorship basic series, Kerry Taylor and Megan Blease look at the importance of resilience, self-preservation and taking care of one another. Embarking on a career in midwifery can be a stressful, isolating and challenging time. This article considers the stresses of providing modern maternity care, taking into consideration

personal values, qualities and coping strategies. They address the challenges of workplace culture, the importance of building each other up and caring for ourselves in order to effectively care for others. (10 references) (Author)

20160330-41

My name is Imogen. Jenner I (2016), Association for Improvements in Maternity Services (AIMS) vol 28, no 1, 2016, p 16
A midwife describes her own experience of being bullied within the NHS.(1 reference)

20160203-15

Improving workplace behaviour in maternity services. Gerrard J, Smith G (2016), The Practising Midwife vol 19, no 2, February 2016, pp 17-18, 20
Within the midwifery and medical profession it is tragic that we are still witnessing bullying and poor workplace behaviours in the NHS. The Royal College of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG) have been discussing this since the early 2000s as midwifery and obstetrics feature at the top of General Medical Council (GMC) reporting NHS surveys. It has come to the point that, as royal colleges, we need to take responsibility, show leadership and do something about this, before waiting for the next set of survey results. Through a joint project, both royal colleges are optimistic that the juggernaut of poor workplace behaviour can be turned around and improved in a generation, if we all work together. (11 references) (Author)

20151216-81

Bullying the writing's on the wall. Astrup J (2015), Midwives vol 18, Winter 2015, pp 37-41
Considers the rise in bullying in the NHS and examines the action being taken to address it. (SB)

20151110-41

Dealing with bullies in the workplace. ACNM Ethics Committee (2015), Quickening vol 46, no 2, Spring 2015, p 32
Offers tips for dealing with workplace conflict and bullying behaviour. (3 references) (MB)

20151103-22*

The RCOG/RCM joint statement on undermining and bullying in the workplace. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2015), London: RCOG/RCM October 2015. 4 pages
A joint statement from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, reinforcing the commitment of both Colleges to addressing undermining and bullying behaviour in their respective professions, which can lead to unsafe or poor patient care. This statement is an update of the 2013 version. (8 references) (JSM)

20151023-14*

Long-term effects of bullying. Wolke D, Lereya ST (2015), Archives of Disease in Childhood vol 100, no 9, September 2015, pp 879-885

Bullying is the systematic abuse of power and is defined as aggressive behaviour or intentional harm-doing by peers that is carried out repeatedly and involves an imbalance of power. Being bullied is still often wrongly considered as a 'normal rite of passage'. This review considers the importance of bullying as a major risk factor for poor physical and mental health and reduced adaptation to adult roles including forming lasting relationships, integrating into work and being economically independent. Bullying by peers has been mostly ignored by health professionals but should be considered as a significant risk factor and safeguarding issue. (89 references) (Author) [The full text of this article is available free of charge at: <http://adc.bmj.com/content/100/9/879.long>]

Full URL: <http://adc.bmj.com/content/100/9/879.long>

20150902-11

Tackle bullying in your nursing team. Oade A (2015), Nursing Times vol 111, no 32/33, 5 August 2015, p 33
Confronting bullying can be challenging because bullies try to avoid accountability. (Author)

20150827-26

Help your boss tackle bullying. Oade A (2015), Nursing Times vol 111, no 34/35, 19 August 2015, p 33

20150821-19*

Statement from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives

ROYAL COLLEGE OF MIDWIVES. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2013), London: RCOG, RCM 24 September 2013. 2 pages

Statement from the RCOG and RCM that condemns bullying and undermining behaviour and advocates a positive workplace environment in which individuals and teams treat each other with respect, dignity and compassion. (4 references) (SB)

20150522-19

Active or passive?. Oade A (2015), Nursing Times vol 111, no 19, 6 May 2015, p 33

How to effectively handle bullying in the workplace at the time of attack. (Author)

20141210-26*

Undermining toolkit. Royal College of Obstetricians and Gynaecologists (2014), London: RCOG 28 November 2014

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) have joined forces to try and eradicate bullying and undermining behaviour in the workplace through a new web-based toolkit. (MB)

Full URL: <https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/improving-workplace-behaviours-dealing-with-undermining/undermining-toolkit/>

20141106-6

An analysis of horizontal violence and bullying within the workplace. Heath LA (2014), MIDIRS Midwifery Digest vol 24, no 4, December 2014, pp 436-443

Bullying and harassment are extremely significant and pervasive problems that midwives and student midwives face on a regular basis (Martin & Martin 2010). They not only occur in maternity services but in many workplaces such as the police service and universities. Bullying and harassment are characterised by unpleasant, threatening, or offensive behaviour. They can involve abuse or misuse of power intended to undermine, humiliate, denigrate or harm the recipient. Bullying is known by other terms such as 'mobbing', 'work abuse', 'harassment', 'intimidation', 'aggression', 'bad attitude', 'coercive management', 'personality clash', 'poor management style' and 'brutalism'. Deliberate bullying and harassment can have a devastating impact upon the recipient's physical and mental health including their home life and relationships. It can also have a negative impact on an employee's function within their role and result in financial issues for the NHS Trust. There are sometimes consequences for the perpetrator; however, often bullying behaviour remains unchallenged by colleagues and management. The objective of this paper is to examine this phenomenon within maternity services with the aim of providing victims with information which will help them to understand the precursors to workplace bullying, how and why it manifests, and also provide some coping strategies for an employee should they find themselves in this predicament. This paper also aims to educate management and senior midwives about the prevalence of the problem within the workplace, to assist in its identification and devise educational strategies in order to help prevent the problem arising. Ultimately, the aim is to diminish levels of bullying and harassment within maternity units. (66 references) (Author)

20140902-76

Factors affecting midwives' confidence in intrapartum care: A phenomenological study. Bedwell C, McGowan L, Lavender T (2015), Midwifery vol 31, no 1, January 2015, pp 170-176

BACKGROUND: midwives are frequently the lead providers of care for women throughout labour and birth. In order to perform their role effectively and provide women with the choices they require midwives need to be confident in their practice. This study explores factors which may affect midwives' confidence in their practice. **METHODOLOGY:** hermeneutic phenomenology formed the theoretical basis for the study. Prospective longitudinal data collection was completed using diaries and semi-structured interviews. Twelve midwives providing intrapartum care in a variety of settings were recruited to ensure a variety of experiences in different contexts were captured. **FINDINGS:** the principal factor affecting workplace confidence, both positively and negatively, was the influence of colleagues. Perceived autonomy and a sense of familiarity could also enhance confidence. However, conflict in the workplace was a critical factor in reducing midwives' confidence. Confidence was an important, but fragile, phenomenon to midwives

and they used a variety of coping strategies, emotional intelligence and presentation management to maintain it. **CONCLUSION AND IMPLICATIONS:** this is the first study to highlight both the factors influencing midwives' workplace confidence and the strategies midwives employed to maintain their confidence. Confidence is important in maintaining well-being and workplace culture may play a role in explaining the current low morale within the midwifery workforce. This may have implications for women's choices and care. Support, effective leadership and education may help midwives develop and sustain a positive sense of confidence. (Author)

20130723-1

Allow midwives to raise concerns, says RCM chief. (2013), Nursing Times vol 109, no 28, 17 July 2013, p 7

Brief news item reporting that the Royal College of Midwives is supporting the Nursing Time's Speak Out Safely campaign, which calls for the creation of an open and transparent NHS where staff can raise concerns without fear of bullying. (CI)

20130619-58*

Undermining in obstetrics and gynaecology. MacDougall J, Adams T, Morris C (2013), Obstetrics, Gynaecology and Reproductive Medicine vol 23, no 6, 2013, pp 189-191

Undermining is widespread in the healthcare environment and can impact negatively on patient care & training. Bullying and undermining are more common in stressful, high workload environments with a blame rather than a learning culture, where there are high levels of interpersonal friction, poor clinical supervision & feedback and poor leadership. There is no good evidence to explain why it happens more frequently in certain specialities and which strategies work best to reduce its incidence. Evidence from PMETB/GMC surveys suggests that in Obstetrics and Gynaecology the prevalence of undermining is high. This matters because in addition to the effect on patients, bullying and undermining may be involved in 50% of stress related work-place based illnesses with major financial implications for the health service. In this paper we report attempts to reduce undermining that include awareness raising, local leadership, good role modelling and improving how we feedback to trainees. Further research is required. (Author)

20130425-68

Together against bullying. Montesinos L (2013), Association for Improvements in Maternity Services (AIMS) vol 25, no 1, 2013, pp 16-18

Lucia Montesinos asks midwives to come together and support each other to change culture. (Author)

20130322-24

Bullying in nursing and ways of dealing with it. Lowenstein LF (2013), Nursing Times vol 109, no 11, 19 March 2013, pp 22-25

As with many other professions, nursing has its share of bullies who discredit the profession, while other nurses work with dedicated efficiency and good will. Bullying has an impact on the workplace environment and nurses in general; it can cause low morale and in some cases can make nurses seek employment elsewhere or even leave the profession. This article considers recent research into bullying in the workplace, including its prevalence within the profession, causes and identification, as well as different types of bullying and its impact on victims. It also highlights research into combating, preventing and dealing with the problem. (37 references) (Author)

20130222-39*

Workplace aggression, including bullying in nursing and midwifery: a descriptive survey (the SWAB study). Farrell GA, Shafiei T (2012), International Journal of Nursing Studies vol 49, no 11, 2012, pp 1423-1431

BACKGROUND:

Workplace aggression remains an important source of distress among nurses and midwives and has negative effects on staff health, patient care and organisations' reputation and fiscal health.

OBJECTIVES:

To report on the nature and extent of workplace aggression, including bullying experienced by nurses and midwives in Victoria, Australia.

DESIGN:

A descriptive study design was chosen. **SETTINGS AND METHODS:** The Nurses Board of Victoria posted 5000 surveys to the randomly selected registered nurses and midwives in Victoria, Australia, in 2010. The participants were asked about their experiences of violence (from clients) and bullying (from colleagues) within their most recent four

working weeks. In addition, the study investigated staff actions following incidents, staff training and safety at work, and what staff believe contribute to incidents. Data analysis involved descriptive statistics, including frequencies and percentages. Chi square tests and P value were used to assess differences in categorical data.

FINDINGS:

1495 returned questionnaires were included in the study (30% response rate). Over half of the participants (52%) experienced some form of workplace aggression. Thirty-six percent experienced violence mostly from patients or their visitors/relatives and 32% experienced bullying mostly from colleagues or from their managers/supervisors. Significant differences were found between those who experienced aggression from patients and those who were bullied in respect to handling of incidents; factors thought to contribute to incidents; and organisations' handling of incidents.

CONCLUSION:

The study suggests that staff are less worried by patient initiated aggression compared to bullying from colleagues. For all types of aggression, respondents clearly wanted better/more realistic training, as well as enforcement of policies and support when incidents arise. (Author)

20120525-5

Bullying in the workplace: recognition and management. Kumar G, Jain A, Kumar B (2012), *Obstetrician and Gynaecologist* vol 14, no 2, 2012, pp 130-135

Discusses workplace bullying, providing a definition of bullying and bullying behaviours and outlining the principles of tackling such behaviour. (39 references) (SB)

20101123-13*

Report reveals extent of bullying at UHW maternity unit. Brindley M (2010), *WalesOnline.co.uk* 19 November 2010

Reports that a review of the maternity unit at University Hospital of Wales, Cardiff, has found that one in five members of staff said that they had experienced bullying in the work place. Health officials have pledged to do all they can to improve working relationships and review staffing levels. (CR)

Full URL: <https://www.walesonline.co.uk/news/health/report-reveals-extent-bullying-uhw-1886768>

20100114-66

Bully for you: harassment and bullying in the workplace. Martin CJH (2010), *British Journal of Midwifery* vol 18, no 1, January 2010, pp 25-31

Bullying and harassment is a significant predicament that midwives face on a regular basis. Bullying and harassment may be characterized by unpleasant, threatening, malevolent or offensive behaviour. It involves abuse or misuse of power intended to undermine, humiliate, denigrate or harm the recipient. Deliberate bullying and/or harassment can have a major impact upon physical and mental health, as well as function within role. There are consequences for the persecutor, victim and institution in terms of health, cost and reputation. The objective of this paper is to provide managers with solutions to diminish levels of bullying and harassment within maternity units. To this effect, a bullying and harassment protocol has been written to guide managers to use appropriate strategies to diminish the intensity of bullying and harassment within their unit. To audit success, a Bullying and Harassment Scale (BAHS) has been devised to measure effectiveness of interventions targeted at reducing the problem. (43 references) (Author)

20100114-18

Workplace bullying. Coe L (2008), *Midwives* December 2008/January 2009, p 15

A former midwife offers her views on bullying in the workplace and relates the story of one of her friends who gave up eight months into her training, despite attaining good grades throughout, because of bullying by a qualified midwife. (JR)

20090922-13

Bullying of midwifery students exposed by study. (2009), *Practising Midwife* vol 12, no 8, September 2009, p 10

Condenses research which reveals high rates of bullying of student midwives in the United Kingdom. Describes some of the consequences and suggests that stakeholders need to take a more proactive approach to the problem. (JR)

20090728-6

Midwifery must act to put an end to bullying. (2009), Nursing Times vol 105, no 28, 21 July 2009, p 4
Briefly outlines a survey to discover rates and forms of bullying of student midwives in the UK. (JR)

20090624-22

Student midwives' experience of bullying. Gillen P, Sinclair M, Kernohan WG, et al (2009), Evidence Based Midwifery vol 7, no 2, June 2009, pp 46-53

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. (35 references) (Author)

20090424-66

Working lives marred by culture of bullying. Santry C (2009), Health Service Journal 23 April 2009, pp 12-13

Sir Ian Kennedy's parting shots and last month's staff survey both warn of a culture of bullying in the NHS. Charlotte Santry analyses where and why the bullies are found. (Author)

20090313-31*

International perspectives on workplace bullying among nurses: a review. Johnson SL (2009), International Nursing Review vol 56, no 1, March 2009, pp 34-40

PURPOSE: This article examines the nursing literature on workplace bullying with the aim of reaching a better understanding of the phenomenon. BACKGROUND: Workplace bullying occurs in many occupations and workplaces, including nursing. METHODS: The following databases were used for the literature review: CINAHL, PubMed, Pro Quest and EBSCO host. Only articles in English were used. Articles from outside the nursing literature were also examined to gain a broader understanding of workplace bullying. FINDINGS: Workplace bullying is more than a simple conflict between two individuals. It is a complex phenomenon that can only be understood through an examination of social, individual and organizational factors. Workplace bullying has been shown to impact the physical and psychological health of victims, as well as their performance at work. Workplace bullying impacts the organization through decreased productivity, increased sick time and employee attrition. CONCLUSIONS: More nurse-specific research is needed in this area. Research needs to be conducted in a systematic and uniform manner so that generalizations across studies can be made. The ultimate goal of this research should be to generate an understanding of this phenomenon so that solutions can be found. (Author)

20081118-75

Make or break: the importance of good mentorship. Miles S (2008), British Journal of Midwifery vol 16, no 11, November 2008, pp 704, 706, 708-711

Student midwives not only have an enormous workload to contend with in order to obtain their degree, but they also have to tackle the hierarchical demands of the wards in which they train. Positive mentorship is essential in order that student midwives learn self-confidence, assertiveness and autonomy while providing woman-centred care. The rationale for writing this article came not only from the negative experiences of labour ward, but also from the many positive experiences that enable students to feel secure and welcome on their placement. However the subtle, or in some cases blatant, power games that are played on the wards serve to confuse, humiliate and belittle those who are in a vulnerable position. Mentors require valuable training and support from management and the universities in order that they do not take out their own frustrations on their students. (36 references) (Author)

20080909-36

The dark underbelly of midwifery: a student perspective. Ford J (2008), Midwifery Matters no 118, Autumn 2008, pp 20-21

A student's impression of bullying in the workplace, also advertising her support website for student midwives, StudentMidwife.NET. (TM)

20080805-28

Standing up to the NMC. Mills S (2008), Community Practitioner vol 81, no 8, August 2008, p 39

Letter from Sylvia Mills, Chair of the Oldham branch of Unite, supporting the motion of no confidence in the Nursing and Midwifery Council (NMC). (TM)

20080618-75

Report finds 'serious weaknesses' in the NMC's culture, conduct and ability to protect the public. Ford S (2008), Nursing Times vol 104, no 24, 17 June 2008, p 3

The Council for Healthcare Regulatory Excellence has published its report on the Nursing and Midwifery Council (NMC), finding that it is failing to fulfil its statutory functions to the standards that the public has a right to expect. It said it has 'identified serious weaknesses in the NMC's governance and culture, in the conduct of its council, its ability to protect the interests of the public through the operation of fitness to practise processes and its ability to retain the confidence of the stakeholders'. It is also accused of aggression, bullying and racism. In response the NMC said the report made 'tough reading'. (TM)

20080610-83

Horizontal violence: experiences of Registered Nurses in their first year of practice. McKenna BG, Smith NA, Poole SJ, et al (2003), Journal of Advanced Nursing vol 42, no 1, April 2003, pp 90-96

BACKGROUND: Interpersonal conflict among nurses (traditionally called 'horizontal violence' or 'bullying') is a significant issue confronting the nursing profession. However, there is a dearth of research focusing on horizontal violence experienced by new graduate nurses. AIMS: In order to assess the priority for preventive intervention programmes, the aims of this study were to determine the prevalence of horizontal violence experienced by nurses in their first year of practice; to describe the characteristics of the most distressing incidents experienced; to determine the consequences, and measure the psychological impact, of such events; and to determine the adequacy of training received to manage horizontal violence. METHOD: An anonymous survey was mailed to nurses in New Zealand who had registered in the year prior to November 2000 (n = 1169) and 551 completed questionnaires were returned (response rate 47%). Information was requested on the type and frequency of interpersonal conflict; a description of the most distressing event experienced; the consequences of the behaviour; and training to manage such events. The Impact of Event Scale was used to measure the level of distress experienced. RESULTS: Many new graduates experienced horizontal violence across all clinical settings. Absenteeism from work, the high number of respondents who considered leaving nursing, and scores on the Impact of Event Scale all indicated the serious impact of interpersonal conflict. Nearly half of the events described were not reported, only 12% of those who described a distressing incident received formal debriefing, and the majority of respondents had no training to manage the behaviour. CONCLUSIONS: First year of practice is an important confidence-building phase for nurses and yet many new graduates are exposed to horizontal violence, which may negatively impact on this process. The findings underscore a priority for the development of effective prevention programmes. Adequate reporting mechanisms and supportive services should also be readily available for those exposed to the behaviour. (Author)

20080610-12

NMC 'bullying' report is delayed. (2008), Nursing Times vol 104, no 22, 3 June 2008, p 2

The Council for Healthcare Regulatory Excellence (CHRE) has delayed the publication of findings on its investigation into the nursing regulator, the Nursing and Midwifery Council (NMC). (TM)

20080410-72

Dilemma. (2008), Nursing Times vol 104, no 14, 8 April 2008, p 11

Briefly discusses the process of how to deal with bullying in the workplace. It highlights that the NHS does not tolerate bullying behaviour and has mechanisms in place to tackle the problem. (CB)

20080408-109

Incivility and bullying in the workplace and nurses' shame responses. Felblinger DM (2008), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 37, no 2, March/April 2008, pp 234-242

Incivility and bullying in the workplace are intimidating forces that result in shame responses and threaten the well-being of nurses. Some nurses are accustomed to tolerating behaviors that are outside the realm of considerate

conduct and are unaware that they are doing so. These behaviors affect the organizational climate, and their negative effects multiply if left unchecked. Interventions for incivility and bullying behaviors are needed at both individual and administrative levels. (50 references) (Author)

20080305-21

Regulator faces bullying claims. Vere-Jones E (2008), Nursing Times vol 104, no 8, 26 February 2008, p 3

Briefly reports that concerns have been raised about bullying and racism within the Nursing and Midwifery Council (NMC) and its method of responding to the problem. (CB)

20080123-15

Finding better solutions to end bullying: what an organization can do. Farrell MV (2007), Midwifery Today no 84, Winter 2007, pp 40-41

Advises organisations on how to target bullying in the workplace. Emphasises the importance of being fully committed to zero tolerance towards bullying and having concrete policies in place. (CB)

20071015-58

Finding better solutions to end bullying. What a midwife can do. Farrell MV (2007), Midwifery Today no 83, Autumn 2007, pp 26-27, 67

The fourth article in this series on bullying explains what midwives can do when they find themselves targeted by a bully. The last article, in the next issue of the journal, will cover what organizations can do to end bullying. (6 references) (Author, edited)

20070816-2

'Healthcare staff have grown so used to bullying they think it is ineradicable'. McHarg L (2007), Nursing Times vol 103, no 33, 14 August 2007, p 14

Despite a supposed zero tolerance policy on bullying, the problem still looms large in the NHS. Lesley McHarg examines the reasons why nurses are prone to turn on each other in this way. (Author)

20070725-9

The target of the bully and the effects of PTSD. Farrell MV (2007), Midwifery Today no 82, Summer 2007, pp 14-17, 64-65

This third article in our four-part series on bullying focuses on the target of the bully, and the effects on her, including posttraumatic stress disorder (PTSD). (10 references) (Author)

20070611-120

Anti-bullying tactics make a difference. Georgiou G (2007), RCM Midwives vol 10, no 6, June 2007, p 268

RCM employment relations advisor George Georgiou presents the guidelines and legal recourse available to those who experience bullying either directly or indirectly. (Author)

20070611-105

Traumatised midwives. Kirkham M (2007), Association for Improvements in Maternity Services (AIMS) vol 19, no 1, 2007, pp 12-13

Professor Mavis Kirkham explores what happens when midwives are unsupported. (13 references) (Author)

20070607-29*

Racism in nursing education: a reflective journey. Markey K, Tilki M (2007), British Journal of Nursing vol 16, no 7, April 2007, pp 390-393

This article discusses the personal and professional journey of discovery experienced by a nurse lecturer as a result of engagement in a project exploring the impact of racism in the nursing classroom. The findings of the study demonstrated the existence and complexity of racism, the impact of racism on student learning, the limitations of lecturers in recognizing and addressing racism and organizational factors which perpetuate institutional racism. The authors describe the insight gained from the research process and how this has influenced the practice of the first author and how reflection and mentorship by the second author have challenged personal ethnocentricity,

encouraged new ways of thinking, enhanced confidence and encouraged experiential teaching strategies. The article highlights the ways in which nurse lecturers might become culturally competent and in particular addressing issues of racism in the classroom and enabling learning which is applicable in practice. (Author)

20070530-85

Disruptive behavior. Committee on Patient Safety and Quality Improvement (2007), *Obstetrics & Gynecology* vol 109, no 5, May 2007, pp 1261-1262

Disruptive behavior may have a negative effect on patient care. Consequently, it is important that a systematic process be in place to discourage, identify, and remedy episodes of disruptive behavior. (Author)

20070522-10

Who is the bully?. Farrell MV (2007), *Midwifery Today* no 81, Spring 2007, pp 25-27

This is the second of four articles on bullying, a problem that has been identified within the profession of midwifery, as well as in many other areas. The next issue will address the bully's target and effects of PTSD. (Author)

20070517-29

Our own worst enemies. Bird M (2007), *Practising Midwife* vol 10, no 5, May 2007, p 66

A culture of bullying and horizontal violence in the profession is undermining midwives and affecting their confidence to practise. (1 reference) (Author)

20070122-69

Disruptive clinician behavior. Simpson KR (2007), *MCN - American Journal of Maternal/Child Nursing* vol 32, no 1, January/February 2007, p 64

Discusses the negative effects that disruptive clinician behaviour can have on the care that nurses provide, and provides a list of organisation processes that institutions can adopt to overcome this behaviour. (3 references) (SB)

20070112-11

Bullying. Farrell MV (2006), *Midwifery Today* no 80, Winter 2006, pp 22-23, 67

Discusses bullying within the midwifery profession and ways in which this can be addressed and ultimately eliminated. (CR)

20070102-91

Prevention of sexual harassment in the workplace and educational settings. Committee on Pediatric Workforce (2006), *Pediatrics* vol 118, no 4, October 2006, pp 1752-1756

The American Academy of Pediatrics is committed to working to ensure that workplaces and educational settings in which pediatricians spend time are free of sexual harassment. The purpose of this statement is to heighten awareness and sensitivity to this important issue, recognizing that institutions, clinics, and office-based practices may have existing policies. (30 references) (Author)

20061219-14

Mind the bully: using emotional intelligence. Hadikin R (2006), *Practising Midwife* vol 9, no 11, December 2006, pp 32-33

Ruth Hadikin describes how developing emotional intelligence can change our responses to everyday situations and stop midwives being victims of bullying at work. (3 references) (Author)

20061214-28

Why is bullying still rife?. Paton N (2006), *Nursing Times* vol 102, no 48, 28 November 2006, pp 20-21

Despite high-profile 'zero-tolerance' policies, bullying is still rife in the nursing profession. Nic Paton asks why this is. (Author)

20061009-62

Bullying in the workplace: what it is and how to deal with it. Keeling J, Quigley J, Roberts T (2006), *British Journal of*

Bullying in the workplace is a common phenomenon which not only impacts on a midwife's quality of life but also her professional remit. Research has demonstrated that it is often the supervisor of midwives or line manager who is the bully. The midwife may find the situation untenable resulting in leaving the profession or changing jobs. This article highlights bullying behaviours and describes the detrimental effect that this deviant behaviour has on victims. The organizational and professional responsibilities are addressed and details are given about where a victim can access help and support. (12 references) (Author)

20060906-52

When a boss turns into a bully. Dyer C (2005), The Guardian 29 March 2005, pp 16-17

People who are intimidated or humiliated at work will find it easier to win compensation from employers as a result of a new appeal court ruling. (Author)

20060702-22*

Expose the pain on both sides: why bullies deserve forgiveness. Wright S (2006), Nursing Standard vol 20, no 37, 2006, p 26

No abstract available.

20060614-11

Institutional racism and discrimination: are they endemic in the NHS? Symon A (2006), British Journal of Midwifery vol 14, no 6, June 2006, p 366

Comments on the problem of racism in the NHS. Highlights the case of the dismissal of consultant obstetrician and head of labour ward at a trust in the north of England, Dr Feyi Awotona. (11 references) (MB)

20060613-8

Nurses' welfare in jeopardy. (2006), Community Practitioner vol 79, no 5, May 2006, p 138

Very brief news item giving details of financial problems at the Nursing and Midwifery Council which have forced it to cut its grant to the Nurses Welfare Service, which support nurses that face being struck off. (Author, edited)

20060424-22

Bullying and horizontal violence: cultural or individual phenomena? Curtis P, Ball L, Kirkham M (2006), British Journal of Midwifery vol 14, no 4, April 2006, pp 218-221

A large minority of respondents to the Why do Midwives Leave (WML) study (Ball, Curtis and Kirkham, 2002) reported that they had experienced bullying or horizontal violence, either from their managers or from their clinical colleagues. Certain factors, including clinical grade, level of experience, health status and familiarity with the practise environment, appeared to foster vulnerability, leaving individuals liable to be subjected to the inappropriate behaviours of others. Some managers were unwilling to label such behaviours of others. Some managers were unwilling to label such behaviour as bullying and there were examples when inappropriate behaviour was condoned, for fear of upsetting the perpetrators who played a key clinical role. Heads of midwifery were aware of the problem of bullying in the workplace, recognising this as a cultural rather than an individualistic issue. Although progress towards confronting bullying cultures was being made in some locations, much remains to be done. (17 references) (Author)

20060407-43*

The shadow of fear. Nolan A (2006), Health Service Journal vol 116, no 5999, 30 March 2006, p 38

Discusses a Royal College of Nursing survey that has found that nurses are facing growing levels of abuse and violence in their work and that often their managers are to blame. (SB)

20060317-3

Stress at work. Georgiou G (2006), RCM News and Appointments Mid-March 2006, p 2

Cases of stress are becoming more common and some are caused by bullying in the workplace. George Georgiou explains what is being done to tackle this and suggests sources of further information. (2 references) (Author)

20060313-22

Is racism a problem in nursing? Staines R (2006), Nursing Times vol 102, no 10, 7 March 2006, pp 12-13

New evidence points to a rising number of bullying cases that are radically motivated and suggests that racism is rife in the profession. (Author)

20060301-21

Is bullying becoming more commonplace? (2006), RCM Midwives vol 9, no 2, February 2006, p 70

Provides responses from midwives to the question of whether bullying is becoming more commonplace. There are nine yes and twelve no responses. (SB)

20060209-29

Exploring horizontal violence. Hastie C (2006), MIDIRS Midwifery Digest vol 16, no 1, March 2006, pp 25-30

This article starts with the story of a graduate midwife who committed suicide after suffering from workplace bullying. This event spurred the author on to make an in depth study of horizontal violence in the maternity services. The quotes given here by participants in this study are both illuminating and alarming. (4 references) (VDD)

20051123-16

'He gave me a photo of Mussolini. He was laughing. It was totally demeaning and humiliating' Carlisle D (2005), Health Service Journal vol 115, no 5978, 20 October 2005, pp 14-15

Despite greater recognition of the cost of bullying in the NHS - to individuals and the service itself - there has been little success in addressing it. (Author)

20051013-13

Horizontal violence and students. Comisso C (2005), Australian Midwifery News vol 5, no 3, Spring 2005, pp 40-41

After three years of listening to student stories about the treatment they have received, mostly by midwives while on clinical placement, Cate Comisso brings the issue of 'horizontal violence', or 'vertical violence', back into the limelight to remind everyone that it is still happening and to call for an end to it. (Author)

20050913-34

Creating a positive culture. Wilkins H, Hawkins J (2005), Practising Midwife vol 8, no 8, September 2005, pp 16-18

The Supervisor of Midwives has a responsibility to challenge bullying and promote a positive workplace culture. (14 references) (Author)

20050718-15

My life as a critical incident. Teller E (2005), Australian Midwifery News vol 5, no 2, Winter 2005, pp 16-17

Elizabeth Teller is a new midwife, she recently completed a Graduate Diploma in Midwifery. In a candid account, she shares her experiences of the attractions and challenges of joining the midwifery profession and paints a personal vision of a future for women and midwifery that is collaborative, evidence based and focused on the needs of women. (3 references) (Author)

20050628-76

Bully for you. Brewer M (2005), Health Service Journal vol 115, no 5959, 9 June 2005, p 39

Employers will be more motivated to cut out harassment in the workplace following a ruling that they can be held liable for their employees' actions. Martin Brewer examines the conditions for such a judgement. (Author)

20050602-49

Age discrimination regulations. Georgiou G (2005), RCM News and Appointments June 2005, p 4

The new age discrimination regulations do not come into force until October 2006, but as George Georgiou explains, it is important for staff and employers to appreciate how the change in work culture will affect them. (1 reference) (Author)

20050531-33

Managing harassment and discrimination. Ostrowski J (2005), *Employing Nurses and Midwives* no 92, March 2005, p 7

Jan Ostrowski reviews two employment tribunal cases involving harassment and discrimination. (Author)

20050425-20

How to be a really good bully. Houghton A (2005), *BMJ Careers* 23 April 2005, p 171

Anita Houghton gives some tongue in cheek tips on how to be an effective bully and get away with it. (Author)

20050411-24

Understanding the workplace culture of a special care nursery. Wilson VJ, McCormack BG, Ives G (2005), *Journal of Advanced Nursing* vol 50, no 1, April 2005, pp 27-38

AIM: This paper presents findings from the first phase of a research study focusing on implementation and evaluation of emancipatory practice development strategies. **BACKGROUND:** Understanding the culture of practice is essential to undertaking effective developments in practice. Culture is a dominant feature of discussions about modernizing health care, yet few studies have been undertaken that systematically evaluate the development of effective practice cultures. **METHOD:** The study intervention is that of emancipatory practice development with an integrated evaluation approach based on Realistic Evaluation. The aim of Realistic Evaluation is to evaluate relationships between Context (setting), Mechanism (process characteristics) and Outcome (arising from the context-mechanism configuration). This first phase of the study focuses on uncovering the context (in particular the culture) of the Special Care Nursery in order to evaluate the emancipatory practice development processes and outcomes. Data collection methods included survey, participant observation and interview. Cognitive mapping, constant comparative method and coding were used to analyse the data. **Findings.** Four key categories were identified: Teamwork, Learning in Practice, Inevitability of Change and Family-Centred Care and collectively these formed a central category of Core Values and Beliefs. A number of themes were identified in each category, and reflected tensions that existed between differing values and beliefs within the culture of the unit. **CONCLUSION:** Understanding values and beliefs is an important part of understanding a workplace culture. Whilst survey methods are capable of outlining espoused workplace characteristics, observation of staff interactions and perceptions gives an understanding of culture as a living entity manifested through interpersonal relationships. Attempts at changing workplace cultures should start from the clarification of values held among staff in that culture. (75 references) (Author)

20041220-38

A concept analysis of bullying in midwifery. Gillen P, Sinclair M, Kernohan G, et al (2004), *Evidence Based Midwifery* vol 2, no 2, December 2004, pp 46-51

Aim: Concept analysis is an important philosophical method of inquiry that facilitates knowledge and theory development. Rigorous research requires clear definitions of concepts and terms prior to operationalisation of the research. Bullying as a concept has not been clearly defined and this causes considerable difficulty for researchers who wish to study the nature and extent of this phenomenon. Therefore, the aim of this paper is to present a philosophical analysis of the concept 'bullying', in order to have a clear understanding of the term and, in doing so, to facilitate more focused and replicable research. **Objectives:** To analyse the concept of 'bullying'. **Method:** The analysis is undertaken using the framework outlined by Walker and Avant (1995). Each of the stages of the analysis involves a progressive focusing on the concept so that the critical attributes can be identified. **Findings/results:** Bullying is a complex phenomenon that crosses personal and professional boundaries. It has four defining attributes: (1) the repeated nature of the behaviour; (2) the negative effect of the behaviour on the victim; (3) the victim finds it difficult to defend him/herself (power imbalance) (4) intent of the bully. **Implications:** One of the main challenges for research into bullying is overcoming the methodological problems of definition and this paper offers a first stage analysis of the concept. More detailed exploration and analysis of the concept through focus-group research and large-scale surveys to estimate the nature and extent of the problem in midwifery practice and education are recommended. (46 references) (Author)

20041011-10

The culture of the maternity services in Wales and England as a barrier to informed choice. Kirkham M, Stapleton H (2004), In: Kirkham M ed. *Informed choice in maternity care*. Basingstoke: Palgrave Macmillan 2004, pp 117-145

Explores the culture of the NHS maternity services using qualitative research first published in a study from 2001 [1]. Addresses issues such as obstetric authority and its implications; fear of litigation; midwives experiences of being 'in

the middle', including bullying and horizontal violence; and women's responses to the maternity services. [1. Kirkham M; Stapleton H; eds (2001). Informed choice in maternity care: an evaluation of evidence based leaflets. York: University of York NHS Centre for Reviews and Dissemination] (41 references) (MB)

20040928-54

Colourful language. Crouch D (2004), Nursing Times vol 100, no 39, 28 September 2004, pp 24-25

How do race and gender affect a nurse's chances of being verbally abused? (Author)

20040709-35

Ask the expert: Dear Jenny. Rogers J (2004), Health Service Journal 8 July 2004, p 32

Some simple steps can help to take the heat out of an allegation of bullying. (Author)

20040618-16

The prejudices of good people. Esmail A (2004), BMJ vol 328, no 7454, 19 June 2004, pp 1448-1449

Looks at the ways in which minorities ethnic groups, both staff and patients, have been discriminated against in the NHS. Argues that good leadership can help solve the problem of institutional racism. (11 references) (JSM)

20040603-1

Taking employers to task on disputes. Chatterjee M (2004), Nursing Times vol 100, no 22, 1 June 2004, pp 12-13

Are nurses more confident in challenging discrimination or harassment in the workplace? (Author)

20040527-33

Sexual harassment in nursing. Robbins I, Bender MP, Finnis SJ (1997), Journal of Advanced Nursing vol 25, no 1, January 1997, pp 163-169

Sexual harassment is a problem faced by women in the workplace which can lead to adverse psychological consequences as well as impaired work performance. Sexual harassment is about the abuse of power and status rather than merely being about sex per se and has to be viewed in the context of institutionalized male power. Although there is a relative dearth of research, there is increasing evidence that sexual harassment of nurses is common and that it can have adverse effects on nurses physical and psychological health as well as a direct impact on patient care. Nursing, by its very nature of having to care for patients bodily needs, transgresses normal social rules regarding bodily contact. This is exploited by the perpetrator who relies on nurses' caring attitude to be able to harass. A descriptive model of the processes involved in harassment is presented which offers the possibility of being able to intervene at a number of points in the process. Interventions need to be aimed at both individual and organizational levels if there is to be a prospect of reducing a major occupational stressor for nurses. (44 references) (Author)

20040518-33*

Black care ban nurse wins payout. BBC News (2004), BBC News 18 May 2004. 2 pages

A black nurse who was banned from caring for a white baby after its racist mother complained, has been awarded £20,000. (Author)

20040511-7

Leaving midwifery: bullying by stealth. Gould D (2004), British Journal of Midwifery vol 12, no 5, May 2004, p 282

Considers whether one of the reasons why midwives leave the NHS is because individuals, who strive to maintain their idealism and independence, become bullied by the group of workers who prefer to conform with the recognized authority of institutionalised medical practice. Discusses psychological research which examined the effect which perceived authority has on individuals' willingness to administer pain and to denigrate others. (4 references) (RM)

20040415-29

Tokenism or equal opportunities?. Dike P (2004), RCM News and Appointments Mid-April 2004, p 8

Institutional racism in the NHS is a controversial subject. One midwife considers how her racial background has shaped her career, and what she believes needs to change enhance equity in the employment of healthcare professionals.

20040415-11

Show the way. Hiscock D (2004), Health Service Journal vol 114, no 5901, 15 April 2004, pp 32-33

With guidelines in place to protect staff from racial discrimination, flexibility is key to accommodating a diverse workforce. (Author)

20040414-4

Bullying and nursing. Hoban V (2004), Nursing Times vol 100, no 5, 13-19 April 2004, pp 16-8

Bullying in the workplace is on the increase and nursing is no exception. Victoria Hoban talks to nurses about the devastating impact it has had on their lives and finds out how the situation is being addressed. (Author)

20040329-89*

Bullying in the nursing profession. Randle J (2003), Journal of Advanced Nursing vol 43, no 4, August 2003, pp 395-401

BACKGROUND: Self-esteem is a major predictor of behaviour. Nurses with healthy self-esteem are likely to deliver therapeutic patient care, while those with low self-esteem are less likely to do so. AIM: The aim of the 3-year study discussed here was to explore students' self-esteem and how their experiences of preregistration education influenced its development over the period of the programme. RESEARCH METHODS: Students participated in unstructured qualitative interviews at the beginning and end of their 3-year preregistration course and a grounded theory approach was used for data collection and analysis. FINDINGS: Bullying was found to be commonplace in the transition to becoming a nurse. Students were bullied and also witnessed patients being bullied by qualified nurses. The internalization of nursing norms meant that students then bullied others. Students' self-esteem was low. CONCLUSION: Bullying, and its effects on self-esteem, are perpetuated by practices within nursing. This situation will only be changed if nurses and educators transform their practice and the context in which bullying occurs. Otherwise, each new generation of nurses will continue to be socialized into negative practices which undermine both their own feelings of self-worth and standards of nursing care. (35 references) (Author)

20040325-54*

Irish nursing students' changing self-esteem and fear of negative evaluation during their preregistration programme. Begley CM, White P (2003), Journal of Advanced Nursing vol 42, no 4, May 2003, pp 390-401

BACKGROUND: Studies on Irish nursing and midwifery professions have demonstrated that stress and bullying are frequent problems that may lead to depression and low self-esteem. Self-esteem is linked to social anxiety and is therefore related to fear of negative evaluation. It is important to study nursing students' feelings about self-esteem and negative evaluation, and to assess whether or not both these constructs change as students progress through their preregistration education programme. AIM: This study explored nursing students' perceived levels of self-esteem and their fear of negative evaluation prior to, and nearing the completion of, their 3-year preregistration programme. METHODS: A descriptive, quantitative, comparative survey design was used. All students in the first intake of 1995 in two general nursing schools in Southern Ireland agreed to take part (n = 72). A questionnaire developed from the Rosenberg Self-esteem Scale and the Watson and Friend Fear of Negative Evaluation Scale was used to collect data at the start of their programme and again 2 months before completion. RESULTS: In general, students' reported self-esteem rose as they neared the end of their education programme and their fear of negative evaluation decreased; however, their overall self-esteem levels at their highest were only average. CONCLUSIONS: Many of the studies examining self-esteem have produced contradictory results. An examination of the organizational factors that contribute to self-esteem may increase our understanding of the phenomenon. Self-esteem is a complex, multifaceted phenomenon. While there is no single factor that can increase or decrease a person's self-esteem, this study has explored the potential impact of the fear of negative evaluation on self-esteem. Nursing students' self-esteem might be increased by expansion of intrinsic job characteristics, improving their job satisfaction and providing frequent positive feedback. (54 references) (Author)

20040308-32

Bullying and harassment at work: time to take action. Barrett G (2004), Journal of Neonatal Nursing vol 10, no 2, March 2004, pp 59-61

Work based bullying and harassment is a significant problem and can take many forms. Identifying this form of abuse and tackling the culture of bullying in the NHS must be a priority for managers and staff alike. Staff should be

empowered to challenge the sources of bullying in the workplace and managers should be encouraged to help reduce this unnecessary form of violence against the person. Failure to deal with the issues will perpetuate this unacceptable culture which could lead to an increase in attrition rates from the NHS. (10 references) (Author)

20040302-38

Harassment by staff in the workplace: the experiences of midwives. Leivers G (2004), MIDIRS Midwifery Digest vol 14, no 1, March 2004, pp 19-24

This research aimed to identify the occurrence and effects of harassment, as experienced by midwives from midwives, working in a medium size National Health Service (NHS) Hospital. A self-completion questionnaire was issued to 49 E, F and G grade midwives; 32 responded (65%). The number of G grade midwives supporting the research was poor, with only three out of ten responding to the questionnaire. Data analysis was two-fold; SPSS was used to analyse data to show frequencies and percentages, and the qualitative data gained from responses to open-ended questions were categorised into themes. The findings illustrate that 28 respondents reported to have personally experienced harassment within the unit. An equal number of respondents also witnessed harassing behaviour directed towards a colleague. Whilst all grades alleged suffering harassment, it was reported that those midwives in a senior capacity more commonly conduct this behaviour. When harassment is evident, the most frequent result is a reduction in professional confidence, with this affecting the personal lives of some sufferers. To improve their working lives, respondents request that workplace harassment is acknowledged and treated seriously by supportive superiors. (24 references). (Author)

20040209-17

Changing a culture of horizontal violence. Robertson J (2004), Practising Midwife vol 7, no 2, February 2004, pp 40-41

Jennifer Robertson says that bullying is a problem in many midwifery units, and suggests strategies to reverse this destructive behaviour. (11 references) (Author)

20031016-37

From tall poppies to squashed weeds: why don't nurses pull together more?. Farrell GA (2001), Journal of Advanced Nursing vol 35, no 1, July 2001, pp 26-33

AIMS: To develop a conceptual framework to account for interpersonal conflict in nursing. To extend the boundaries of debate on the causes of interpersonal conflict in nursing. BACKGROUND/RATIONALE: In nursing, attempts to offer an explanation for staff conflict or, as it is traditionally referred to, horizontal violence, have, nearly always, been influenced by oppression and feminist theories. Such macrolevel analyses avoid discussing the details of individual acts of aggression in favour of considering nurses' alleged disempowerment in relation to other perceived dominant groups, especially male doctors, and the violence these groups inflict in terms of the denial of power, control, and access to rewards - material or otherwise. METHODOLOGY: A critical analysis of an extended literature review adapted from a doctoral dissertation. DISCUSSION: While the oppression and feminist perspectives can be insightful they are also limiting in that they omit the finer grained-analysis necessary for a fuller understanding of staff conflict. At least three levels of explanation can be offered to account for poor staff relationships - a macrolevel, which focuses on nurses' relationships vis-a-vis dominant groups, a mesolevel analysis, which concentrates on organizational structures, including workplace practices - many of which are controlled by nurses themselves, and a microlevel analysis, which emphasizes the interactional nature of interpersonal conflict. CONCLUSIONS: It is contented that it is not only the alleged misogyny intrinsic to oppression theory that shackles and impedes nurses, but nurses themselves, who in their everyday work and interpersonal interactions, act as insidious gatekeepers to an iniquitous status quo. (50 references) (Author)

20031016-36

The effects of unit morale and interpersonal relations on conflict in the nursing unit. Cox KB (2001), Journal of Advanced Nursing vol 35, no 1, July 2001, pp 17-25

BACKGROUND: Health care organizations face major changes, and these changes are likely to increase conflict in organizations. Although numerous studies have focused on conflict management, few have considered causes and effect of conflict in nursing units. METHODS: The investigation tested a structural equation that examined the relationships among individual and contextual variables and intragroup conflict, job satisfaction, team performance effectiveness, and anticipated turnover. The nonrandom sample consisted of 141 nurses employed on 13 inpatient units at a state-supported, 597-bed academic medical centre in a southeastern city. RESULTS: Intragroup conflict was higher on smaller units with a higher ratio of RNs to total staff. Intragroup conflict was not associated with satisfaction

with pay or anticipated turnover. In the final model, the unit morale and interpersonal relations dimension of team performance effectiveness was negatively associated with intragroup conflict and anticipated turnover, and positively associated with satisfaction with pay. High perceptions of unit morale and interpersonal relations buffered the effect of unit size and skill mix on intragroup conflict. Goodness of fit statistics indicated a good fit of the model to data. CONCLUSION: The findings have implications for nursing educators and administrators, and provide direction for future research. (45 references) (Author)

20031007-23

Equal opportunities policies and nursing employment within the British National Health Service. Culley L (2001), Journal of Advanced Nursing vol 33, no 1, January 2001, pp 130-137

AIMS: The National Health Service (NHS) is the largest employer in Western Europe and the largest employer of minority ethnic workers in Britain. This paper is concerned primarily with an examination of the experiences of nurses from minority ethnic groups. BACKGROUND: Recent research evidence suggests that many minority ethnic nurses face racial harassment from patients and colleagues and that there are continuing problems in recruitment and promotion. The Macpherson Report on the enquiry into the murder of black teenager Stephen Lawrence has stimulated a wide ranging discussion of institutional racism throughout the public sector in the UK, including the NHS. DISCUSSION: This paper discusses the continuing failure of equal opportunities policies to have a sustained impact on the experiences of minority ethnic nurses and discusses a number of reasons for the lack of progress of such policies. It examines the reasons why health care organizations might adopt equal opportunities policies and the pragmatic reasons why implementation has been both slow and patchy. It goes on to consider the concepts of managing diversity and ethnic managerialism as new tools to theorize equal opportunities and considers some of the continuing problems inherent in current strategies. (36 references) (Author)

20030721-31

Providing care under stress: creating risk. McIver FK (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 3 pages

A descriptive study of the experience of bullying and horizontal violence of twelve registered midwives, and the effects of that experience on the provision of midwifery care. (Author, edited)

20030714-12

Why are nurses still being attacked?. Myulholland H (2003), Nursing Times vol 99, no 14, 8 April 2003, pp 10-11

Report on National Audit Office finding that four years into the Department of Health's zero-tolerance campaign, nurses are more likely than ever to face abuse and assault by patients. Claims that many nurses do not bother to report incidents because they do not feel that they will get adequate redress from their employers or from the police. Argues that Trusts are not treating the matter sufficiently seriously. (RM)

20030626-19

Midwives should nurture their young not eat them. Calvert I (2001), New Zealand College of Midwives Journal vol 23, January 2001, pp 28-29

Article that considers the issue of horizontal violence and bullying in midwifery, particularly when directed at students. The author argues that midwives should work in partnership with midwifery students and become facilitators of their learning (11 references) (MS)

20030530-13

Step 51: Race discrimination. Dimond B (2003), British Journal of Midwifery vol 11, no 3, March 2003, p 152

Brief overview of the issues pertaining to Racial Discrimination and legislation and the implications for maternity services. (7 references) (JSM)

20030514-41

The way I see it. Me? A bully?. (2003), BMJ Careers vol 326, 12 April 2003 p s130

The author recounts his experience of being accused of bullying. (SB)

20030514-40

How can a deanery win the battle against bullying?. Hicks B (2003), BMJ Careers vol 326, 12 April 2003 p s129

Brendan Hicks discusses how the deanery for Kent, Sussex, and Surrey is tackling bullying. (5 references) (Author)

20030514-39

Who's a bully then?. Paice E, Firth-Cozens J (2003), BMJ Careers vol 326, 12 April 2003 pp s127-s128

Elizabeth Paice and Jenny Firth-Cozens discuss how anyone could be accused of bullying (even you) and how you can change your behaviour to avoid this. (8 references) (Author)

20030514-37

Bullying in medicine. Houghton A (2003), BMJ Careers vol 326, 12 April 2003 pp s125-s126

Anita Houghton defines what bullying is and what can be done about it. (8 references) (Author)

20030318-11*

Workplace stress and bullying: liabilities of the employer. Dimond B (2002), British Journal of Nursing vol 11, no 10, 2002, pp 699-701

Iris works in the intensive care unit at Roger Park Hospital. One of her responsibilities is to arrange the rota for staff cover. As a result of the shortage of intensive care nurses locally, she is compelled to use agency nurses and to plead with her colleagues to work additional shifts or overtime. On some occasions she has been close to asking senior management to consider halting admissions and leaving beds empty, because she is unable to arrange cover. She increasingly finds that she is unable to cope with the situation: she is unable to sleep, she is worrying about work when not on duty and feels that she is close to a nervous breakdown. What is the law? (7 references) (Author)

20030107-68

Bully booked. Edwards P (2002), Health Service Journal vol 112, no 5830, 7 November 2002, pp 36-37

New legislation hopes to clamp down on any signs of bullying in the workplace. (Author)

20030106-36

Staffing, stress, bullying and the midwife. Dimond B (2002), British Journal of Midwifery vol 10, no 11, November 2002, pp 710-713

In the light of the serious staffing situation in midwifery services, identified by the RCM annual statistics, this article looks at the law relating to stress and bullying and a recent Court of Appeal decision. (8 references) (Author)

20021223-67

Bullying and harassment in the NHS: at what cost. Reay K (2002), Community Practitioner vol 75, no 12, December 2002, p 478

Amicus/MSF regional officer Karen Reay launches a major new initiative on bullying and harassment. (3 references) (Author)

20021223-66

Bullying at work. Normandale S, Davies J (2002), Community Practitioner vol 75, no 12, December 2002, pp 474-477

This paper will look at the unpleasant subject of bullying in the workplace. It will look at what other studies have shown, and what professional and employment responsibilities involve. It will examine individual and organisational responsibilities, and the impact bullying can have on both. This paper came about because of the authors' personal experiences and insight in dealing with bullying at work. The authors were concerned about the often hidden problems and the lack of knowledge, surrounding bullying in the workplace and the impact that this has on health and professional practice. For many community practitioners there is often a sense of disbelief that this ugly occurrence could be evident within our workplaces. The authors felt that dealing with the consequences of bullying was like opening up a can of worms. It almost felt safer to keep the lid firmly shut. However, with hindsight and because of their knowledge and involvement representing community practitioners, there was a compelling need to address this contentious subject. This gave impetus and inspiration to write this paper - primarily to give voice to those who have been bullied and hope for others who may face this dreadful situation. Bullying does occur within community practice and, as qualified nurses, health visitors rank high in experiencing bullying. It is hoped this paper will help practitioners

to acknowledge that bullying exists, understand why it occurs, and most importantly how to cope with it. (29 references) (Author)

20020917-85

Race relations and the law. Dimond B (2002), British Journal of Midwifery vol 10, no 9, September 2002, pp 580-583

This article considers the impact of the Race Relations (Amendment) Act 2000 within the context of provision of the Race Relations Act 1976 and looks at the new general statutory duty placed on health authorities and the Code of Practice. (5 references) (Author)

20020913-8

Promoting race equality - new duties for all NHS organisations. (2002), NHS Confederation Briefing no 55, February 2002, pp 1-6

The Race Relations (Amendment) Act 2000 placed a series of new duties on all public authorities in England, Wales and Scotland. The Commission for Racial Equality (CRE) has published a consultation draft of the new statutory Code of practice on the duty to promote race equality, which provides guidance on the general duty and specific duties required of all public authorities by the new legislation. Although this is a draft for consultation, it contains information on action that public authorities and health bodies need to be progressing immediately. This briefing provides a summary of the CRE Code of practice and the duties and actions required of NHS organisations. The Code is expected to come into force around the end of May 2002 and NHS organisations will need to produce a race equality scheme by 31 May 2002. (Author)

20020909-36

Bullies at work: midwives' memories. Gillen P (2002), RCM Midwives Journal vol 5, no 9, September 2002, pp 290-293

This short paper aims to provide case evidence of some of the behaviours evident in midwives' memories of workplace bullying. (14 reference) (Author)

20020820-66

Bullies, back off. (2002), Nursing Times vol 98, no 32, 6 August 2002, pp 24-25

One in six nurses has been bullied at work. Until the problem is tackled, recruitment and retention will continue to suffer, a point made clear by this powerful account from a bullied nurse who decided to fight back. (Author)

20020820-65

10 steps to personal power. Hadikin R (2002), Nursing Times vol 98, no 32, 6 August 2002, pp 26-27

Could you cope with a workplace bully? Ruth Hadikin left nursing to coach the victims of bullying. Here she offers 10 tips to restore your confidence. (Author)

20020802-8

Employment relations in Scotland. Lenaghan G (2002), RCM Midwives Journal vol 5, no 2, February 2002, p 46

Brief look at the work of the Royal College of Midwives UK Board for Scotland in combating racism, bullying and harassment. (RGW)

20020403-70

Horizontal violence. Morison S (2001), Birthchoice: the newsletter of the Community Midwifery Program October 2001, pp 3-4

Short article that briefly reviews what horizontal violence is, and why adult professionals resort to such violence. The author believes that horizontal violence arises from unexpressed anger and suggests tools for dealing with anger constructively. (2 references) (MS)

20020325-2

Employment relations advice and how to access it: helping us to help you. Rogers H (2002), RCM Midwives Journal vol 5, no 3, March 2002, p 82

Description of the role the Royal College of Midwives (RCM) plays in providing support to midwives in employment

20020301-6

Workplace bullying. Kelsall BS (2002), RCM Midwives Journal vol 5, no 1, January 2002, p 22

Discusses the bullying of student midwives by their mentors because of the student midwives' wish to use research based evidence and new ideas. (SB)

20020215-9*

Workplace bullying: the legal report. Andrea Adams Trust (2000), Brighton: Andrea Adams Trust 2000. 39 pages

This report has simplified the current legal position on workplace bullying. The aim of this report is to raise awareness of the legal position with regard to workplace bullying. (Publisher, edited)

20020212-1

Workplace bullying in NHS community trust: staff questionnaire survey. Quine L (1999), BMJ vol 318, no 7178, 23 January 1999, pp 228-232

Objectives: To determine the prevalence of workplace bullying in an NHS community trust; to examine the association between bullying and occupational health outcomes; and to investigate the relation between support at work and bullying. Design: Questionnaire survey. Setting: NHS community trust in the south east of England. Subjects: Trust employees. Main outcome measures: Measures included a 20 item inventory of bullying behaviours designed for the study, the job induced stress scale, the hospital anxiety and depression scale, the overall job satisfaction scale, the support at work scale, and the propensity to leave scale. Results: 1100 employees returned questionnaires-a response rate of 70%. 421 (38%) employees reported experiencing one or more types of bullying in the previous year. 460 (42%) had witnessed the bullying of others. When bullying occurred it was most likely to be by a manager. Two thirds of the victims of bullying had tried to take action when the bullying occurred, but most were dissatisfied with the outcome. Staff who had been bullied had significantly lower levels of job satisfaction (mean 10.5 (SD 2.7) v 12.2 (2.3), $P<0.001$) and higher levels of job induced stress (mean 22.5 (SD 6.1) v 16.9 (5.8), $P<0.001$), depression (8% (33) v 1% (7), $P<0.001$), anxiety (30% (125) v 9% (60), $P<0.001$), and intention to leave the job (8.5 (2.9) v 7.0 (2.7), $P<0.001$). Support at work seemed to protect people from some of the damaging effects of bullying. Conclusions: Bullying is a serious problem. Setting up systems for supporting staff and for dealing with interpersonal conflict may have benefits for both employers and staff. (28 references) (Author)

20020208-22*

Racism in medicine: an agenda for change. Coker N, editor (2001), London: King's Fund 2001. 241 pages

Using a range of anecdotal accounts, historical perspectives and research by contributors from culturally diverse backgrounds, the book discusses how racism weakens the health service and damages the health of individuals involved. It also provides frameworks for change by examining what can be done about racism in medicine, offering examples of good practice in tackling racist behaviour and getting to the roots of institutional racism. (Publisher)

20011214-11*

Facing the challenges: the impact of the Stephen Lawrence inquiry report on practices in the public sector. Unison (2001), London: UNISON 2001. 31 pages

Survey by the United Kingdom public sector union UNISON to assess the response of employers in public services such as the National Health Service to the findings of the Stephen Lawrence inquiry regarding racism which was published in February 1999. (KL)

20011211-31

Yellow roses and blue columbines for women: the trauma of an abusive workplace. (2001), Empower! - Women Empowering Women Autumn 2001, pp 1-2, A, 8

Compilation of several stories sent to a newsletter by women survivors of verbal, emotional and physical abuse in the workplace. (MS)

20011210-2

Midwives fired for bullying. (2001), Practising Midwife vol 4, no 10, November 2001, p 6

Discusses the sacking and disciplining of midwives for allegations of bullying at Portsmouth Hospitals NHS Trust, England. (SB)

20010821-51

Victim or villain? Why trusts must overhaul complaints procedures. (2001), Nursing Times vol 97, no 32, 9 August 2001, pp 38-39

Victims of bullying at work can have their lives turned upside down by their experiences but, as one nurse's story highlights, all too often complaints procedures add misery to heartache. (6 references) (Author)

20010810-26

Hutton: we will rid the NHS of racism. Department of Health (2001), London: Department of Health 19 July 2001. 3 pages

Health Minister John Hutton today published new guidance which will help health service managers recognise and tackle racial harassment in the NHS. The NHS is a major employer of black and minority ethnic staff in this country. Tackling racial harassment is essential to recruiting and retaining a more diverse workforce and is central to the provision of quality services for patients. (Author)

20010809-8

Workplace bullying in midwifery. Hadikin R (2001), MIDIRS Midwifery Digest vol 11, no 3, September 2001, pp 308-311

This article provides an overview of workplace bullying in midwifery and how it may be addressed. Typical bullying behaviour, the effects and implications for individuals and employers are discussed together with the unsavoury topic of bullying of a client by a midwife, and what to do about it. Workplace bullying is responsible for an increase in stress and stress-related illness in the workplace. It can cause or exacerbate conditions such as hypertension, anxiety disorders, alcoholism, gastrointestinal disorders, depression, post-traumatic stress disorder (PTSD) and suicide. For employers it leads to high rates of absenteeism, under-performance and can cost financially in the settlement of litigation claims. Yet it is often ignored because colleagues and managers alike are unsure how to handle it. The law is very clear that bullying and harassment are illegal. Seven separate Acts of Parliament are cited in this article which are designed to protect individuals from various forms of bullying and harassment. This article also provides practical solutions, with action checklists, for both managers and the targets of workplace bullying, whilst emphasising the fact that to ignore bullying is to condone it. The employer's responsibility is highlighted simply because the employer has a legal responsibility to prevent workplace bullying and is also in the best position to address it. The section subtitled 'What to do if you are being bullied' provides practical suggestions for those individuals who find themselves targeted by a bully. These can be followed in order of priority. (17 references) (Author)

20010802-6*

Victims of bullying. Donnellan C, editor (2001), Cambridge: Independence 2001. 44 pages

Bullying is becoming a major social problem. According to a recent survey of 150,000 teachers and lecturers, more than a third of school pupils have been bullied in the past twelve months. In the workplace, surveys show that 68% of workers feel that bullying is the main cause of stress in the workplace. This book looks at the latest trends and what is being done to deal with bullying. (Publisher)

20010613-29

Know your rights 4: Racial harassment. Royal College of Midwives (2001), RCM Midwives Journal vol 4, no 5, May 2001, pp 146-147

This article is one in a series aimed at informing Royal College of Midwives members about their employment rights. This article discusses issues of racial harassment both within the National Health Service and by service users or visitors. (Author, edited)

20010531-56

Strength through diversity. Ali S, Collier B (2001), Nursing Times vol 97, no 18, 3 May 2001, pp 25-26

Promoting equality and diversity among staff is an important issue for the NHS and a key demand in NT's election manifesto. Shahnaz Ali and Brian Collier describe one trust's positive response. (2 references) (Author)

20001215-01

'NHS workers lives' ruined by management bullies'; GMB shock survey reveals extent of problem. GMB (2000), London: GMB 5 December 2000. 2p

A new survey published today shows that the lives of thousands of NHS workers is being 'ruined by bullies', including bosses according to the GMB - Britain's general union. (Author)

20001101-25*

Racism and the maternity services. Royal College of Midwives (2000), London: Royal College of Midwives November 2000. 6 pages

Royal College of Midwives' position paper on racism and the maternity services. This document is reprinted in the RCM Midwives Journal, vol 3, no 11, November 2000, pp 342-344. (21 references) (JAL)

20001101-24

Racism at work: time for zero tolerance. O'Sullivan S (2000), RCM Midwives Journal vol 3, no 11, November 2000, p 341

The damaging effect of racial harassment and discrimination on black and ethnic minority staff has had an impact on the image and reputation of the NHS. This has resulted in a significant reduction in the number of black and ethnic minority staff recruited to the NHS. There is now a commitment in the Government and the highest levels of the NHS to tackle racism, and a number of initiatives have been progressing in the last year. (2 references) (JAL)

20001005-09*

Factsheet on workplace bullying. Andrea Adams Trust (2000), Brighton: Andrea Adams Trust [2000]. 4 pages

Written by a support organisation which helps many health service employees, this factsheet on workplace bullying describes what workplace bullying is, how to recognise it, its physical and emotional effects, and how to tackle the problem. (KL)

20001002-26

Are nurses their own worst enemy?. Hampshire M (2000), Nursing Times vol 96, no 38, 21 September 2000, pp 10-11

Nurses are at increasing risk of violence from patients, but they also face another threat - from each other. New research shows that although their bully is most likely to be a manager, in almost a third of cases nurses are bullied by colleagues. (Author)

20000904-12*

The bullying culture: cause, effect, harm reduction. Hadikin R, O'Driscoll M (2000), Oxford: Books for Midwives Press 2000. 179 pages

It is disturbing and sad that it has been necessary for this book to be written. Within our environment of caring we would like to assume we care for everyone. Yet within this book it was possible to identify the potential for bullying within others, as well as myself! The authors have both been midwives and the illustrative cases used are focussed on midwifery, some based on a research project carried out by one of them. However, this should not detract from it being a definitive text to read for all those aspiring to or within management, and of interest to workers, in any profession. The information on the causes and effects of bullying practices is written in a very general style and provides a useful broad view of the issues involved, citing some of the psychological theory relating to the bully and the victim. I particularly liked the final chapter that gives practical pointers on how to deal with the situation as a manager, as someone being bullied or as someone recognising yourself as the bully. However, though bullying of the client by a midwife is addressed, it is limited to 3 pages, and I would have expected some discussion on how to deal with this situation if observed in colleagues or if indicated by a client. It is difficult to say who shouldn't read the contents - though perhaps I would not recommend it to new students for fear of putting them off! It comes highly recommended but prepare to be concerned about what you find! Reviewed by Jennifer Hall, freelance midwife lecturer.

20000817-19

Survival and resistance. Grove J (2000), Nursing Times vol 96, no 1, 4 May 2000, pp 26-28

Guidance for dealing with bullying at work. Signs for diagnosing stress from bullying are given, and the main

20000817-18

Bullied to death. Walker C (2000), Nursing Times vol 96, no 18, 4 May 2000, pp 26-27

Twenty five percent of the calls received by a helpline set up to challenge workplace bullying come from National Health Service employees. The Andrea Adams Trust helpline is open 10.00am to 4.00pm Monday to Thursday on 01273-704900. A nurse's experiences of bullying in the workplace are described. (KL)

20000216-17

Tackling racial harassment in the health service. Collins M (2000), RCM Midwives Journal vol 3, no 2, February 2000, p 56

Following a major programme of research and consultation a comprehensive plan of action to tackle racial harassment within the NHS is to be implemented. It is recognised that in the past the complaints of black and ethnic minority staff have not been taken seriously, and so translating the policy in practical action will be a priority. A national strategic action group will oversee the work of five groups to share and develop good practice, and senior managers must take the lead in making it clear that racial harassment will not be tolerated in any form. (JAL)

20000206-14

Industrial relations in Wales. Tinsley L (2000), RCM Midwives Journal vol 3, no 1, January 2000, p 8

This article describes the situation of industrial relations in Wales from its roots as a strong union base to the present day and also a look into the future. Concerns have been raised over the fact that millennium payments have still not been agreed, no discretionary points have been given, there are grievances over grading and there is still an unacceptable degree of bullying and harassment. (VDD)
