Providing Care under stress:
Creating Risk

12 Midwives experience of horizontal violence and the effects on the provision of midwifery care

A thesis presented in partial fulfillment of the requirements for the degree of Master of Arts in Midwifery at Massey University, Palmerston North, New Zealand.

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March 2002
Abstract

Bullying, harassment, horizontal violence, whatever the name used, this behaviour is a problem for the midwifery profession. While the problem has been acknowledged in New Zealand there is a paucity of research that is relevant to the New Zealand situation and to midwifery internationally.

The experience of horizontal violence, and the effects of that experience on the provision of midwifery care have been explored using a qualitative approach for data collection, and thematic analysis to analyze the data. Twelve midwives from a variety of practice settings and modes, for example self-employed, employed midwives and midwives working in team practices participated in in-depth semi-structured interviews that were audio taped.

Each participant provided their personal understanding of the term horizontal violence, and common characteristics of their understanding are presented, as is a short explanation of their experience of horizontal violence. As a number of the midwives referred to being bullied in their understanding and experience of horizontal violence the use of the term bullying appeared to be used interchangeably by the midwives in the study.

Categories from analysis of the data are separated into the experience of horizontal violence and the effects on the provision of midwifery care. Key categories from the experience are ‘fractured relationships’ and ‘hanging on: surviving the experience’. ‘Providing care under stress: creating risk is the key category in relation to the effects on the provision of midwifery care.

Midwives who took part in this study were personally and professionally affected by the experience of horizontal violence and consequent bullying behaviour. Relationships between midwives, and midwives and women suffered and affected the midwifery care that midwives were able to provide. Where midwives practiced in isolation the potential for risk for women was greatly increased. Themes that support the main category of ‘providing care under stress: creating risk’ and which illustrate the effect on the provision
of care are centered on the issues of risk, isolation in practice, surviving the experience and feelings of guilt.

Recommendations arising from this study include:

• The development of policies and protocols that address the issue of horizontal violence and workplace bullying in facilities in which midwives work and women give birth.
• Midwives working in group practices need to document a commitment to zero tolerance of horizontal violence.
• Communication skills and assertiveness training must be included within any midwifery education syllabus.
• A study that is more representative of the New Zealand midwifery workforce is necessary to determine accurately the true situation within the profession in respect of the effects of horizontal violence on practice.
Acknowledgements

It is hard to comprehend that this journey is over. I had no intention of completing any further university education after obtaining my bachelor’s degree at Massey, carried out to prove that I could get a degree. What started out as a feeling of ‘I’d better be seen to be doing something’ when applying for a new job, attempting one masters paper was just the start. My journey over the last four years has resulted in immense personal growth. I have experienced all the emotions; times of excitement when progress was being made, misery when I couldn’t seem to progress, doubt over my ability to be able to do it, but underneath and overriding all else, a quiet confidence that it was possible and also an important study to complete.

To the midwives who took part in the study, my heartfelt gratitude, for trusting, sharing, crying, talking, remembering, laughing and ‘the telling of your experience’. I acknowledge and admire the tremendous amount of courage that you showed in being willing to be part of this study. This thesis is a tribute to you and your courage for coming forward, and your positive confirmation that this was a study that had to be written.

To my supervisor Cheryl Benn, your patience, perseverance, encouragement, tolerance and inability to be rattled, support and belief in my ability to ‘do it’ has been a sustaining feature over the last four years of study. For your academic knowledge and ability to keep me motivated when times were difficult, particularly during the last two years, my heartfelt thanks.

To Maralyn, your support and encouragement was invaluable this year in particular, thankyou.

To Christine, a fellow traveler on the four-year journey, thank you. Without your friendship, constant encouragement particularly while I have been a patient, your ability to listen and general good humour I would have found it a lonely road.
To Sue, the computer whiz and constant encourager, thankyou.

To Laraine and Robyn two friends who in different ways provided support especially over the last two years- thank-you- you made it more manageable.

To Father Chris Skinner, for your music that has played constantly over the last year while I struggled to ‘get it right’, thank you.

To Massey University for assistance from the Graduate Research Fund, your assistance is gratefully acknowledged.

To Sylvia and Margaret, two sisters who have been there and encouraged me all the way, thank you.

And finally, thank you to Fiona for her encouragement to keep going with the study and being proud of me. Husbands suffer during the writing up of a thesis, so Cam, thank you for your patience, understanding and support for the time and resources this study has taken.
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