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Horizontal Violence in Midwifery

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Abstract

This paper examines the issue of horizontal violence in midwifery. Horizontal violence is becoming a more widely acknowledged phenomenon within the midwifery profession. This paper discusses many of the facets of horizontal violence within midwifery, and looks at the most appropriate methods to deal with horizontal violence.

Horizontal violence is a serious issue within midwifery. This assignment looks at this issue using a critical perspective. It discusses what horizontal violence is, why it occurs in midwifery, who are the victims of horizontal violence within midwifery, how horizontal violence is perpetrated, what it means for the profession, and what individuals and managers can do to deal with and reduce the incidence of horizontal violence. Through this discussion the underlying assumptions, power players and key stakeholders within the issue of horizontal violence will be identified. Horizontal violence in many forms has been present in midwifery for many years. Historically it has been seen as a means of socialising students and new staff members into the work culture. However, horizontal violence is now an identified phenomenon within midwifery that is having a negative impact on the profession.

Horizontal violence is “hostile and aggressive behaviour by individual or group members towards another member or groups of members of the larger group” (Duffy 1995, cited in Hastie 2000). It has also been described as inter-group conflict, and it may be overt or covert (Leap 1997, p. 689). Horizontal violence aims to mould, shape and dictate the behaviour and practises of those within a workplace. It acts to socialise new members into the workplace culture (Hastie 2000). The existing group within a workplace perceives anyone new and different as change, which is threatening and may damage their power base (Hastie 1996). The Australian College of Midwives Inc. (ACMI) recognises that within the midwifery culture horizontal violence is widespread and believes it is unacceptable and destructive (ACMI 2002). Freshwater (2000, p.484) states that horizontal violence within nursing is increasing. Historically, horizontal violence has been seen as a rite of passage into midwifery. Comments such as “this is how people were to me when I was learning”

(Griffin 2004, p. 258); “it’s the way we have always done it around here”; “I had to put up with it and I’m still here”; and “it’s good for them” (Robertson 2004, p. 40) have been used by the perpetrators to justify their actions.

Horizontal violence is most often seen in environments where conditions are stressful and workers have limited control over their work (Robertson 2004, p. 40). This is often the case with hospital-based midwifery. Midwives are dominated by the medical model of pregnancy and childbirth (Harcombe 1999, cited in Robertson 2004, p. 40) and by a patriarchal system managed by doctors, administrators, and nurse managers (Farrel 1997, cited in Freshwater 2000, p. 482). This patriarchal hierarchy is both a power player in the issue of horizontal violence in midwifery and one of the key stakeholders. Midwives have no power in decision-making and have no autonomy within their workplace, and are left feeling oppressed/powerless (Hastie 2000). Unable to direct their dissatisfaction and frustration at the cause, midwives direct it toward each other (Leap 1997, p. 689). Perpetrators within a workplace can also see themselves as responsible for policing the behaviour of others, especially those who are seen as being slightly deviant, to force them to conform (Kirkham 1999, p. 733).

Victims of horizontal violence can experience a wide range of physical and psychological symptoms. Horizontal violence can also have an impact on the victim’s employment, the way he/she works, and on the team within which the violence is occurring. All of these effects can be progressive if not addressed (Hastie 2000). Midwives subjected to horizontal violence in their workplace can experience symptoms including sleep disorders, elevated blood pressure, low self esteem, eating disorders, nervous conditions, apathy, depression, disconnectedness, impaired personal relationships and even suicide (Griffin 2004, p. 258). Hastie (1996) describes one 25 year old midwife who took her own life and in her suicide note implied the reason for her suicide was the inability to change the situation in her workplace, which she found intolerable. This midwife identified that practices in her workplace needed changing, but was made to conform to existing practices through the use of horizontal violence by other midwives. She was depressed, disillusioned and frustrated by the way the midwifery profession treated women – both midwives and mothers.

Horizontal violence can also have effects on the workplace as a whole and on the employment of individuals who are subjected to it. Wright (1996, cited in Begley 2001, p. 226) states that horizontal violence can lead to a break down in the cohesiveness of a work team. For the individual, they may remove themselves from the workplace (either through sick leave or by resigning) (Hastie, 2000) and some midwives even choose to leave the profession altogether (Turnbull 1995, Wheeler 1998, Quire 1999, cited in McKenna et al. 2003, p. 91).

Student midwives appear to be particularly vulnerable to horizontal violence, affecting their future in the profession. Some choose not to complete their education program, or leave midwifery once their program is completed (New South Wales Midwives Association 2001, p. 4). Thompson (2000, cited in New South Wales Midwives Association 2001, p. 4) writes of one student midwife who described her clinical practice year as ‘horrendous’ because of the patronising and rude manner in which she was spoken to by the qualified midwives. In a survey conducted by the NSW Health Department (2000, cited in New South Wales Midwives Association 2001, p. 4), horizontal violence was identified as contributing to an unsatisfactory clinical experience for student midwives and contributed to midwifery students leaving their education program .

Within the midwifery profession those most often subjected to horizontal violence are those with the least power – students, newly registered midwives, and midwives who are new to the workplace (Griffin 2004, p. 258). Bosanquet (2002, p. 302) describes that in the United Kingdom, in order to gain qualification and continue to practise, students must be “good girls” and “know their place”. They must conform to the culture of the workplace, and alter their behaviour and practise to conform to the workplace goal and routine (Bosanquet 2002, p. 302). In a study of student midwives in Ireland, Begley (2001, p. 225) states that most students described an unwelcoming atmosphere, and that at least initially most staff were unhelpful, and that some senior staff often put students down and belittled them, frequently in the presence of others. Marson (1982), Wubbels & Levy (1993) and Fretwell (1983, cited in Begley 2001, p. 225) state that in these unfriendly environments, students do not learn as well as those who had a good rapport with qualified midwives and felt safe to ask questions. For newly qualified midwives, ‘leaders’ in the workplace are aware that they have no prior experience as qualified midwives, and thus have areas of knowledge deficit, which makes their work more subject to scrutinising and micro-management (Griffin 2004, p. 258). This horizontal violence stops new midwives from

asking questions and seeking confirmation of the knowledge they do have. It prevents them from 'fitting-in' and from gaining the knowledge-building that is required for competent practise (Sternberg & Horvath 1999, cited in Griffin 2004, p. 258).

Horizontal violence is displayed in behaviours or actions that seek to control and dominate the victim, and to limit their free speech and their right to have and express their own opinion (Hastie, 2000). The perpetrators of horizontal violence usually have an elitist attitude regarding their work area, education and level of experience (Hastie, 2000). Horizontal violence is usually non-physical in nature, but occasionally becomes physical in actions including shoving, hitting and throwing objects (Hastie, 2000). In her study of student midwives, Begley (2001, p. 225) describes an example of this type of physical violence where a student stated that she was grabbed by the arm by a staff nurse and pulled out of a delivery room after she had not prepared medications appropriately for a doctor to administer.

The usually type of horizontal violence, non-physical violence, can take a number of forms – behaviour, body language/actions, and spoken (or not spoken) words. These horizontal violence behaviours can include sabotage, infighting, scapegoating, backstabbing, undermining, failure to respect privacy, failure to keep confidences, lack of openness, unwillingness to help out, lack of support, discourtesy, derisiveness, lack of cohesiveness, intimidation, dismissing, and fault-finding (Leap 1997, p. 689; Hastie 2000). An example of this fault-finding and undermining is described by Begley (2001, p. 225) in her study of student midwives. One student describes how she had a horrible day - she was working with a midwife who became flustered with everything and persisted in correcting the smallest of things the student did in front of the couple with whom the student was working (Begley 2001, p. 225). Another student in this study describes the experience of fault-finding – she was instructed by a midwife not to bath a baby in a particular way as this was not how this midwife bathed babies, and not to start making the beds until after second break, as this was what this particular midwife did (Begley 2001, p. 227). This is also an example of the way that horizontal violence seeks to disallow people to express their own opinions and make their own choices (Hastie 2000).

Horizontal violence can also take the form of actions or body language. This can include belittling gestures such as rolling eyes, folding arms, raising eyebrows, and turning away (McCall 1996,

Farrel, 1997, Leap, 1997, cited in Griffin 2004, p. 258). One student in Begley's (2001, p. 225) study describes how she found some of the older midwives to be very unkind and stated that when she met them in the corridor they would not even acknowledge her – they would look through her and not even smile.

Horizontal violence can also be carried out in spoken (or unspoken) words. This may take the form of comments that devalue, freezing out of conversations/silent treatment, name calling, threatening, put-downs, and dismissing (Hastie 2000). An example of this verbal dismissing was described by Hastie (1996), who talks of a young midwife who, when she attempted to improve practises and care in her workplace was told “what would you know you're only a new graduate” and “we've been doing it this way for x amount of years”. (Hastie 1996). This type of horizontal violence also includes belittling, the use of sarcasm and intimidation (Hastie, 2000). In Begley (2001, p. 225), one midwifery student described how her tutor was very sarcastic and how she was afraid to ask a question because she felt intimidated. This student believed that if the question was a ‘stupid’ one, then the tutor would laugh at her. All of these types of horizontal violence and hostility seem to escalate when the level of enthusiasm of the victim or challenge of existing practises increases (Hastie, 1996).

Nobody benefits when horizontal violence occurs in a workplace. For the profession of midwifery, horizontal violence can have a very detrimental effect. With some student midwives leaving the profession because of the impact that horizontal violence has had on them (New South Wales Midwives Association 2001, p. 4), there will be a decline in the number of new midwives coming through to replace those that are retiring. This could potentially lead to some birthing women not having access to a midwife for their care. Also, one of the goals of midwifery care is to empower the birthing women, but midwives will be unable to do this if they themselves continue to work in a disempowering culture and are not empowered (Kirkham 1999, p. 735).

Midwifery as a profession has an obligation to decrease horizontal violence within the workplace. Individuals subjected to horizontal violence can help to do this by naming the problem, both to management and the perpetrator (Hastie, 2000). Confronting the perpetrator is often regarded as the first step in the resolution of horizontal violence (Robertson 2004, p. 40). Although this can be quite difficult (Robertson 2004, p. 40), it often results in the resolution of horizontal violence

behaviour (Hastie, 2000). Victims should also break their silence and raise the issue at staff meetings, and ask about the institutions policy for dealing with horizontal violence in the workplace (Hastie 2000). Individuals who are subjected to horizontal violence behaviour should also ensure they practice self care behaviours, e.g. get counselling; have massages, practise relaxation (Hastie 2000).

Employers and management have a duty of care under the Occupational Health and Safety Act (1989) to provide a safe working environment (ANF ACT Branch 2005). This includes taking all reasonable and practicable steps to lessen horizontal violence (ANF ACT Branch 2005). In order to manage horizontal violence in midwifery, management must first gain an understanding of what horizontal violence is and what are its causes (Hastie 2000). Whilst horizontal violence is occurring in a workplace management must create an environment where staff feel safe to report incidences of horizontal violence (McKenna et al. 2003, p. 95), and there must be an effective system for incident reporting (McKenna et al. 2003, p. 96). These reports must be analysed and action taken to prevent the same situation arising again (McKenna et al. 2003, p. 96). The workplace culture that views horizontal violence as acceptable must be addressed (ACMI 2002).

To prevent horizontal violence from occurring, management need to produce a statement outlining appropriate/desired workplace behaviours and attitudes and display this statement prominently around the workplace (ACMI 2002). Managers need to be seen to support and encourage students, new staff and staff generally to foster an attitude of accepting behaviour (Hastie 2000). Managers need to encourage midwifery staff autonomy and initiative and monitor staff morale (Hastie 2000).

As previously stated, horizontal violence occurs in midwifery because midwives as a group are oppressed and have no autonomy in their workplace. Therefore, the key to reducing horizontal violence is to develop models of midwifery care that allows midwives to practice autonomously, have positive professional collaboration and be involved in decision-making (Leap 1997, p. 689). This will help increase self-esteem and breakdown the hierarchies within midwifery (Leap 1997, p. 689). Brodie (1996 cited in Leap 1997, p. 689) demonstrated that midwives who work in models of care that have close collaboration with women (e.g. homebirth, caseload, team midwifery) see the women as their priority and their allegiance is shifted away from their work institution or professional group (Leap 1997, p. 689).

Education also plays an important role in reducing horizontal violence in the workplace. This must start as education in undergraduate programs and graduate year programs about what horizontal violence is and how to deal with it (McKenna et al. 2003, p. 96). For newly registered nurses and midwives understanding how horizontal violence is practised can allow them to view the behaviour in the appropriate context (Griffin 2004, p. 262). Education programs should also be developed within workplaces on the subject of horizontal violence (ACMI 2002), which should include how to deal with being victimised (Hastie 2000).

Horizontal violence is widespread within the midwifery profession, and it can have serious and long-lasting effects on the victims, their families and the workplace. If horizontal violence continues within midwifery, those that the profession needs most, enthusiastic students and new graduates with up to date knowledge and current information on midwifery care, will continue to leave the profession. If no action is taken and these people leave the profession, then it may lead to the situation that not all birthing women will have access to a midwife. If the culture of horizontal violence within midwifery is to be changed, then both victims and management must take action. One way to change this culture is to give midwives more autonomy in their practise, thus preventing the feeling of oppression.

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