



# POSITION STATEMENT

## ACNM Position Statement<sup>1</sup> on Bullying and Incivility in Midwifery

Approved March 2019; Revised March 2021

The American College of Nurse Midwives (ACNM) affirms the following:

- Bullying is a significant problem among, and by health care professionals, including midwives.
- Bullying is not consistent with ACNM values as stated in our Code of Ethics.
- Research is needed to understand the experiences and scope of bullying by and of Certified Nurse-Midwives (CNM) and Certified Midwives (CM) in the United States.

ACNM encourages CNMs and CMs to:

- Treat all individuals with respect and dignity.
- Recognize and confront bullying in a professional manner when it is occurring.
- Not condone or excuse it regardless of who is perpetrating the bullying
- Speak out for victims of bullying when it is witnessed, remembering that advocacy for the wellbeing of others is the essence of midwifery.

ACNM additionally encourages CNM/CMs who hold faculty positions or are midwifery service directors to be particularly aware that students and new midwives are frequently the targets of bullying<sup>1,2</sup>. We must endeavor to nurture and support these individuals rather than, as described by Judith Meissner, “eat our young”<sup>3</sup>.

### Background

Bullying is deliberate aggressive behavior done to harm, intimidate, or coerce another person. Aggressive behavior may be verbal such as name calling, spreading rumors, or ridicule, physical such as refusing to provide assistance, shoving or physical assault, or relational such as social exclusion or undermining the authority of the victim to others. Incivility refers to rude and discourteous conduct.

Bullying and incivility are problem behaviors often encountered in our culture. These behaviors have been identified as types of workplace violence. Research has shown that bullying in healthcare settings has a deleterious effect on patient safety<sup>4</sup>. Bullying is prevalent in midwifery and obstetrics<sup>1,5-6</sup>. In a survey of student midwives in the UK, researchers found that half of those surveyed had either witnessed or experienced bullying, and that most often the bully was a midwife or other mentor<sup>1</sup>. Victims of bullying may be those with less experience or familiarity with the practice environment and experiencing bullying may contribute to midwives leaving the profession<sup>7</sup>. Bullying may be motivated by a desire to improve the performance of the student or new midwife but often has the opposite effect of causing the victim to feel humiliated, undermined, and less willing to ask questions or seek support, which ultimately may affect patient safety<sup>7</sup>. Additionally, some managers may be unwilling to label behaviors as bullying when the perpetrator is viewed as one who plays a key clinical role<sup>7</sup>. Workers who are bullied frequently suffer from mental and physical disorders

<sup>1</sup> ACNM is a non-governmental (private), nonprofit voluntary association that serves as a resource for nurse-midwives who are interested in membership who qualify and are accepted into the organization. As the leading voice in midwifery, ACNM issues Position Statements on issues pertaining the treatment and respect of nurse midwives in their professional settings. ACNM establishes and enforces rules and requirements pertaining to conduct at and within ACNM and its programs. It encourages its members to report any ACNM rules violation experienced by someone participating in an ACNM program. In contrast, it does not undertake to enforce actions addressed in its Position Statements.

attributed to the stress incurred by the bullying<sup>8</sup>. Bullying has been found to cause a high turnover of staff as people leave to escape the hostile work environment<sup>9</sup>.

Because bullying has been identified as a serious problem affecting patient safety, in 2008 the Joint Commission for the Accreditation of Hospitals published a sentinel event alert requiring all hospitals with their accreditation to have a policy in place for the confidential reporting of bullying without fear of repercussions<sup>10</sup>. The American Nurses Association has also recognized the serious impact of bullying within the healthcare environment in their position statement *Incivility, Bullying, and Workplace Violence*<sup>11</sup>. In it, they describe the need for respect among colleagues and employers, including a workplace without bullying and incivility, and promotion of physical and psychological wellness<sup>11</sup>. In 2017, the American College of Obstetricians and Gynecologists Committee on Patient Safety and Quality Improvement published a committee opinion, *Behavior that Undermines a Culture of Safety*, in which they state that intimidating and disruptive behaviors are unprofessional and should not be tolerated<sup>4</sup>.

ACNM supports the use of a zero-tolerance policy toward bullying of midwives, other healthcare professionals, or patients. Currently, there are no data on the experiences of bullying specifically among CNM/CMs in the United States. Research in this area is needed in order to develop appropriate training programs to reduce bullying behaviors and support programs for midwives experiencing bullying from within and outside of the profession.

### **Approved by Board of Directors, March 2019 Bullying and Incivility in Midwifery**

#### **REFERENCES**

1. Gillen P, Sinclair M, Kernohan WG, Begley C. Student midwives' experience of bullying. *Evid Based Midwifery*. 2009;7(2): 46-53.
2. Berry PA, Gillespie GL, Gates D, Schafer J. Novice nurse productivity following workplace bullying. *J Nurs Scholarsh*. 2012;44(1):80-87.
3. Meissner JE. Nurses: are we eating our young? *Nursing*. 1986;16(3):51-53.
4. The American College of Obstetricians and Gynecologists Committee on Patient Safety and Quality Improvement. Committee Opinion No. 683: Behavior that undermines a culture of safety. *Obstet Gynecol*. 2017;129(1):e1-e4.
5. Catling CJ, Reid F, Hunter B. Australian midwives' experiences of their workplace culture. *Women Birth*. 2017;30:137-145.
6. Shabazz T, Parry-Smith W, Oates S, Henderson S, Mountfield J. Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences. *BMJ Open*. 2016;6(6):e011462.
7. Curtis P, Ball L, Kirkham M. Bullying and horizontal violence: cultural or individual phenomena? *Br J Midwifery*. 2013;14(4):2018-221.
8. Spence Laschinger HK, Nosko A. Exposure to workplace bullying and PTSD symptomology: the role of protective psychological resources. *J Nurs Manag*. 2015;23(2):252-251.
9. Roche M, Diers D, Duffield D, Catling-Paull C. Violence toward nurses, the work environment, and patient outcomes. *J Nurs Scholarsh*. 2010;42(1):13-22.
10. Behaviors that undermine a culture of safety. *Sentinel Event Alert, Issue 40*. 2008. The Joint Commission Web site. [http://www.jointcommission.org/assets/1/18/SEA\\_40.pdf](http://www.jointcommission.org/assets/1/18/SEA_40.pdf). Published July 9, 2008. Accessed September 6, 2018.
11. Incivility, bullying, and workplace violence. American Nurses Association Web site. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>. Published July 22, 2015. Accessed September 6, 2018.