

31<sup>st</sup> March 2021

## **Bullying and harassment at work**

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing

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## **Bullying and Harassment at Work**

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Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on bullying and harassment at work. Workplaces need to be safe spaces, free from bullying and harassment for all workers including midwives, and pregnant and breastfeeding workers. Bullying and harassment at work is unacceptable and a safe working environment is part of an employers' duty of care. The College has written this submission with maternity, midwifery, pregnancy, and parenting in mind.

The College recommends that Te Tiriti o Waitangi, as the foundational document of Aotearoa New Zealand, is recognised and protected. We recognise that because colonisation, racism, and privilege underpin our systems in Aotearoa these issues must be addressed within the development of all policy, programmes and services.

Our responses to some consultation questions are below.

### **Prevention**

A How can we increase our understanding of the drivers of bullying and harassment in New Zealand?

Research suggests that in order for bullying to occur, the context must allow the behaviour to occur and work climate has been most prominently identified as a driver.<sup>1</sup> Non-supportive leadership practices have been related to bullying, as have demographical factors such as gender and occupation.<sup>2</sup> Healthy workplaces require elimination of the drivers of bullying and harassment which include workplace stress related to internalised, interpersonal and systemic racism and discrimination, suboptimal staffing standards, limited support for staff and

<sup>1</sup> Solanelles, J. E. (2016). Insights into workplace bullying: Psychosocial drivers and effective interventions. *Psychology Research and Behaviour Management*, 9(1):157-169.

<sup>2</sup> Nielson, M. B. & Einarsen, S. V. (2018). What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and Violent Behaviour*, 42:71-83.

high workloads. Work environment and workloads are increasingly being recognised as key factors in the recruitment and retention of health workers in New Zealand and internationally. To address these issues it requires –

- A focus at the organisational level rather than just the individual level.
- A culture change from the top to create a workplace environment where responses to bullying are taken seriously.
- Appropriately staffed maternity facilities and review of the workload of midwives in maternity facilities.<sup>3 4</sup>
- Updating of staffing levels ratio and skills required, to take into account complex care issues in maternity tertiary facilities.
- Better working conditions and a supportive work environment to contribute positively to recruitment and retention of midwives - retention relies on improvements being made in working conditions, funding and remuneration.
- Appropriate support for Māori and Pacific midwives as they are underrepresented in the workforce.
- The implementation of care capacity demand management programmes to match capacity to care with the workload demand.
- Better data collection on the wellbeing of the health workforce is needed. This can be used to inform the terms and conditions of contracts, policies and practices which employers can put in place to support their health workforces.

## Response

### G How can workers be supported to raise concerns early?

All workers have a right to work in respectful and safe workplace environments and workers should feel they can raise any concerns they may have without being fearful of repercussions. To support this –

- Management processes must support communication and consultation with workers and health and safety representatives.
- Reports and response procedures must be accessible and easy to use and reviewed regularly
- Policies need to be reinforced and monitored.
- The health and safety of the health workforce requires DHBs to take responsibility and develop a cohesive strategy to support all health workers providing care across the primary, secondary and tertiary sectors.
- Workplaces have a responsibility to provide information and training on workplace bullying policies and procedures and how to prevent and respond to bullying, including having available, accessible and appropriate support and assistance.
- Institutional racism which advantages and privileges one sector of the population needs to be addressed to ensure equity in the workplace. Recognition of the impact of colonialism which contributes to bullying and negatively impacts the health of workers and workplaces is paramount. Policies, protocols, programmes and services should work to remove systemic barriers.

The College would also like to add further comments –

<sup>3</sup> Midwifery Employee Representation and Advisory Service (MERAS) (2014). *Midwifery staff standards*. <https://meras.midwife.org.nz/wp-content/uploads/sites/4/2019/06/MERAS-Mid-Staff-Stds-2014.pdf>

<sup>4</sup> Midwifery Employee Representation and Advisory Service (MERAS) New Zealand College of Midwives. (2019). *Midwifery retention and recruitment*. <https://meras.midwife.org.nz/wp-content/uploads/sites/4/2019/05/Strategies-for-recruitment-and-retention-Final.pdf>

1. A survey of bullying in the Aotearoa New Zealand medical workforce indicated there was a need for a comprehensive series of interventions, and consideration of the broader implications of growing workloads, under-resourcing and under-staffing, for the health and well-being of the workforce and patients.<sup>5</sup> High workloads, low peer and managerial support have been identified as issues.<sup>6</sup>
2. A survey of 2,719 UK midwives who had left the profession found that 39% were unhappy with their workloads, 35% were unhappy with the lack of support from managers and 32% were unhappy with their working conditions. 48% were not satisfied with the quality of care they were able to give in their workplaces.<sup>7</sup>
3. A systemic review of midwifery students' experiences of bullying and workplace violence suggested there was a need for greater policy and organisational responses to break the cycle and ensure retention and sustainability of the workforce.<sup>8</sup>
4. Qualitative interviews with Aotearoa New Zealand midwives found that midwives working in maternity facilities sometimes felt invisible and undervalued even though it is argued that these midwives are fundamental to the effective functioning of maternity services.<sup>9</sup>
5. The significance of points 1-4 lies in the issues that underpin bullying and harassment which include previously mentioned aspects such as internalised, interpersonal and systemic racism, suboptimal staffing standards, limited support for staff, and high, potentially unmanageable workloads.
6. It is important to recognise pregnancy discrimination within any policies related to employment, parental leave, bullying and health and safety issues. Pregnancy discrimination is prohibited under a number of New Zealand Laws.<sup>10</sup> Employees can also ask to change hours of work, days of work, place of work and flexibility of work.<sup>11</sup> <sup>12</sup> Pregnancy discrimination can include direct and indirect bullying and issues such as denying workplace training or promotion due to pregnancy.
7. Employers must also provide support for breastfeeding workers although there is no specific law in Aotearoa New Zealand concerning the right to breastfeed. Legal protection is available in some circumstances, such as proven disadvantageous treatment based on direct or indirect sex

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<sup>5</sup> Chambers, C. & Frampton, C. (2017). Bullying in the New Zealand senior medical workforce: prevalence, correlates and consequences. *Health Dialogue*, Issue 4. <https://www.nzdoctor.co.nz/sites/default/files/2017-11/ASMS%20Health%20Dialogue%20Bullying%20WEB.pdf>

<sup>6</sup> Chambers, C. N. L., Frampton, C. M. A., McKee, M., & Barclay, M. (2018). 'It feels like being trapped in an abusive relationship': bullying prevalence and consequences in the New Zealand senior medical workforce: a cross-sectional study. *BMJ Open*, 8:e020158. doi: 10.1136/bmjopen-2017-020158

<sup>7</sup> Royal College of Midwives. (2016). *Why midwives leave – revisited*. RCM: <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2016/10/Why-Midwives-Leave.pdf>

<sup>8</sup> Capper, T., Muurlink, O., Williamson, M., (2020). Midwifery students' experiences of bullying and workplace violence: A systematic review. *Midwifery*, 90:102819. doi: 10.1016/j.midw.2020.102819.

<sup>9</sup> Gilkison, A., McAra-Couper, J., Fielder, A., Hunter, M., & Austin, D. (2017). The core of the core: what is at the heart of hospital core midwifery practice in New Zealand? *New Zealand College of Midwives Journal*, 53: 30-37.

<sup>10</sup> Human Rights Commission. *Employers' guidelines for the prevention of pregnancy discrimination*. Wellington, HRC. [https://www.hrc.co.nz/files/5714/3769/9439/12-Jun-2005\\_20-16-44\\_Pregnancy.pdf](https://www.hrc.co.nz/files/5714/3769/9439/12-Jun-2005_20-16-44_Pregnancy.pdf)

<sup>11</sup> Employment Relations Amendment Act. (2014)

<sup>12</sup> DIVERSITAS. *Flexible Work Toolkit* <https://www.employment.govt.nz/assets/Uploads/tools-and-resources/publications/dd1c4f7c5c/flexible-work-toolkit.pdf>

discrimination.<sup>13</sup> Employers have to facilitate breastfeeding breaks and appropriate facilities for breastfeeding or the expression of milk during the working day.<sup>14</sup> <sup>15</sup> Bullying and discrimination in the workplace can lead to cessation of breastfeeding with negative consequence for the health and wellbeing of the mother and baby.

## Conclusion

Bullying has an impact on the profession of midwifery and the entire health-care system. There is a need for a culture change from the top to create a workplace environment where addressing and responding to bullying is taken seriously. At the same time, issues of racism and discrimination, and workforce issues such as staffing levels, working conditions, retention of staff, funding and remuneration need to be addressed. Without attention to these issues policies related to bullying, and health and safety may prove to be ineffective.

Thank you for the opportunity to provide feedback.

Ngā mihi

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New Zealand College of Midwives

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa

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<sup>13</sup> Human Rights Commission. (2005). *The Right to Breastfeed*. Wellington, HRC.

<sup>14</sup> Employment New Zealand. (2010). *Code of employment practice on infant feeding*.  
<https://www.employment.govt.nz/assets/Uploads/tools-and-resources/publications/17844c1da4/code-of-employment-practice-on-infant-feeding.pdf>

<sup>15</sup> Employment New Zealand. (2015). *Breastfeeding in the workplace*.  
<https://www.employment.govt.nz/assets/Uploads/tools-and-resources/publications/4101539a4e/breastfeeding-in-the-workplace-guide-for-employers.pdf>