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Jacobs Journal of Nursing and Care

Review Article

A Survey of UK Midwives' Views of their Assertive Behaviour in the Workplace

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Received: 10-09-2015

Accepted: 11-12-2015

Published: 02-05-2016

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Abstract

Objective

To explore for the first time the assertive behaviour of practicing midwives in the UK.

Design

A previously validated cross sectional 28-item survey was administered to UK midwives using SurveyMonkey ™ .

Findings

Items that feature strongly in the respondents reported behaviour are allowing others to express opinions and complimenting others. These findings suggest that midwives behave in a passive way, conforming to the stereotypical images. Midwives were less adept at disagreeing with others opinions and providing constructive criticism. Differences emerged in their behaviours towards managers when compared with other groups. Top ranking barriers to using assertive behaviour were organisational culture and resistance to change in the environment. Advocacy was the main cited reason for being assertive in the healthcare environment.

Conclusion

Assertive behaviour is a skill that is utilised according to interpersonal and role relationship. Factors within the work environment such as colleagues and atmosphere can support or prevent these behaviours. The role of assertiveness in reducing midwives' fear and enable them to advocate for women needs further exploration.

Introduction

Recent healthcare scandals in the NHS have highlighted a culture in hospitals in which healthcare professionals have failed to speak up for patients. Maternity services are particularly susceptible to this due to the dominance of risk management and high levels of negligence claims arising from maternity care.

A recent report by the charitable organisation, Birth rights [1], showed that a fearful environment inhibits midwives' ability to protect women's dignity and human rights. Following that report, further research is needed into the effect that fear has on midwives' ability to advocate for women in their care. This audit seeks to address the issue by focusing on midwives' experience of assertiveness in the workplace.

There is a current belief that midwives are fearful, particularly around litigation and there is some evidence [1] to support the notion that healthcare staff are currently operating in a "culture of fear" [2]. This fact together with the belief that health care staff are now "doing more with less" [2] and up to one fifth of midwifery managers cite staff shortages as barriers to practice development [3] presents particular challenges for practicing midwives in maintaining a culture of dignity in practice. Also, women who have additional morbidity during childbirth are at a greater risk of perceiving this lack of dignity due to their perception of having negative health experiences which are not in keeping with their idealised view of childbirth [4].

This culture of fear has been discussed in some detail by Dahlen [5] an Australian midwife who questions "are women afraid or are we[the midwives]? She makes an interesting point when she suggests that:

"We [midwives] cannot hope to begin to deal with women's fear of childbirth unless we are willing to examine our own, and recognise how we can and do contribute to women's fear" [5].

Specifically, midwives are afraid that something will go wrong and that they will negatively influence the woman's perception of the birth or that complications will occur [5]. This, in conjunction with fear of litigation makes for a very concerned practitioner. These concerns while perhaps legitimate are worsened in hierarchical and oppressive maternity care environments [6], which potentiate rather than support midwives in addressing their fears.

Hardy [2] suggests that in order to change midwives' behaviour, it is necessary to "challenge dominant narratives" by developing new ways of working and communicating. Assertiveness is one approach to communication behaviour that is considered to be a useful possibility in this regard. Using assertive behaviour skills can assist staff to communicate and interact in a way that is respectful, even when environments are challenging. It can also serve to combat fear and support professional empowerment and autonomy. Interestingly while assertiveness is a useful personal skill, it is also used frequently by nurses and midwives to support requests and decisions of patients in their care [7,8]. As such it is an essential communication skill for the modern midwife.

Overall the higher goal of promoting assertive behaviour in the workplace is for organisations to introduce new ways of thinking, new narratives that challenge the dominant, hegemonic stories. This is a major challenge in contemporary health care and will require a critically reflexive exploration of the whole notion and value of assertiveness by the midwifery profession.

What is assertiveness?

Arising initially from new style psychological approaches to mental health in the 1960's, assertiveness gained popularity as a mechanism for developing personal confidence [9]. These approaches quickly spread to the popular psychology movement with a range of self-help books emerging in the 1970's. Assertiveness became a popularly understood concept and made its way into the nursing literature in 1980's. However the nature and scope of the research on this topic is limited, and there has been little recent exploration of the topic. Descriptions of assertiveness skills of midwives or effects of assertive actions have received very little attention in the literature.

Operational definitions have remained unchanged since early development. Assertive behaviour is described as someone expressing their rights, thoughts and feelings in a respectful way that does not deny the rights of others [10]. Assertive behaviour is a learned skill that involves communicating needs and requests clearly without belittling either person in the communication [11]. The goals of assertiveness are:

- To protect personal rights
- To withstand unreasonable requests
- To make reasonable requests
- To deal with unreasonable refusals
- To recognise the personal rights of others.
- To change the behaviour of others
- To avoid unnecessary conflicts
- To confidently communicate position[9]

When speaking about assertiveness behaviour four opposing styles of behaviour are often cited [11]. These are assertive, aggressive, passive/aggressive and submissive. The latter three behaviours are all regarded as non-assertive and potentially destructive within relationships.

Communicating assertively in difficult workplace situations

Conflict within the workplace can prevent people behaving in an assertive way. It may be relatively easy to develop skills of expressing needs, and communicating opinions in social circumstances or where there is a friendly supportive environment to grow and develop these skills. However in situations of conflict, whether workplace or social, matters become more challenging. In the healthcare context conflict is infinitely more challenging as the nature of health care means that the conflict and situation can be very immediate and possibly with high stakes. There are also usually a range of health care workers, mangers and clients involved in a complex array of written and verbal/non-verbal communication against a backdrop of anx-

iety or stress. Additionally there is perceived pressure within nursing and midwifery to be 'nice [12] and behaviours that can be perceived to be in opposition to the stereotypical nice caring nurse or midwife can be met with disapproval [13].

Conflict can arise from a struggle between opposing thoughts, feelings or needs [14] and can be defined as "Tension arising from incompatible goals or needs, in which the actions of one frustrate the ability of the other to achieve their goals, resulting in stress or tension" [14]. Conflict is an inevitable part of life and can be beneficial if successfully addressed but can be equally destructive if not handled appropriately.

There are of course known benefits to conflict within the workplace including increased awareness of issues complexity, encouragement of change and increased participation in decision-making [14]. However a very natural reaction to conflict for most people is avoidance. This means a withdrawal from the circumstance because it is uncomfortable. Other ways of dealing with this are accommodation; this means trying to smooth over the conflict and meet the needs of the other person rather than address the issue. Neither avoidance nor accommodations are assertive responses. A similarly non-assertive approach is competitiveness in the face of conflict, this means targeting it with an aggressive need to win [14]. The ideal solution is "collaboration" [14]. This requires an assertive approach aimed at coming to a mutually satisfying solution that satisfies all parties. Collaboration has at its basis respect for all parties and aims for mutual understanding towards achieving the best outcome. This doesn't mean that everyone or anyone has their own way, but rather than the communication skills and processes used to achieve a decision are respectful and assertive. This requires:

- Separating out various pieces of information
- Consideration of contributory factors
- Consideration of problem solving techniques
- Active listening [11].

Barriers to assertive behaviour have been identified as inadequate knowledge and skills, concern about what others will think and a lack of confidence [15]. Other barriers to using assertiveness include:

- Lack of practice.
- No formative training & no role models.
- Fear of hostility.
- Undervaluing you.
- Lack of knowledge about personal & professional rights.
- Anxiety due to lack of self-esteem & confidence.
- Concern about what others with think.

Timmins and McCabe [7,8] found that managers, work atmosphere and fear were obstacles to nurses and midwives' assertiveness. Responsibility to patients/clients supported the use of assertive behaviours. Expectations of women are that childbirth is a respectful and dignified experience [16], and using assertive behaviours is an essential prerequisite for health care professionals to facilitate this in the healthcare environment. As no information currently exists on midwives level of assertiveness this exploratory audit aims to provide baseline information to guide practice and research in the field.

Methods

The survey

The tool used in the audit was an online survey questionnaire comprising 28 questions. These comprised a range of closed questions with a selection of responses (n=13), statements with likert scale responses invited (n=5), yes/no responses (n=9) and one open ended item. This audit was devised by Timmins and McCabe [7,8] and was subjected to both content validity and reliability testing including test re test which showed no differences and Cronbach's coefficient alpha which yielded a high satisfactory level of 0.88. Given its testing and previous use among midwives it was a suitable tool to address the audit's aims. The audit was adapted by the research team to suit a UK midwifery audience (including Band grading for example) and some relevant items related to Birth rights [1] dignity survey were also included. Some important barriers to and facilitators of assertive behaviour that were revealed in the open ended responses from [7,8] study were also included as additional fixed item responses.

The audit elicited demographic data, views on midwives' use of assertive behaviours with colleagues, managers and medical staff and explored barriers and facilitators of assertive behaviour. We provided operational definitions of 'assertive' and the grades of staff referred to in the questions. When likert scales were utilised these comprised a 5-point Likert scale across five characteristics either strength of agreement with the statements (strongly agree, agree, unsure, disagree, strongly disagree) or frequency (always, usually, sometimes, seldom and never).

The sample

The sample was a convenience sample of midwives attending one yearly midwives' conference and/or accessed the ques-

tionnaire through the conference website. This sample comprised midwives who were invited to the attend the conference. The survey was administered using SurveyMonkey™ and a link to this was sent by email. Ninety replies were received.

Data analysis

Descriptive statistics were analysed using SurveyMonkey™ and Excel. Qualitative responses to open ended items were analysed using thematic analysis [17].

Ethical Approval

As this was an audit no ethical approval was required. However the audit held previous ethical approval from the Faculty of Health Sciences, Trinity College Dublin, and no ethical issues were identified with its use. Furthermore during the study conduct all relevant ethical principles were adhered to including anonymity, confidentiality, maleficence and non-maleficence. All participants took part voluntarily and consented to take part during the online survey. As such the work described has been carried out in accordance with the code of Ethics of the World Medical Association (Declaration of Helsinki).

Findings

All 90 respondents were female and 88% were over the age of thirty. The majority (84%) described their cultural origin as British, Scottish or Irish. Few ethnic minorities were represented. Ninety-six percent of the group were actively registered as midwives and 89% of participants worked for the NHS. Half of the participants were employed at Band 6 level (50%), 23% at Band 7, 11% at Band 5 and 8% at Band 8. Fifty per cent were hospital based posts, 24% were in the community and 3.3% were independent midwives. The majority worked directly with women (83%). Management positions accounted for 8% of the cohort and 3% were involved directly in education. Most had a least one year's experience as a midwife. Most of the respondents reported having either a first level degree or a higher degree (e.g. MSc or PhD) as their highest professional/educational qualification.

Overall 70% percent of participants reported finding it difficult to use assertive behaviours/skills in the workplace and this was dependent on issues such as the situation/context, personnel involved and subjective feelings. Eleven percent of respondents indicated that regardless of the situation/personnel involved, they found it difficult to behave assertively in the workplace (Table 1).

In general do you find it difficult to behave assertively in your workplace?		
Answer Options	**Response Percent**	**Number of responses/ frequency**
Yes	11.1%	10
No	30.0%	27
It depends on the situation	30.0%	27
It depends on the personnel involved	24.4%	22
It depends how I'm feeling	4.4%	4

Table 1. Frequency of responses regarding difficulty behaving assertively in the workplace.

Forty six percent of participants received education or training in assertive behaviour as part of nursing/midwifery registration programmes or in-service education. Interestingly, more than half sought and received this during training outside of these traditional means (54%). Participants were asked to indicate obstacles to the use of assertive behaviour and 86 (96%) responded. Obstacles were mainly environmental, with organisational culture emerging as the top-ranking barrier (Table 2).

Please indicate, what in your view, are the main obstacles to using assertive behaviour your workplace?		
Answer Options (total response n=86)	**Response Percent**	**Number of responses**
The organisational culture	62.8%	54
Resistance to change in the environment	54.7%	47
Lack of managerial support	45.3%	39
Fear of reprisal in the workplace	43.0%	37
Fear of colleagues reactions	41.9%	36

Table 2. Top five obstacles to using assertive behaviour in the workplace

Participants were asked what items supported their use of assertive behaviour in the workplace and all 90 participants responded. Several items emerged which seemed to provide support (Table 3).

Please indicate, what in your view, provides you with the most support to use assertive behaviour in your workplace?		
Answer Options (total response n=90)	**Response Percent**	**Number of responses**
A sense of respect for the women in your care	81.1%	73
Responsibility towards women and/or babies in your care	86.7%	78
Personal values & beliefs	68.9%	62
Personal experience & skills	61.1%	55
Personal confidence	55.6%	50

Table 3. Top five items that support the use of assertive behaviour in the workplace.

In relation to interactions with midwifery managers, frequency of assertive behaviours depended on the nature of the behaviour (Table 4). Participants either usually or always permitted managers to express their opinions even if they disagreed with them. Most other behaviours were reported sometimes. Declining was the least frequently reported skill a 42% of participants either seldom or never declined requests (when it was appropriate to do so). Therefore, listening to the opinions of managers is the only assertive behaviour that midwives use frequently in the workplace.

Most of the other behaviours examined were reported as being used at least sometimes, with declining requests reported as being used least (Table 4).

When asked about medical colleagues many stated that you would usually or always permit expression of opinion even when not in agreement (Table 5). Placing requests, disagreeing with opinions, resolving conflict, making suggestions, providing constructive criticism and declining requests are done sometimes. Midwives seemed more inclined to say no to medical colleagues (compared with their managers) with only 9% of participants stating that this happened seldom or never with medical staff (Table 5).

With regard to midwifery colleagues (who were not managers), midwives were inclined to allow colleagues to express their opinions when they disagreed with them as the most frequently cited assertive behaviour (Table 6).

Midwives were also more inclined to compliment this group of staff, whereas this occurred only sometimes with medical colleagues and managers (Table 6). This didn't happen frequently with managers or medical staff, 73% of participants declared that they *usually or always* made suggestions for local improvements or innovations with confidence. Most (74%) would also place requests with confidence and disagree where appropriate (75%). Disagreement was less common with medical staff (62%) and managers (47.7%).

The following section concerns the frequency of your assertive behaviour in the workplace with regard to your experiences with the midwifery managers with which you work.							
Answer Options	**Always**	**Usually**	**Sometimes**	**Seldom**	**Never**	**Not Applicable**	**Mean**
I express my disagreement with the opinions of midwifery managers where appropriate.	13 (14.5%)	30 (33%)	34 (38%)	8 (9%)	3 (3%)	2 (2%)	2.60
I provide constructive criticism to midwifery managers.	9 (10%)	30 (33%)	22 (25%)	18	9 (10%)	2 (2%)	2.93
I resolve conflict with midwifery managers.	8 (9%)	28 (31%)	28 (31%)	12 (13%)	10 (11%)	4 (4.5%)	3.00
I decline midwifery managers' requests where appropriate.	12 (13%)	14 (15.5%)	21 (23%)	25 (28%)	13 (14.5%)	5 (5.5%)	3.31
I allow midwifery managers to express their opinions even if I disagree with them.	59 (65.5%)	21 (23%)	8 (9%)	1 (1%)	0	1 (1%)	1.50
I place requests with midwifery managers with confidence.	16 (17%)	30 (33%)	29 (32%)	9 (10%)	4 (4%)	2 (2%)	2.57
I make suggestions to midwifery managers for local improvements and innovations with confidence.	24 (27%)	33 (37%)	18 (20%)	7 (8%)	7 (8%)	1 (1%)	2.37
I compliment midwifery managers.	12 (13%)	32 (35.5%)	33 (37%)	8 (9%)	3 (3%)	2 (2%)	2.60

Table 4. Frequency of assertive behaviour in the workplace with regard to midwifery managers.

Declining requests where appropriate followed a similar pattern to behaviours with the two aforementioned groups insofar as only half (50%) stated that they did this usually or always.

Interestingly participants were more inclined to respond in the "never" category when being asked about frequency of assertive responses to managers.

A total of 6% of all possible responses in this category cited "never" having used the cited skill with managers. Only 3% of responses cited never having used one of the outlined skills/behaviours with medical staff and only 1% of responses cited never using a skill/behaviour with other midwives.

The following section concerns the frequency of your assertive behaviour in the workplace with regard to your medical colleagues with whom you work.							
Answer Options	**Always**	**Usually**	**Sometimes**	**Seldom**	**Never**	**Not Applicable**	**Mean**
I express my disagreement with the opinions of medical colleagues where appropriate.	16 (18%)	40 (44%)	25 (28%)	7 (8%)	1 (1%)	1 (1%)	2.33
I provide constructive criticism to medical colleagues.	10 (11%)	35 (39%)	18 (20%)	17 (19%)	9 (10%)	1 (1%)	2.81
I resolve conflict with medical colleagues.	12 (13.3%)	33 (37%)	26 (29%)	14 (15.5%)	4 (4%)	1 (1%)	2.64
I decline medical colleagues' requests where appropriate.	13 (14%)	31 (34.5%)	19 (21%)	19 (21%)	3 (3%)	5 (5.6%)	2.81
I allow medical colleagues to express their opinions even if I disagree with them.	58 (64%)	22 (24.5%)	9 (10%)	0	0	1 (1%)	1.50
I place requests with medical colleagues with confidence.	19 (21%)	39 (43%)	25 (28%)	5 (5.6%)	0	2 (2%)	2.27
I make suggestions to medical colleagues for local improvements and innovations with confidence.	17 (19%)	26 (29%)	27 (30%)	13 (14.5%)	4 (4%)	3 (3%)	2.67
I compliment medical colleagues.	22 (24.5%)	32 (35.5%)	24 (27%)	10 (11%)	1 (1%)	1 (1%)	2.32

Table 5. Frequency of assertive behaviour in the workplace with regard to medical colleagues.

The following section concerns the frequency of your assertive behaviour in the workplace with regard to your midwifery colleagues (who are not your managers).							
Answer Options	**Always**	**Usually**	**Sometimes**	**Seldom**	**Never**	**Not Applicable**	**Means**
I express my disagreement with my midwifery colleagues' opinions where appropriate.	20 (22%)	47 (52%)	17 (19%)	5 (5.6%)	0	1 (1%)	2.12
I provide constructive criticism to midwifery colleagues.	14 (15.5%)	40 (44%)	26 (29%)	8 (9%)	2 (2%)	0	2.38
I resolve conflict with midwifery colleagues.	20 (22%)	45 (50%)	19 (21%)	5 (5.6%)	1 (1%)	0	2.13
I decline midwifery colleagues' requests where appropriate.	12 (13%)	33 (37%)	28 (31%)	10 (11%)	4 (4.5%)	3 (3%)	2.67
I allow my midwifery colleagues to express their opinions even if I disagree with them.	60 (67%)	21 (23%)	9 (10%)	0	0	0	1.43
I place requests with my midwifery colleagues with confidence.	23 (25%)	44 (49%)	18 (20%)	4 (4.5%)	0	1 (1%)	2.08
I make suggestions to my midwifery colleagues for local improvements and innovations with confidence.	31 (34%)	35 (39%)	19 (21%)	5 (5.6%)	0	0	1.98
I compliment my midwifery colleagues.	43 (48%)	40 (44%)	7 (8%)	0	0	0	1.60

Table 6. Frequency of assertive behaviour in the workplace with regard to midwifery colleagues.

With regards to other grades of staff within the health services midwives reported high levels of assertiveness use (Table 7). Up to a third and in some cases half, of all respondents did not regularly work with these other grades of health care staff, perhaps due to their specific role and/or location. As such the percentages are proportionate to the numbers of staff who have experience with these staff and have used assertive behaviours/skills. Interestingly only 7% of all responses to these items was in the never category suggesting a high level of assertiveness behaviour/skill usage with these staff. Of note is that almost all of these never responses were accounted for by a report of never having being assertive with a chaplain (0.6%)

Please indicate whether or not you use assertive behaviour with the following colleagues						
Answer Options	**Always**	**Usually**	**Sometimes**	**Seldom**	**Never**	**Not applicable**
Clinical support worker (community)	20	25	8	2	0	35
Clinical support worker (maternity services)	19	37	11	3	0	20
Clinical support worker higher level (community)	18	20	8	2	0	41
Clinical support worker higher level (maternity services)	15	28	14	3	0	29
Maternity care assistant	23	42	12	3	0	9
Nursery nurse (community)	13	13	6	2	0	54
Children's/neonatal nurse	14	27	12	5	1	29
Domestic staff	19	39	15	5	0	11
Receptionist	23	39	14	8	1	5
Porter	19	38	8	9	0	15
Chaplain	11	24	9	4	5	36

Table 7. Frequency of assertive behaviour in the workplace with regard to other healthcare colleagues.

Respondents were asked what gives them "most reason to behave assertively in the workplace". Personal items such as requesting time off work, changing work rotas or phoning in sick gave very little reason whereas items relating to women's advocacy, supporting woman's choices and promoting respectful care rated highly. All participants responded and the top ten scored items are outlined in Table 8.

Thematic Analysis of Q27

Participants who indicated that they found it difficult to be assertive in the workplace where asked to provide details of this. Fifty two participants provided comments and thematic analysis of these comments revealed three themes:

What would you say gives you most reason to behave assertively in the workplace?		
Answer Options	**Response Percent**	**Number of responses**
Ensuring that women have a say in their own care and their views are respected	87.8%	79
Speaking on behalf of or advocating for women in your care	82.2%	74
Understanding that it is acceptable for a woman to say 'no' in certain circumstances	82.2%	74
Making requests on behalf of women in your care	84.4%	76
Supporting women in asking about birth choices	77.8%	70
Challenging medical colleagues when you witness that they have not given respectful care	72.2%	65
Treating women with respect	71.1%	64
Explaining procedures to women and their families	70.0%	63
Challenging medical colleagues when they haven't given women enough information	70.0%	63
Challenging midwifery colleagues when you witness that they have not given respectful care	67.8%	61

Table 8. Top 10 reasons for the use of assertive behaviour in the workplace.

- Difficulty in managing conflict and communicating assertively
- Lack of managerial support
- Advocacy

Difficulty in managing conflict and communicating assertively

These midwives found it difficult to express their opinion and communicate assertively primarily due to a lack of support from midwifery management but also because they did not like conflict. In many cases the management had poor communication skills themselves and undermining staff by being 'sharp and rude' created a culture of fear and mistrust. This resulted in lack of confidence and anxiety and for a number of participants in this study (n=4), they gave up working as midwives altogether or changed employment.

> "I gave up working in the NHS as a midwife in hospital as I found it difficult to be assertive… I was becoming scared of what was happening on labour wards… there is too much fear around".

Lack of support

Many of these respondents (n=32) described the lack of support from senior midwives, management and medical staff, which on some occasions included open (and covert) engagement in undermining and ridiculing midwives, and resulted in a lack of confidence and feelings of being powerless in caring for women safely.

> "There was a culture of fear and ridicule which made assertive behaviour a brave choice rather than acceptable or indeed desirable. I left Midwifery … a bullying manager was the main reason for my departure"

In contrast, one manager described the importance of supporting staff:

> "I strongly believe in role modelling and challenging disrespectful behaviours in our maternity unit and I hope I give confidence to junior staff (midwives and medical staff) through my behaviours".

However, just over 10% of participants (n=10) described having positive experiences of using assertive communications and felt that this behaviour was supported and encouraged by management. One participant described the "dismissive" response from a doctor when asked to discuss a woman's options [other than birth induction]:

> "This was difficult but after discussing it with my colleague and my client, I approached the doctor in person and expressed by clients wishes and was able to demonstrate to him that more options were needed".

Advocacy

Midwives felt that their failure to communicate assertively on some occasions meant that, in their view, women received sub optimal care or medically focused care.

> "I couldn't agree with what the doctor said to the parents and felt I'd let them down. I don't think the doctor had any respect for me and my opinion that the foetal heart sounds were fine".

One participant said that even though she found it difficult to be assertive but *would "*if standards [of women's care] are jeopardised, I would always be assertive in those situations".

Support from management meant that midwives felt valued and empowered to advocate for themselves and women:

> "I witnessed a registrar performing constant EPV [vaginal examination] without consent during contractions… the doctor did not take kindly to being challenged. I debriefed the woman after labour and reflected on the situation with my mentor who was also unhappy with the registrar and raised concerns regarding their practice via the correct channels"

Discussion

The majority of midwives in this study indicated difficulty with using assertive behaviour in the workplace. Responses revealed for the first time that the use of assertive behaviour is context dependent. Overall few respondents admitted to being consistently unable to assert themselves. The use of assertiveness behaviour appeared to be heavily influenced by the situation or context, people and grade of staff involved and personal feelings. Subjective feelings are not described in the study but may relate to feeling that being assertive is 'out of character' or lack of confidence in personal communication skills. The benefit of learning assertiveness is that it is a learned behaviour and skill that one can choose to use in certain circumstances. Midwives, by identifying those situations in which they feel most vulnerable, can begin to practice verbal and physical assertive behaviours privately to assist them with future situations.

Regardless of whether midwives received education or training in assertive behaviour through traditional registration/undergraduate programmes or graduate/in-service programmes, difficulties in using these skills in day-to-day work practice persist. Items that were reported as barriers to the use of assertive behaviours/skills in the workplace are reflective of previous studies [7,8,18], and these relate mostly to organisational culture, fear of colleague's reaction and the management

culture. Although time constraints did not rate as highly in this study compared with previous reports [7,8].

In keeping with Timmins and McCabe [8] differences emerged across the three groups with regard to complimenting others, declining requests, providing constructive criticism and expressing disagreement. Management seemed to emerge as the group with which midwives perceive most difficulty, or practice this behaviour/skill less frequently. Declining appropriate requests was more common with regard to medical staff and midwifery colleagues respectively. This could be accounted for by Percival's [12] suggestion that health care staff accommodate their behaviour to suit what is expected of them. Many of the respondents disagreed frequently with medical staff and colleagues' opinions, but would report doing this less frequently with managers. In keeping with Timmins and McCabe [8] complimenting midwifery colleagues is frequently reported whereas it is much less common to do so with management colleagues or medical staff. This ease of communication within this interdisciplinary relationship is also reflected in the fact that midwives more easily suggest innovations and changes to this group, and report increased frequency of assertiveness behaviours/ skills usage in general. Overall the most frequently cited behaviour in the 'always' category across all three sets of colleagues was allowing others to express their opinions.

The action of declining requests (when appropriate) and midwives' reluctance to do this with managers is of interest. Indeed an early proponent of popular assertiveness techniques [19] entitled a bestselling book "How to say no and not feel guilty". Sales of this book at the time are probably testament to what is perhaps a difficult area of assertiveness. Its difficulty is compounded within professional working environments, particularly hierarchical ones like nursing and midwifery. There may be an uncertainty about the validity of saying no in certain circumstances particularly in the presence of a clearly defined hierarchy. Additionally gender stereotyping is common in these female dominated professions whereby normative expected behaviours reflect compliant and passive female stereotypes of gentle and caring natures [20]. Comments made by nurses and midwives in Timmins and McCabe [8] certainly support this. Being assertive is deemed by some as being out of character for a caring profession. However at the same time, from an advocacy perspective midwives in this study use assertive behaviour frequently to support women to say no, and indeed many say no (when appropriate) to other colleagues. In contrast, a recent study by Hadjigeorgiou and Coxan [18] reported that midwives found it difficult to advocate for women because of barriers related to physician dominance, medicalization of childbirth and lack of managerial support. They conclude that increased recognition and value of the profession of midwifery and more education would increase midwives confidence and capacity to be assertive when advocating for women. The qualitative data in this study suggests similar views with many participants commenting on the lack of managerial support and not being valued by senior midwifery colleagues or doctors.

The relationship between midwives and their managers needs more positive development in order to ensure effective communication. It is true that managers often lack specific training for roles in nursing and midwifery [21] and perhaps take these on without specific interpersonal skills training, and this is something that needs to be addressed. Studies that carried out managerial training with this grade of staff showed improvements in general effectiveness [21]. Recent interviews with nurses confirmed managers as potentially a direct support in being assertive or, more commonly, as seen in this study, a barrier to "speaking out" [22]. An open approachable and collegial style of management communication is required to encourage/support assertive communication and build the skills and confidence of midwives in order to break the cycle of fear [5]. If midwives are to commit to the advocacy role that they profess both within this study and elsewhere, then their own fears in relation to assertive communication need to be addressed [5].

The top two factors that prevented the use of assertive behaviour in the workplace in Timmins and McCabe [7,8] were colleagues and lack of support from management. Similarly midwives in this study revealed that the organisational culture, resistance to change within that culture and managerial support created the biggest barriers for them. For Timmins and McCabe [7,8] these factors, when present, also supported nurses and midwives assertive behaviour. However information about barriers and facilitators in the latter studies was drawn from qualitative information provided by the respondents. For this study the researchers offered these barriers and facilitators as options in the survey and while the barriers were confirmed the facilitators emerged slightly differently. Midwives in this study viewed their role in relation to advocating for women as their primary reason to behave assertively in the workplace. Most midwives did so out of a sense of respect for women in their care, and a sense of responsibility. This supports midwives assertions of their perceived view of protecting women in their care [1]. Additionally this is consistent with the views that women hold in relation to their expectations of childbirth:

> "A core issue at play for women was that their position and autonomy as the key decision-makers in their pregnancy was acknowledged, respected, and supported including having their choices 'heard' and not 'feeling pressured in to making immediate decisions'"

Personal confidence, a new factor to emerge from this study as both a barrier and a facilitator of assertive behaviour may be related to lack of knowledge, lack of support and overall lack of professional recognition for the midwifery profession general-

ly. It needs to be borne in mind that one issue with the use of assertiveness behaviour is that it is personal, rather than an organisational tool. Midwives faced with difficult situations may find it difficult to behave assertively due to the atmosphere of local systems. This is clearly evident in the study as both environment and line managers create barriers to its use.

The assertiveness construct emerged from a humanistic psychology that promised self-actualisation however it doesn't take sufficient account of the power of social structures to affect personal behaviour. In many assertiveness texts, organisations are regarded as neutral, bricks and mortar structures, rather than socially constructed milieu that can be rife with power and political issues. From this latter perspective, what constitutes 'assertive communication' is likely to be situated, contextual and will be organisationally mediated. As such it will be guided, shaped, sanctioned by implicit organisational narratives of 'the way things are done around here' in relation to what can/can't be said.

Personal assertive behaviour therefore does not operate within a vacuum. It is absorbed into existing organisational cultural norms, and will be mediated by the power of organisational hierarchies. This may contribute an understanding of why the midwives in the study expressed more of a problem with managers. This is quite understandable. The negative consequences of self-assertion include being punished in various ways for breaking implicit organisational rules, and even when it (assertion) seems to 'work' the question is begged as to whether successful assertion events constitute a symbolic sense of resolution of organisational ills that aren't really addressed at fundamental levels. In other words, the enduring story of what the organisation is about and how it functions interpersonally is minimally troubled. For an organisation to be regarded by its workforce as healthy and open, it is essential for assertiveness to be viewed with a broader lens that incorporates social mechanisms in organisations and organisational learning/ change.

Overall barriers relating to organisational and management culture which have been little explored in the literature hitherto need careful examination in the context of management and organisational theory. Unfortunately while assertiveness training is useful, simply enlightening people about the importance of assertion is perhaps not likely to make things change for the better in the type of organisations where barriers exist.

Conclusion

Despite professional rhetoric, medical dominance [23] does not emerge in this study as a major factor that prevents the assertive behaviour of midwives. While midwives may have the necessary skills, they may avoid retribution by avoiding conflict and taking the passive role (complimenting, allow the other to speak) in certain circumstances. Management colleagues emerge as the main barrier to using assertive skills and midwives report using assertive behaviour less with this group.

An obvious benefit from this study is the development of a valid and reliable tool that can be used internationally to describe assertive behaviours. For local improvements to take place managers may need to consider using this tool in conjunction with focus group discussion, to highlight key problem areas.

Similar to Hadjigeorgiou and Coxan's [18] study, we recommend that managers working in clinical practice provide midwives with education/training programmes in order to equip them with the necessary knowledge and skills to interact with their colleagues in an assertive way. We also recommend that local policies and guidelines reflect a commitment to an atmosphere conducive to assertiveness. We suggest that managers should reflect upon their effect upon subordinates and the consequences of this for care outcomes. We also suggest mechanisms should be put in place to develop stronger, collaborative interdisciplinary relationships between nurse/midwives and medical/ management colleagues that will ultimately result in greater trust, respect and safe care for women.

However overall assertiveness as an intervention needs to be contextualised within a broader organisational intervention that takes account of some of the social scientific understandings of organisations rather than viewed as a standalone 'solution', and rather than leaving everything to individual staff members organisations need to become more critically reflective and reflect openly an honestly on issues that arise and seek solutions locally that include assertiveness training among other relevant approaches. Furthermore the role of assertiveness in reducing midwives' fear and enable them to advocate for women needs further exploration.

Limitations

There limitations to this audit. The sample size is small and self-selecting and this means that the findings have limited generalizability.

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