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ARTICLE

Views and Experiences of South Australian Midwifery Students who Completed a Conflict Resolution and Resilience Building Workshop

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ABSTRACT

Midwifery is recognised as having a culture of workplace bullying. Bullying impacts midwives and midwifery students. Experiencing workplace bullying has negative consequences for midwifery students (professionally and personally). Developing midwifery students' skills to manage conflict and maintain their well-being is important. We aimed to explore midwifery students' experiences of a bespoke education program to develop skills in conflict resolution, build resilience, and identify self-care strategies. This study was the second phase of an explanatory sequential mixed-methods research project. Twelve second-year midwifery students were interviewed between February and December 2024. Students had the option of attending an interview in person, by phone, or online (via Microsoft Teams/Zoom). Braun and Clarke's six-phase framework was utilised to undertake a reflexive thematic data analysis. A previously published research protocol guided this study. Results demonstrated that participants perceived an improvement in their knowledge and understanding of workplace bullying, following workshop attendance. Upon reflection, the students acknowledged that their confidence in addressing bullying behaviour was still evolving. Several students described their resilience levels as improved and recognised the

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importance of good support in building individual resilience. Conflict resolution education appeared to be beneficial for midwifery students and enabled them to develop skills to identify and manage workplace bullying. Incorporating a bespoke educational workshop on conflict resolution into a Bachelor of midwifery degree, with subsequent reminder sessions, may improve students' knowledge, ability, and confidence to manage workplace bullying. This education could also enable students to build resilience to deal with such conflict, which may improve workplace culture.

Keywords: Midwifery Students; Education; Bullying; Conflict Resolution; Resilience

1. Introduction

Workplace bullying and violence (WBV) are ongoing issues within the midwifery profession [1–5]. Research demonstrates that midwives' and midwifery students' professional and personal lives are significantly impacted, leading to increased rates of absenteeism, attrition, job dissatisfaction, and poor staff retention [4, 6–11].

The midwifery profession contributes to enabling and mentoring students to have positive experiences when caring for women as they become mothers. However, students can experience secondary trauma due to practitioner-led, rather than woman-led care [12, 13]. Due to workplace stressors, including lack of staff, inappropriate staff ratios, and unsupportive management, midwives may project the pressure and strain they experience into harmful behaviours and actions that negatively impact midwifery students [4, 9–11].

With some variability, midwifery students typically undertake approximately fifty percent of their undergraduate education in clinical settings, through placements and Continuity of Care (CoC) experiences. Therefore, midwifery students require knowledge and skills to recognise and resolve WBV [10, 14]. Enabling students to develop conflict resolution and resilience strategies may act as a buffer against bullying and help students to advocate for women and families [15, 16].

Education sessions using scenarios and simulation videos in undergraduate education and training have been reported as effective teaching strategies to manage WBV [17–19]. Therefore, the first author designed a 3-hour education workshop, adapted from the Start Treating Others Positively (STOP) model [15], to meet the needs of SA midwifery students, utilising a multimodal approach to encourage student engagement and collaboration [15, 20].

In this study, we explore midwifery students' views and experiences of a bespoke education workshop to develop conflict resolution skills, build resilience, and identify self-care strategies, to equip them to manage conflict in the workplace.

2. Materials and Methods

2.1. Study Design

This study is phase two of a sequential explanatory mixed-methods research project. Pragmatism was employed as the conceptual framework, guiding a seamless integration of quantitative and qualitative data collection [21]. Pragmatism offers an experience-driven, action-oriented approach that is highly applicable in practical settings [22].

Phase one was the development of the program [16]. A previously published research protocol guided this study [23]. Phase two facilitated face-to-face interviews to explore midwifery students' experiences of attending an education program, in developing conflict resolution skills, building resilience, and identifying self-care strategies.

2.2. Participants and Setting

A bespoke education workshop was delivered in 2023 to the entire cohort of second-year midwifery students (n = 110) across the two South Australian universities offering the Bachelor of Midwifery program. Eighty-four students who attended the workshop completed phase 1 pre-questionnaire data collection [16]. Of these, 12 students met Phase 2 eligibility criteria and accepted an invitation to participate in Phase 2 interviews (**Table 1**). Students were given a choice to attend an interview face-to-face, via phone, or online (Microsoft Teams/Zoom). Interviews were completed between February and December 2024 and facilitated by the first author. All interviews were undertaken at a convenient time and took place in private locations, whether online or in person.

Table 1. Phase 2 Inclusion/Exclusion Criteria.

Inclusion Criteria	Exclusion Criteria
Midwifery students enrolled in their second year of a Bachelor of Midwifery degree in a South Australian (SA) university, who had personally witnessed or experienced conflict in a clinical setting, while undertaking placement or continuity of care experiences.	Midwifery students who are not enrolled in the second year of a Bachelor of Midwifery degree.
Midwifery students giving verbal and written consent.	Midwifery students undertaking the second year of a Bachelor of Midwifery degree outside of SA.

2.3. Data Collection

Five students completed interviews in person, and seven virtually. An interview schedule with semi-structured questions developed from an Integrative Review and Phase 1 was utilised [5, 16]. Initial responses were probed further to draw out meaningful responses [24]. All interviews were audio- or video-recorded and transcribed verbatim. Identifiers were removed during transcription, being replaced with unique study IDs or pseudonyms. Similarly, identifiable data regarding location and clinical staff were anonymised. Notes were taken during interviews and summarised as a check-back system following the interview, to ensure content was a true reflection of students' experiences. Recordings were deleted after confirmation of transcripts. All consent forms, transcripts, and field notes adhered to a data management plan and were stored in accordance with university policies and will be disposed of in line with these [23].

2.4. Data Analysis

Thematic analysis was undertaken due to its inductive approach of interpretivism and learning from experience [25, 26]. Transcription of recorded verbatim interviews was outsourced to a private company and checked for accuracy by the first author. De-identified data were managed in NVivo, Version 14. Braun & Clarke's [27, 28] six-phases: familiarisation, coding, reviewing themes, refining, defining and naming, were used to complete reflexive thematic analysis and explore midwifery students' experiences of the conflict resolution and resilience building education workshop.

Data analyses involved immersion in data, reading transcripts multiple times, and noting initial ideas to identify patterns of meaning within the data. Primary and secondary codes were generated systematically across the entire data set and then collated into relevant codes and potential themes. Further checking and consultation with the research team to cross-check data and create themes ensured that themes were relevant to coded extracts from the entire data set, and the generation of a thematic analysis map was completed. Specific details of each theme and the overall story were refined by generating clear definitions and names for each theme. Compelling extract examples relating to the research question were used to illuminate the phenomenon being studied [25, 27, 29].

3. Results

All midwifery students (n = 12) participating in this research had witnessed or experienced conflict in the workplace during their clinical placements and completed the education workshop and pre-education questionnaire (**Figure 1**).

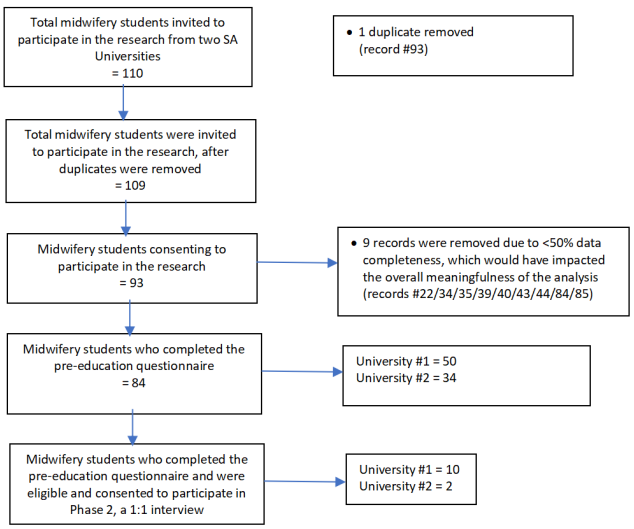


Figure 1. Participation Flow Chart.

3.1. Themes

A thematic analysis was conducted following Braun and Clarke's [27, 28] 6-stage framework. This rigorous process involved identifying codes, developing overarching themes,

and refining additional subthemes. Key themes included: (1) Acquisition of Knowledge, (2) Managing WBV, (3) Self-reflection, and (4) Workshop reflections (**Figure 2**).

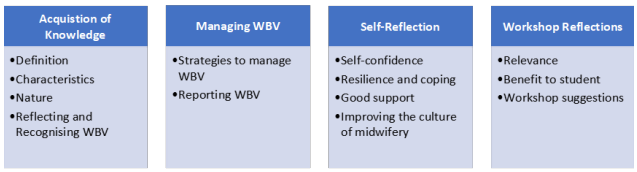


Figure 2. Themes.

3.1.1. Acquisition of Knowledge

The introductory interview question asked about the understanding of WBV. Respondents demonstrated increased understanding of WBV post-workshop, compared to data from the pre-workshop session. Participants added to the definitions discussed during the workshop.

Definition of WBV

Following knowledge gained in the education workshop, midwifery students described a range of aggressive and passive behaviours they defined as WBV:

> *(MS-2) intimidation; not welcome; physical violence; psychological; purposely make someone feel bad about themselves*
> *(MS-48): physically, mentally, (or like), just emotionally, it can be simply like just exclusion, or passive, or aggressive*
> *(MS-63): anything that makes a person feel unsafe in their workplace*

After receiving education about bullying, two participants stated midwives did not have a good understanding of its definition and consequently, did not perceive their negative behaviours as bullying:

> *(MS-48): …they don't perceive what they're doing as bullying, because they are little sly comments here and there*
> *(MS-66): What is considered to be bullying to one person might not be so much to others. And someone who was a bit older might not notice it…it might not register with them as such a big deal.*

One student believed that midwives had a good understanding and knew their behaviours were associated with bullying, but they did not seem to care about the impact of their negative behaviours on students.

> *(MS-65): My biggest thing is that, you know, [the midwife] you're doing it, and you're aware that it's making someone else feel negative about themselves*

Characteristics of WBV

Midwifery students' knowledge improved regarding characteristics associated with WBV post-workshop. Particularly, subtle forms of bullying, including poor communication skills:

> *(MS-68): ….especially poor communication skills, that can lead to a lot of .. misinterpretation of things if you can't communicate or …ask questions or have that open communication to get clarity*
> *(MS-91): …especially with poor communication, because I think that this is a big thing as a student working with a qualified midwife, that often times things can be taken kind of out of context. It's probably one of the main reasons that things are perceived the way they are…cause there's a lot of people that don't have the best communication skills*

Nature of WBV

Before the workshop, several midwifery students considered bullying as 'repetitive events of negative behaviours':

> *(MS-52): I thought it was a bit (like) more persistent (like) going … over multiple (multiple, multiple) occasions*
> *(MS-47): I think for me, I perceive bullying more as like, repeated…like situations…and so if it's just one comment when they've said something, or if it's one day, it doesn't necessarily feel as if it's bullying*
> *(MS-68): I think it's anything that's like purposeful, repetitive, untoward behaviour towards another person*

However, participants demonstrated an improved understanding of the nature of WBV; significantly, students

recognised WBV may be a singular event:

> *(MS-2): I think that one event is significant enough to have an impact. I don't think it has to be repetitive to be classified as bullying or harassment*
> *(MS-52): it can just be one terrible (terrible, terrible) thing that happens, and like it doesn't have to happen again…*
> *(MS-65): I believe it can be, like a single offence… it doesn't have to be multiple situations*

Reflecting and Recognising WBV

Midwifery students used knowledge gained from the workshop to critically reflect on previous situations experienced in the clinical environment, to help them determine if these events may be classified as WBV:

> *(MS-3): I think the workshop (definitely) helped to recognise that they [conflict characteristics] can be perceived as conflict.*
> *(MS-53): Since doing the workshop, you can reflect (back) on situations that, at the time, seem quite…I don't know, you can kind of brush them off… but …when you look at them from the lens of what bullying is and what it encompasses, then definitely yes, it was bullying.*
> *(MS-65): It forced me to think about it again and go, no, you know what? (Actually,) that was an example of workplace bullying. The workshop (really) made me think about when I have witnessed it and what I thought in the moment versus what I think about it now.*

3.1.2. Managing WBV

Participants reported that the workshop had increased their awareness and prompted deeper reflection on how to manage WBV.

Strategies to Manage WBV

The workshop provided a range of evidence-based strategies (using the STOP model framework) to manage WBV. These were considered logical and useful in providing education about conflict resolution:

> *(MS-65): I think it's always great to refresh and bring up these topics because I think people forget how prevalent it really is in the workplace environment and, you sort of think all the bullying and stuff would stop when you're young, but it actually just carries through throughout your whole life, so I think it's so important that we were reminded in the workshop*
> *I think the STOP strategy… I (like) did thoroughly relate to that in terms of, I'm quite (like) a logical thinker, (like) I often think of the STOP analogy.*
> *(MS-68): I think it's a learned skill. Like, you've given us the techniques, it's just implementing that.*

Reporting WBV

Midwifery students were informed of mechanisms to report WBV, which they considered valuable, as they had no prior knowledge:

> *(MS-53): Before the training, I don't even know who I would contact if this happened….Knowing what I know now from the workshop, I would have reported it, and I would've known who to report it to*
> *(MS-63): I think that one of the important aspects for me in being able to use the strategies is understanding the site-specific process of managing it.*

3.1.3. Self-Reflection

Student responses indicated that the workshop prompted self-reflection about navigating future experiences of WBV.

Self-Confidence Managing Conflict in the Workplace

Two midwifery students (n = 2) reported enhanced self-confidence and empowerment because they could apply the conflict resolution strategies learnt within the workshop to manage WBV effectively:

> *(MS-53): …knowing that other students are in the same position as well, so I feel like it gave me a bit more confidence (in) to use the skills. I feel like I would be able to embed some of those skills if I came across situations in the*

future.

(MS-73): I feel more confident after the workshop, …with…giving some different avenues and different suggestions on how to manage it.

Conversely, some students (n = 4) felt they lacked confidence to implement strategies learned when in the clinical setting, due to concerns about potential repercussions:

(MS-2): as a midwifery student, it's very awkward to navigate because you're … in this inferior position and you don't (really) feel like you can speak up …. It's very easy to feel like you're …below them, and you shouldn't interfere. And you also don't want to interfere and then have people…talk about you or treat you more unfairly because you've intervened or anything like that.

(MS-47): I think it is really difficult to implement those strategies, because it is a lot of advocating for yourself and standing up to people. Even having the opportunity after the fact…. I didn't feel like I could stand up for myself in that situation, because she was talking at me. It's very scary, and sometimes I guess…you have to consider whether the risks outweigh the benefits, and sometimes it's just not worth it. You're better off just staying silent and going along with it.

(MS-68): Whilst theoretically the knowledge in the workshop helped, I'd be scared to implement it on placement.

(MS-73): I think midwifery students are terrified to report...I think people are (really) terrified at the impact of future work.

Resilience and Coping Strategies

Following the workshop, one participant commented on the importance of developing resilience to ensure they could effectively undertake their role as a midwifery student:

(MS-63): …so critical to have that resilience because, if you (if you) don't, then you know the first thing that comes along and you snap, you're just not gonna put yourself back together again

Students were asked to consider strategies to develop their resilience in managing WBV. Several strategies were identified after the workshop, including:

(MS-47): I like to make lists, so it's good to break things down. If I've got …a workload that I need to meet, or … we've got our plan for the day. I find that (really) beneficial.

(MS-68): I've got my grounding, like my five things you can see, hear, touch, smell, taste… and that's just like my 'in the moment', to like get through ….sleep helps…

(MS-90): Take a breather, or ask if I can have a break at that time so that I can kind of (like) get my head in the right space.

Several students reported improvement in their resilience post-workshop:

(MS-3): I did have very low resilience, but now because (of) my confidence levels are higher, I feel like my resilience is a bit higher

(MS-65): I think it (definitely) built my resilience

Good Support

Post-workshop, all participants (n = 12) recognised the need for support systems in building individual resilience. Students emphasised the importance of debriefing and valued empathy and understanding from others in processing their experiences:

(MS-2): I did talk to the university about it, and they were amazing about it. They organised a meeting pretty much straight away where I could come in and talk about it. Having that support network is such a huge part of it, and I would not be able to do this degree if it weren't for, like, the cohort of girls that we have and also like my partner and my friends.

(MS-48): People validate your feelings, or they give you other perspectives.

(MS-53): What I think (that) the training (really) helped with was knowing that we are supported. I feel like if you have good support, you are able to debrief … have someone listen to your experiences, and you feel validated,

and I feel like that helps your resilience, and knowing… having that support and knowing you've got someone in your corner…
(MS-73): I guess if you have a lot of people around you that are happy to support you and encourage you and maybe stand up to those other people, then you'll feel more confident to do so yourself.

Improving the Culture of Midwifery

Four students (33%) reflected on their learning from the workshop and expressed concerns about the toxic culture within the midwifery profession, concluding that breaking the cycle of violence was essential for fostering positive and supportive workplace cultures:

(MS-2): It's a cycle that needs to be broken at the end of the day.
(MS-52) The culture just breeds it.
(MS-68) ...it's just so ingrained. It feels like it's just the norm.
(MS-73): I guess, this poses a benefit of one of the things that drew me to midwifery, is that I think there needs to be so much change…Better treatment in the workplace (that) means treating each other better. I think we just need to do better as women for each other.

3.1.4. Workshop Reflections

Midwifery students acknowledged the workshop as a valuable addition to the Bachelor of Midwifery curriculum and emphasised its importance for future cohorts.

Resources

Students perceived the workshop as beneficial within the degree, highlighting the effectiveness of training materials in enhancing their understanding of WBV. Additionally, the STOP card they received during workshops was acknowledged as a useful tool for reinforcing key steps in conflict management:

(MS-3): I (definitely) found it inspiring. It's like your S.T.O.P. acronym. That's excellent.
(MS-48): I thought the videos were great...very helpful. I think I better understand, and will be more aware.
The training was also validation that this is a known problem, that this is seen, and that you know you can take action to combat it.
(MS-63): I loved the workshop. I thought it was (really) valuable. I've got your little card stuck on my fridge… I (definitely) feel empowered.

Workshop Suggestions

Several students suggested improvements to the workshop. One stated conflict resolution education needs earlier inclusion in the degree course, and another suggested follow-up refreshers would be beneficial to keep STOP principles at the forefront of students' minds. Another advocated delivering similar education to clinical midwives, to provide a better understanding of WBV, and demonstrate the impact on colleagues and students:

(MS-3): It would be nice if there was a refresher or something, and it was not just put towards students, it was put towards people within the field
(MS-65): I just think it's so important to do those workshops, and I would encourage that (that) always becomes part of the curriculum or part of one of the subjects at uni, maybe even earlier in the …degree

4. Discussion

Given the propensity for WBV within the midwifery profession, midwifery students require skills and the ability to manage and successfully resolve conflict in the workplace. Developing and incorporating effective education into the Bachelor of Midwifery curriculum is important to prepare students for the transition to professional practice. Given current local, national, and international shortages of midwives and the inability to retain experienced staff, this issue requires urgent action [30].

This study explored experiences of second-year midwifery students in one Australian State. These research findings suggest that an education workshop was positively reviewed and perceived as beneficial in increasing midwifery students' knowledge and understanding of WBV. Whilst students' confidence in applying strategies to manage WBV was

developing, several reported their resilience had improved, and could identify appropriate self-care strategies, as a result of workshop participation.

Midwifery students described the workshop as a valuable learning experience that deepened their knowledge of the characteristics of bullying. It was particularly evident from responses that students believed poor communication results in WBV, concurring with findings of Smith et al.[31], where several graduate nurses reported bullying caused by a lack of communication.

Students practiced their communication skills in the workshop, using the STOP model framework and S.T.O.P acronym—'Stop, Think, Observe, Proceed', to help them address WBV[15, 16, 23]. The key steps of the STOP acronym include:

> ***STOP:*** Stop and see what is happening. Don't just react!
> ***THINK:*** What is important here? What could be the threat?
> ***OBSERVE:*** Calmly work out the problem.
> ***PROCEED:*** Take time out? Be assertive.

Reflective practice is a fundamental skill that midwifery students develop throughout their education, enabling their autonomy within the profession and promoting lifelong learning[32]. It was interesting to note that student midwives reflected and shared how their understanding of the definition of WBV, as either a recurring pattern or a singular event, was now acknowledged. Students reflected on past negative experiences from their clinical placements, expressing that the workshop equipped them with skills to reinterpret incidents, which they now consider WBV. Students emphasised that gaining this knowledge provided clarity and validated their prior experiences, facilitating greater insight into WBV. Increased awareness of components of WBV, conflict resolution strategies, self-reflection, and understanding appropriate reporting options may empower students early in their midwifery career to positively influence negative experiences widespread within the profession, which have long been acknowledged, yet remain unresolved[4, 15, 33].

Whilst research on conflict resolution education within midwifery remains limited, similar findings have been observed in broader healthcare settings. Geoffrion et al.[34] reported that education and training interventions to prevent and minimise workplace aggression enhanced healthcare workers' recognition and understanding of WBV. These authors suggested that workshops play a pivotal role in enhancing knowledge. Similarly, Stagg et al.[35] reported that nursing students improved their awareness of bullying behaviours following attendance at an education program.

Students in our study considered the STOP model an evidence-based, effective, and logical framework for managing WBV. Many people entering the healthcare profession do not consider encountering WBV throughout their career, and certainly not during their degree program[36]. Our study concurred with findings of others in this respect, with one student describing never anticipating the need to manage WBV in the midwifery setting, and several others emphasising the value of learning strategies, due to the prevalence of WBV they had witnessed or experienced.

Aligning with findings of others, the current study perceived conflict resolution as a learnt skill, requiring structured approaches for effective implementation in the workplace[20, 37]. Students considered the interactive nature of the workshop beneficial in developing their confidence and ability to address WBV. This increase in confidence concurs with the findings from Kumari et al.[38], who demonstrated that education interventions improved participants' perceived ability to manage violence in the workplace. In addition, a study on violence prevention education in healthcare[39] found that participants' ability to apply prevention strategies improved following education, especially when training was relevant to the clinical setting and incorporated real-life workplace violence scenarios.

The workshop in the current study included the importance of identifying WBV, escalating, and reporting incidents. Interview data identified that this was an important aspect of the workshop, as students were previously unaware of appropriate reporting pathways. This finding aligns with earlier research, which identified the importance of increasing understanding and use of WBV reporting systems to lead culture change and eradicate WBV[31].

Several students reflected that the workshop improved their confidence levels to manage WBV. This is consistent with findings from Martinez[19], who suggested that simulation-training increased confidence in managing WBV. Interestingly, several students reported increased confidence in addressing bullying following discussions about personal

experiences. This increase in self-confidence in managing WBV was attributed to wanting to prevent future midwifery cohorts from facing similar WBV challenges.

Six participants described a lack of confidence in managing WBV, due to the hierarchical nature of midwifery, being scared and not wanting to 'interfere' in incidents, due to their status as students and not being employed staff members. One student stated, *"You have to consider whether the risks outweigh the benefits, and sometimes it's just not worth it"*. Several studies concur with this student's concerns, especially regarding students' perceptions of potential impacts on securing future employment and their relationships within the maternity unit[4, 10].

Midwifery students identified resilience as crucial to ensuring they 'do not break under pressure' and can 'bounce back from adversity'. A few participants who considered their resilience to be good pre-workshop, perceived their resilience levels to be either unchanged or slightly better afterwards. However, two students noticed a marked positive change in their resilience following the workshop. Despite the variable findings in our study, a systematic review by Unjai et al.[40] demonstrated the effectiveness of interventions aimed at enhancing resilience in healthcare settings. This may have been attributable to larger sample sizes and inclusion of mindfulness, stress management techniques, and professional coaching incorporated within the interventions[40].

In the interviews, students referred to discussions about building resilience from the workshop, describing the importance of self-care and coping strategies, and the need for good support to help build resilience. Similarly, Han et al.[41] suggested that enriching personal lives and having good support both within and outside the work environment were important in building nurses' resilience and coping with workplace challenges. Conversely, Garcia[42] reported that seeking support itself became burdensome, ultimately limiting perceived benefits of pursuing social supports as a coping mechanism and its role in cushioning the negative impacts of bullying.

Students reported appreciating debrief opportunities around their experiences of WBV whilst undertaking the Bachelor of Midwifery degree. This was valuable in highlighting that students are not alone in experiencing WBV. The importance of debriefing following exposure to WBV has been previously described in midwifery research[10]. However, Shapiro et al.[43] suggested that debriefing should occur through professional pathways, including health providers, rather than through family and colleagues. However, these authors did not mention the role of educational partners in these activities.

Students demonstrated significant personal insight and empathy towards their peers following the debrief and expressed a need to promote culture change within midwifery to avoid future generations of students contending with WBV. Nevertheless, a culture of acceptance of WBV has long persisted within the midwifery profession, despite research highlighting the importance of implementing culture change to eradicate it[44].

The educational workshop was valuable in raising awareness of WBV as an issue within the midwifery profession, and in demonstrating support of university staff to equip students with the required skills to deal with conflict at work. Given the long-reported history of WBV in midwifery and various proposed interventions to ameliorate it, it was surprising that students in this study, despite observing or experiencing negative behaviours, did not feel able to recognise, deal with, or report such incidents[1–5]. Midwifery students particularly enjoyed the interactive elements of the workshop, the videos which demonstrated how midwifery students could approach WBV and utilise the STOP cards, as a physical reminder of the strategies developed to manage WBV.

Students suggested embedding the workshop within the curriculum earlier, preferably from the first year of their degree, with reminder workshops throughout the program. Pan et al.[45] suggested that universities have a responsibility to integrate WBV education within their curricula, with other research suggesting that continuous learning provides better outcomes in maintaining students' knowledge and skill levels[20, 37]. The Midwife Accreditation Standards[46] states that programs of study leading to eligibility to apply for registration as a midwife must *"respond to emerging trends based on research"*, and as such, the incorporation of conflict resolution and resilience-building education to manage WBV is an essential inclusion in the Bachelor of Midwifery degree.

One student suggested the importance of conducting similar programs with midwives working clinically, to help build their knowledge and understanding of WBV. Similarly, Benmore and colleagues[47] instigated 'The Stopit!

Programme' to help reduce bullying behaviours in hospitals by healthcare workers. These authors reported improvements in some professional behaviours following workshop attendance. The Midwifery standards for practice[48] highlight the importance of engaging in respectful professional relationships, and therefore, integration of conflict resolution education in the professional setting would provide a timely reminder of appropriate behaviours that midwives should be upholding in fostering a respectful workplace culture.

4.1. Implications for Practice and Future Research

Second-year midwifery students undertaking the Bachelor of Midwifery degree in SA perceived value in a bespoke education workshop on conflict resolution and resilience building. While all participants demonstrated improved knowledge and understanding of WBV, not all reported increased confidence and skills to effectively manage WBV. Therefore, the integration of a conflict resolution and resilience-building workshop in students' first year of the degree, in conjunction with yearly reminders, may help to improve their confidence in managing WBV.

Universities have a responsibility to integrate programs on WBV into the midwifery curriculum as part of their commitment to foster a safe and supportive learning environment for students. Education on WBV needs to be implemented for the midwifery profession, to upskill midwives and improve their behaviour and treatment towards midwifery students.

4.2. Strengths and Limitations

This study was guided by a previously published research protocol[23]. Students from both midwifery education providers in SA were included, and therefore, findings are applicable across the State. Inclusion of both universities, which share placement locations, is a strength of the study as experiences were similar for participants regardless of where they were enrolled. Researchers used reflexivity, were self-aware, and included a critical reflection discussion to counteract their biases and perspectives.

A limitation of the research was that only 12 participants from the original cohort of 84 midwifery students (14%) in Phase 1 consented to participate in an interview and therefore may not represent the full cohort and may not be transferable to other states in Australia. Students who consented to participate in the interviews met the eligibility criteria specific to Phase 2 participation. However, it is possible that participants who had a stronger interest or perceptions of WBV or the workshop activities may have been more inclined to volunteer, thereby introducing the potential for selection bias in the study. Additionally, interviews were completed 6–12 months after the delivery of the workshop, introducing potential recall bias to the results. However, the findings clearly indicate that SA midwifery students' experiences align with national and global trends of WBV within the midwifery profession[1–5]. Moreover, information completeness was reached with clear themes developed within and across the dataset[49].

5. Conclusions

There is a vital need to identify ways to reduce WBV within the midwifery profession. This study provides insight into the experiences of second-year midwifery students who undertook an education workshop on conflict resolution and resilience building, to develop skills to manage negative behaviour and improve their resilience. Student responses confirm the workshop had a positive impact on increasing their knowledge and understanding of WBV. Despite receiving strategies to manage WBV, midwifery students' confidence in managing WBV was still developing. Several midwifery students reported increased resilience and knowledge of self-care strategies. Students suggested that conflict resolution and resilience-building education should be embedded in the first year of the degree, with regular reminder workshops, which may improve their confidence in managing WBV during their education and therefore, help them to further develop confidence and skills to manage WBV within the midwifery profession.

Author Contributions

Conceptualization, N.S. and M.S.; methodology, N.S. and M.S.; validation, R.V., A.B. and M.S.; formal analysis, N.S.; investigation, N.S.; data curation, N.S. and M.S.; writing—original draft preparation, N.S.; writing—review and editing, N.S., R.V., A.B. and M.S.; visualization, N.S.; supervision, R.V., A.B. and M.S.; project administration, N.S. All authors have read and agreed to the published version of

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Institutional Review Board Statement

The University of South Australia Human Research Ethics Committee approved this study in November 2021 (Protocol Number 204063). In addition, ethics approval was sought and endorsed by Flinders University in February 2023.

Informed Consent Statement

Informed consent was obtained from all participants involved in the study.

Data Availability Statement

Complete data sets are unavailable due to the privacy and confidentiality of participants.

Conflicts of Interest

The authors declare no conflict of interest.

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