

Physiotherapy students' experiences of bullying on clinical internships: a qualitative study

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Abstract

Objectives To consider the experiences of final-year physiotherapy students who have experienced workplace bullying on a clinical internship.

Design Qualitative methodology using individual semi-structured interviews.

Setting A university in the Midlands region of the UK.

Participants Eight undergraduate physiotherapy students who had experienced one incident of bullying on a clinical internship.

Main outcome measures Thematic analysis of semi-structured interviews.

Results Four main themes were identified: (1) external and situational influences of bullying; (2) students' reactions to the experience of bullying; (3) inability to reveal the experience; and (4) overcoming problems. Bullying had a range of adverse effects on the students, with many expressing self-doubt in their competence and viewing their supervisor as unapproachable and unsupportive. Five students were not initially able to recognise the experience as bullying. In addition, students did not feel able to report the experience and use the support mechanisms in place. This may have been a result of having concerns that the problem would escalate if they reported the experience and, as a consequence, have a negative effect on their grade. Students were keen to offer a range of strategies for clinical practice in order to prevent bullying for future generations of students.

Conclusions Students' health, security and confidence in their ability as a physiotherapist can be at great risk from bullying. Steps are needed to ensure that students are better protected from bullying, and feel more able to address bullying behaviour during clinical internships.

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Introduction

The Chartered Society of Physiotherapy defines workplace bullying as 'any action taken which makes another feel intimidated, excluded or unsafe' [1]. Evidence suggests that workplace bullying is often a repeated, deliberate and subtle behaviour that accumulates over time [2]. However, the term 'bullying' should be distinguished from other behaviours such as incivility and aggression [3]. The literature has categorised three types of behaviour that relate to bullying [4,5]: (1) physical intimidation (such as threats of violent behaviour); (2) work-related behaviour (such as

removing responsibility or overworking an individual); and (3) person-related behaviour (such as being excluded socially and causing personal offence to another individual). This study has focused on the latter two types.

Bullying in healthcare settings is an international problem, with high levels being reported in Australia [6,7], Canada [8], India [9] and the USA [10]. In the UK, Quine [11] established that 37% of community therapists^a had been bullied in the previous year. This was comparable with levels reported by junior doctors [12], although higher than reports from the Healthcare Commission [13]. Importantly, healthcare professionals with the least experience, such as students, may

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^a This included occupational therapists, speech and language therapists, chiropodists and physiotherapists. However, the exact number of each profession and breakdown of bullying experienced by profession was not provided.

Table 1
Demographic details of each final-year student.

Participant	Age (years)	Experiences of bullying	Year of experience	Placement location
F1	20	1	2	Respiratory, elderly medical
F2	20	1	2	Orthopaedic ward
F3	22	1	2	Medical assessment unit
F4	21	1	2	Musculoskeletal outpatients
F5	33	1	3	ITU and surgical wards
M1	21	1	3	MSK outpatients
M2	23	1	2	Community paediatrics
M3	21	1	2	Paediatric acute ward

MAU, medical assessment unit; ITU, intensive therapy unit; M, male; F, female.

be at greatest risk [14,15]. For instance, 25% of physiotherapy students [3] and around 50% of medical students [15–17] have reported being bullied during their clinical training.

Bullying has a significant impact on the organisation where it occurs, including an impact on productivity, financial costs and reputational costs [1,4]. In 2008, it was estimated that the financial cost of bullying and harassment to the National Health Service (NHS) was £325 million per annum [18]. In a work environment where bullying occurs, it acts as a strong reason for all individuals to leave the job [19,20], and has a negative impact on the victim's well-being. For example, it causes psychological distress and psychosomatic complaints [5,11,20]; it decreases motivation, job satisfaction and performance [5,21]; and it has a negative effect on the victim's family [22].

Very limited research is available on student physiotherapists' experiences of bullying in the workplace. Only one other study [20] has used a qualitative approach within a mixed methods study design to investigate bullying in the physiotherapy profession. The authors conducted semi-structured interviews with five senior physiotherapists in Ireland, and established that victims were often bullied when they were in a vulnerable position (new to the job) and did not realise what was happening. In addition, the bullying caused the physiotherapists to lose confidence and blame themselves; disturbingly, 90% ($\approx 30/34$) of those individuals left their job as a result of being bullied.

In summary, very limited research has investigated bullying in the physiotherapy profession, and, to the best of the authors' knowledge, no qualitative research has been conducted on physiotherapy students' experiences of bullying. As such, the purpose of this study was to investigate physiotherapy students' experiences of workplace bullying during clinical placements with a view to better protecting the future of the profession.

Methodology

Design

A single semi-structured interview was undertaken between the primary author and eight final-year

physiotherapy students (see Table 1 for demographic characteristics). The semi-structured interview questions (Appendix A, see online supplementary material) were formed from the literature [3,11,12,20,23].

Sample

The sample included eight final-year undergraduate students (8/55; 15% of students) reading for a BSc (Hons) degree in physiotherapy at a UK university. The project used a purposive sampling [24] technique, and the selection criteria were students who were in their final year of study and had experienced at least one incident of bullying during a clinical internship. The incident could have been on more than one occasion and at any time over the course of their study. No exclusion criteria were used.

Procedure

An e-mail invitation was sent to all final-year undergraduate students explaining the project and asking for volunteers who met the inclusion criteria. Recruitment of participants was undertaken by the primary author (access was likely enhanced as the primary author was a student at the university at the time of data collection). Access to four individuals was obtained by e-mail ($n=4$), and an additional four students were identified through informal face-to-face meetings. It is not known if all students within the cohort who met the inclusion criteria came forward. The study was conducted in a private room at the university using a digital recorder. The interviews lasted between 10 and 33 minutes (mean 20 minutes).

Ethics

Ethical approval was obtained from the University ethics committee (Life and Health Sciences Ethical Review Committee, Ref No. ERN_10-0037). Before commencing the interviews, all participants read the information sheets provided and gave informed written consent. In addition, students were given information about how to access support from the university or counselling services following the interview.

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