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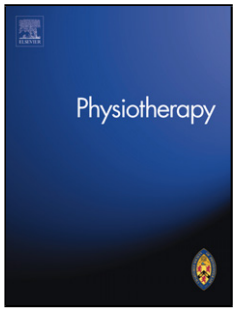

Title: Exploring the experiences and implementing strategies for physiotherapy students who perceive they have been bullied or harassed on clinical placements: Participatory action research

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Exploring the experiences and implementing strategies for physiotherapy students who perceive they have been bullied or harassed on clinical placements: Participatory action research.

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Ethical approval

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(FREC)

Abstract

Objectives: To explore and empower physiotherapy students who reported being bullied or harassed on clinical placements by co-developing, implementing and evaluating strategies that could be adopted by the university.

Design: A participatory action research design was employed.

Participants: Two focus groups were carried out involving 5 final year physiotherapy students. In the first focus group negative experiences were discussed and coping strategies suggested for their penultimate placement. A second focus group was held following the students' final placement when these strategies were evaluated and further ones proposed.

Analysis: A thematic analysis of the data was carried out**.**

Results: Four themes and sub-themes emerged from the analysis. The four themes were, negative experiences on placement, coping strategies, the role of the visiting tutor and the assessment. The students' highlighted various degrees of threat to their efficacy and in most cases could draw upon a suggested 'tool box' of coping strategies. They all agreed that serious cases of harassment require wider support from the University senior management team which should be clearly documented. The role of the visiting tutor was deemed to be critical in these situations and recommendations were made regarding this role and the assessment of placements.

Conclusion: Students understand that they are going to be assessed before achieving their professional qualification and in essence they will always find themselves in a

hierarchical position but equally fairness must prevail and it is important and that there are clear avenues for them to seek support.

Keywords: Practice education; bullying; harassment; participation action research; coping strategies; visiting tutor.

Exploring the experiences and implementing strategies for physiotherapy students who perceive they have been bullied or harassed on clinical placements: Participatory action research.

Introduction

Practice education, also referred to as clinical placements, fieldwork or internships is a vital component of the education of healthcare professionals and in the UK student physiotherapists are required to undertake very diverse clinical placements as part of their education. The purpose of these placements is to provide the students with the necessary practical experience for beginning their career as a physiotherapist and it is in this context that the students' professional socialization begins [1,2]. As if to emphasise the multifaceted aspect of placements, Brown *et al.* [3] (p.23) state that the 'clinical aspect of physiotherapy students' education sees them placed in a 'complex social context with many formal and informal learning opportunities'.

With regards to the students' learning, clinical environments differ very much compared to an academic setting in that they expose students to a variety of unplanned and unstructured activities [3] while classroom learning is more organized, predictable and tries to use inclusive language [4]. Service users', patients' and carers' involvement [5] as well as inter-professional education is increasing in the clinical skills class room setting for future clinicians but it does not provide the engagement with these groups compared to the clinical arena. This is an important consideration because, in taking a situated perspective [6] different environments and social contexts undoubtedly have varying ramifications for the response of learners and, thus, on what is actually learnt [7,6]. With this in mind, the university-based preparatory education might be looked on as a form of 'front-loaded instruction' [3] to students, with regards to what might be demanded of them on their

clinical placements, or expected of them by their clinical educators, patients and the wider social and professional institution of which they are to become temporary members. Physiotherapy students undertake a minimum of 1000 hours of practice in clinical settings [8]. These settings are situated over a wide geographical urban and suburban area taking a radius of up to 50 miles as well as mirroring the immensely different clinical areas that make up the NHS. A recent study [9] that took place at the same university asked students to identify causes of stress and 16% cited their relationship with their clinical educators as a source of stress. Traditionally these incidents are dealt with by the visiting or personal tutor , however no course-wide strategies are in place as guidelines although the Chartered Society of Physiotherapy issued an Information Paper in March 2010 entitled 'Dealing with Bullying' a guide for physiotherapy students on clinical placement' [10]. Furthermore bullying has been defined by the CSP [10] (p.3) as 'offensive, abusive , intimidating , malicious or insulting behaviour or abuse of power, which makes the recipients feel upset, threatened, humiliated or vulnerable, it undermines their self-confidence and may cause them stress' . Harassment is defined as 'violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual'.

Despite this understanding there is a paucity of research into this contentious area. However a recent study, carried out by Soundy and Stubbs in the Midlands concluded that there is evidence that physiotherapy students experienced bullying on their placements. It identified that this bullying behaviour may take many forms and affect students' health and ability to perform in a clinical environment as well as completing the course in the prescribed time [11].

The authors utilised a survey to ascertain the prevalence and type of bullying behaviours experienced by a cohort of final-year BSc undergraduate students and found that twenty-five percent of students reported at least one incident of bullying behaviour by their clinical

educators, however despite the negative effects caused, the majority of students did not report this experience to the university. Conjecturally the authors surmise that this could be because the students felt that if they revealed the educator's behaviour it would result in a poor clinical placement mark.

Students, by virtue of their novice status and having to be assessed on placement, often feel under the 'gaze' of the educators possibly because surveillance has connotations of one group having power and control over another group. Stubbs and Soundy [11] concluded that steps should be taken to ensure that students are better protected from bullying and this should be addressed by all stakeholders including universities. This barrier highlights the necessity for a support mechanism that is sensitive to students' requirements and enables them to feel that there are open and confidential channels of communication with either or both of the stakeholders involved. One option would be to introduce the topic of workplace bullying as a mandatory facet of qualifying programmes just as the safeguarding of adults is a mandatory area .

Whiteside, Stubbs and Soundy [12] followed their first study by interviewing eight undergraduate final year physiotherapy students who had each experienced one incident of bullying on a placement. They explored the context of the incidents and the students' reactions to their experiences. Disturbingly, this study also revealed the students' inability to reveal their experiences to the university and concluded that there is a need for more transparency regarding bullying and a three-way partnership involving placement educators, universities and the professional body should be instigated. **Although this was a ground breaking study it did not explore coping strategies in any detail and this is the purpose of the present study which was prompted by a wish to find out if there were any issues that endangered the students' timely completion of their degree.** Its aim was to empower physiotherapy students who report being bullied or harassed on clinical

placements by co-developing, implementing and evaluating support their diverse learning experiences.

Methods

Design

This study adopted a participatory action research design. The strength of this design is its ability to solve problems and to facilitate change. It endorses the concept of involving the participants in the evaluation and decision making for the interventions as co-researchers. It also emphasises the importance of group work and the participation of those affected in ensuring an effective process of change [13]. As a process, action research encourages people to take responsibility for change as change is mostly successful when participants own the change accordingly. Green [14] suggests that action research can give participants control and confidence if they work to their own agendas.

Participants

Five final year physiotherapy students who were enrolled at a large metropolitan university volunteered for this study. They had completed their penultimate clinical placement and had self-declared experiences of bullying or harassment whilst on placement. The group were heterogeneous with an age range of 24-36years.

Procedure

The five students volunteered for the study after receiving a letter of invitation citing the CSP's [10] definition of bullying and harassment (the information letter also reiterated this). They were told that this was the definition to be used in the study. An initial focus group was then set up to explore their experiences of being bullied or harassed on their placements. The students, in collaboration with the researchers, suggested strategies to address any further experiences of harassment and bullying. The

group met again after the students' sixth and final placement for another focus group to evaluate their experiences and to suggest further strategies.

Analysis

A thematic analysis [15] of the focus group data was carried out which began with a process of familiarisation of the data and initial ideas and potential coding schemes noted. Preliminary codes were then generated and organised into themes. The relationships between the codes that contributed to each potential theme were noted and explored and an initial theme map was produced. **Following this preliminary analysis the students took part in refining the specifics of each theme and collaboratively generated clear definitions and names for each theme.** Finally the essence of each theme and its underlying narrative was identified to generate further information about the students' experiences and possible strategies as well as their suggestions for coping with these situations. This resulted in a final theme map which is discussed in the findings section. All drafts of the analytical process were shown to a colleague familiar with qualitative analysis to check the validity of the codes, sub-themes and themes.

Findings

Four themes and their sub-themes emerged from the analysis. These were : Negative experiences on placement, coping strategies and recommendations for practice , the role of the visiting tutor and the assessment .

Negative experiences whilst on placement

These were analysed as low, medium and high threat to the efficacy of the students. Low threats were defined as experiences that the students felt they could deal with themselves , medium threats were those that needed a concentrated defined strategy and high threats were those situations that needed support from outside. Any of these could potentially endanger the completion of the placement. Following each level of

threat the coping strategies that were proposed and evaluated by the group are outlined and discussed.

Low threat

The students defined this as finding themselves placed with educators who took away their sense of autonomy by wanting things done in a certain way. This made them feel intimidated and eroded their sense of confidence. This, however, is offset by seeing their educators as very able clinicians who taught well and enhanced their patients' quality of life. In effect the students, in this context, weighed up the pros and cons of the situation and found the pros outweighed the cons. They were able to reflect that 'we all have faults' and generally this situation did not seem too bad.

'*If I closed the door of her car in a certain way she would like, grimace, and if I put down my cup she would go and get me a coaster and she was just kind of …very tricky. F1-C-L361p13*

But eventually,

She was into rugby so we talked a lot about that in the car. And she became actually a really good educator and I learnt loads from her and she emails me every now and then 'do I fancy meeting for a drink?' So obviously there was a way in and I just kind of said 'I've got to find a way in with her'. F1-C- L374 p13

Coping strategy for low threat incidents

Playing the game

In some ways this student was 'playing the game' [16]. She explained that she coped with the situation by 'sussing out the foibles' of her educator and reasoned that if she wanted to do well and create a learning environment for herself she should try and understand her educator's idiosyncrasies and thus 'get her on her side' in order to gain the most from her. She explained that what she does is observe the educator's behaviour and complies or mirrors her.

In many ways it is seeing the situation from the educator's perspective, although equally it may be construed as the student losing his/her individuality in the process. The student in question felt that it had different levels. At one level (the most benign) it was trying to learn about the interests of the educator so that there could be a mutuality which could be enjoyable. At another level it was to have the educator on your side as a form of persuasion.

Medium threat.

A medium threat was construed by the students when the educator's conduct was confusing and hence it made it hard to trust him/her. On the surface the actual behaviour appeared to be benign but had undertones of hostility reminiscent of passive-aggressive behaviour. The students elaborated further by explaining that it occurred when the educator appeared to behave differently towards them compared to how they behave towards others.

And then at lunchtime I'd hear some of the younger students saying 'Oh [name of educator]'s amazing he's really funny downstairs!' and I was thinking like 'I don't see him, like that, he gives me really short shrift when he is around'. FG1-B-L44p2.

Specific examples were when students were left to get on with their patients without sufficient guidance or in the event of the student making his/her feelings known was made to feel that it was not the case.

And then I was left on the wards on my own for pretty much all the time I was there. And then he'd disappear into another ward and do something else.

.....at the halfway interview they (educator and visiting tutor) kind of teamed up, and said that it was me and I had an issue. . FG1-B-L60p3

Whiteside *et al*.[12] found that one of the most prevalent factors in their research into the experiences of bullying by undergraduate physiotherapy students was lack of perceived support from the educator.

Coping strategy for medium threat incidents

Assertiveness

A coping strategy suggested for the above situation and one which on evaluation appeared to be useful was assertiveness, that is when students decide to openly state their perspective.

I got really angry. I got very angry about the second week in……So I actually- sat down with the CE and said 'it's not good enough' …and he changed'. FG1-B-L57p2

The risk is that it could back-fire and in many ways it would be advisable to initially try and reflect on the perspective of the educator who may be overworked due to staff absences or other reasons.

Medium / high threat.

This occurred when the educator compared students negatively to previous students from another university and seemed undermining and critical,

in the first week they were saying 'if only we could have [female name] back' (a different student from another university). FG1- L586p20

It also included testing the student's knowledge in a punitive manner or expecting too much from the student with regard to their level of education.

And instead of helping me in front of this patient it felt he was trying to test me..FG1-S-L639p22

Another perspective on this theme was when students found themselves in a situation of confusion and chaos which may not have been the fault of the educator.

I got an email on the Monday morning of the placement saying 'don't come in tomorrow, come in Wednesday' so I was like 'OK, fair enough' but then she said to come into hospital A while I was meant to be in hospital B which was OK but then she said come into hospital B- it was so confusing ! S-FG- L191p10

Hall *et al*. [17] highlighted the importance of the clinical environment in contributing to a positive experience and allied to this concept the importance of giving students enough time to become accustomed to unexpected changes.

Coping strategy for medium/high threat incidents

Taking a considered view

In the cases when students feel they are being compared unfavourably to past students or they feel they are being treated punitively as opposed to being supported in their learning the students suggested that standing back from the situation and taking a considered view could be helpful. One aspect of this is in cases when students appear to take criticism from educators personally and it may help to reframe their opinion if, for example, the educator behaves similarly to other members of his/her team.

I could see, when she was speaking, she was very directive to the other people as well. She was very ((adopts pompous tone)) 'you've got to...you haven't done this...you haven't done that' and they would just sort of look at each other … J-FG1- L329p12

High threat

This appeared to be rare but when it occurred was perceived as very stressful for the students and often resulted in them leaving the placement prematurely. Collectively it was when the educator was dismissive, demoralising and contemptuous making it clear that he/she does not want the student on his/her 'territory'.

Didn't have an induction that day…she didn't give me any guidance or anything, it was just sort of 'sit down' but there was no room for me in the office so I was just sat in the corridor most of the time.

I said 'what do you want to do about sorting out learning objectives?' and her response was 'that's personal to you, you have to do that, I don't want anything to do with it'. And it was

very short, cut off, that was it…then she started talking about failing students . J-FG1-L121p5

This sense of feeling isolated and excluded had similarities with Hakojarvi *et* al's. [18] study of the bullying experiences of student nurses who reported being socially excluded from the working community. Students experiencing high threat situations often suffer from physical symptoms and psychological manifestations such as anxiety, loss of confidence and low mood and in extreme cases withdraw from the placement on medical grounds [18].

Coping Strategy for high threat incidents

Harnessing wider support

In the case of a greater threat as in a medium/high category all the students stated that they would need wider support. In the first instant it involved the visiting tutor and they suggested that a three-way meeting between educator, tutor and themselves would be helpful. It may also be necessary to get support from the practice education team and the student's personal tutor. All students felt that at the end of the day it was important to look after their mental health and in conjunction with the university may decide to leave the placement.

And this was only the fourth day ….my personality had completely changed.. I was unable to talk to anybody. I was just…((nervous laughter/getting upset)) very demoralised… And so they (placement co-ordinator and BSc Director) basically took it out of my hands really and arranged to meet with my educator. J-FG1-0- L174p6

Role of the visiting tutor.

Most of the students felt that in cases of medium to high threat that it was important to harness the support of the visiting tutor although they felt that sometimes the visiting tutor gave them the impression that the visit was a bit of a chore. The students also thought that sometimes the tutors were just going through the motions

And it can slightly be off-hand, they just sit down and go 'is it going all right, OK?'(B-FG2-L108p6

Possibly more concerning for the student is when the students experience the visiting tutors as being biased towards the educator ,

And sometimes ….they just side (with the educator) because they don't want to be seen as biased,…and then you feel really let down and unsupported as a student because you're out there on your own…T-FG2-L116p6

Generally they thought that the role of the visiting tutor needed to be re-assessed and given value and should be given a clearer mandate. Arguably this is a difficult role to undertake as tutors have to gain an understanding of both the educator and student's perspectives within a very short time and provide support and guidance for both. They need to display wisdom and fairness in what could be a difficult situation.

Assessment

The students all agreed that the marking of the placement assessments was very subjective as the expectations of the educators varied or as in the case of some placements they realised that through no fault of their own their level of knowledge may be lower than expected.

The students made two suggestions, that the four best marks out of the six could be taken into account and that as in university their assessment could be marked by two educators who would then agree on the marks.

We should have to pass all six but at the same time only count four. S-FG-L779p38

However how practical either of these would be needs to be explored further.

Limitations

Limitations of the study focused on four major areas. First, the study was undertaken in one university which limits the transferability of its insights to other universities.

However, it must be said that the education of physiotherapy students which includes a

minimum of 1000 hours of clinical experience is similar in all universities in the UK and there is no research that indicates that these participants were any different from other areas of the country.

This study involved two tutors and five participants and it was made clear that because it occurred at the end of the undergraduate course the 2 tutors involved were not part of any further individual marking of this group of students.

A third major limitation was regarding the generalizability of the findings because of the small number of participants. However generalizability is not the aim of qualitative research which is primarily intended for readers to find resonance in the interpretations and apply some of the insights into their own practice [19]. It is hoped that the theoretical insights drawn from this study can contribute positively to students' experiences of clinical practice.

A fourth limitation could be the actual number of participants who volunteered for the study indicating that bullying or harassment might be a minor problem. However, Whiteside and Soundy [13] noted in their study that the majority of students did not report their experience of bullying or harassment to the university and it is conceivable that this was the case here and that there may be more students affected by this kind of experience than volunteered for this research.

Discussion

A note of caution must be sounded when discussing the findings of this study and these therefore it cannot be an exhaustive list. However they may prove to be illuminative for other physiotherapy students who find themselves in comparable situations.

It must also be noted that clinical placements are seen by most students as the most enjoyable aspect of their education and the one aspect of their education that they value the most as it

gives them a chance to see what their future career may involve. However, unlike university with its very structured and monitored framework the unpredictability of the placement experience creates its own problems [12]. For one thing the geography of a university is clearly defined as opposed to placements which are spread over a wide area and could add up to a 2 hour travel period each way to the student's day. This diversity means that a large number of educators are involved in the assessment process and each one will have his/her own perspective on the performance of the students under their guidance. **This subjectivity is perhaps inevitable and questions regarding the validity of** directly observed work-place assessments may have to be debated further. **Alexander [20] questioned this validity in a study based on diary entries completed by educators and visiting tutors. It was found that these entries partly led to the determination of the students' assessment grade and worryingly some of these were erroneous.**

Mindful of their experiences of this process and its flaws the participants of this study suggested that the four best assessment marks out of the six placements should be taken into account and they also made a plea for educators to use the spread between 70% and 100% when it is merited. Both these suggestions are voiced frequently in educational contexts and given the variety of specialities, circumstances and complexity of healthcare environments appear to be fair and objective for the students.

It must also be remembered that qualified physiotherapists are members of a highly specific community with unique patterns of behaviour in which societal, institutional and individual factors affecting their interactions must be taken into account and which invariably affect the student experience. Thomson [21] demonstrated this in her ethnography of physiotherapy practice based on a year spent observing practice in a hospital setting.

The participants highlighted various degrees of threat to their efficacy whilst on placement. In the event of the low and medium threats there was a sense that they could draw upon their

arsenal of coping strategies. One strategy was to 'play the game', in other words to gain an understanding of how the clinician 'ticked' and to be compliant to this. **Clouder [16] in her research into professional socialisation likened the process of acquiring the values and attitudes, of a profession to '*Learning to play the game'* in that it involves becoming aware of rules, both written and unwritten, and learning to conform to the systems in place**. However, in the eyes of the students in this study it only worked if there was a 'pay-off' in the form of an enhanced assessment grade and to gain the most from the placement. One student felt that if this compliance resulted in changing her personality to an extent which she believed to be unethical and she would not want to do this but interestingly she concluded that students have to survive in the *'real world'* and they just have to *'toughen up'*. In some ways it is analogous to the concept 'resilience' in that it denotes a combination of abilities and characteristics that interact dynamically to allow an individual to bounce back, cope successfully, and function above the norm in spite of significant stress or adversity [**22].** All the students agreed that they were on placements to learn and they needed to take every opportunity to do this as they may not experience another placement with the same speciality until they qualify. They agreed that they had to take a considered view and to reflect if they were taking the situation too personally. This requires a considerable amount of self-awareness on their part as it necessitates considering if they were reading too much into the situation or if a particular approach by their clinical educator was resonating with a past negative experience and this was affecting their response. Reflection and self-awareness are already part of the university curriculum via the students' portfolios but given the importance of their experiences on placements perhaps this needs to be addressed further . The portfolio provides a context/forum for the acquisition of transferable skills such as communication, personal skills and team working. Jones et al [23] highlighted the importance of transferable

skill acquisition and whether universities prepare students adequately for employment and concluded that a more structured CPD portfolio would be beneficial.

A situation, in which students feel that their learning is being compromised, may require them affirming their point of view without being aggressive, in other words being assertive. However this situation requires students to have belief in themselves and perceive they have some control of the situation because it carries a potential risk of rebuttal. In this case they may need to harness wider support from the university in the form of the visiting tutor.

It would seem that the role of the visiting tutor is variable and several negative comments regarding this role were voiced by the students. In many ways this role is absolutely crucial in difficult situations in which students perceived they are being harassed or bullied. The visiting tutor's role is seen to be supportive to both clinical educator and student, a fact students may not realise and requires an enormous amount of skill. He /she has to ask questions to gain an understanding of the issues, help the parties understand the other's point of view, discuss weaknesses in the arguments of the parties, or make suggestions to solve the conflict. He/she has to grasp a difficult scenario very quickly and be seen to be fair to both sides. However, above all he/she must be trained in spotting cases of harassment or bullying and protect the students' health and welfare. Taylor [24] suggests that although a visit by the visiting tutor is thought of as good practice in ensuring quality placement experiences these visits represent a significant cost in both travel and staff time. The author suggests that video technologies may be one of the options. However the students in this study expressed concerns over non-direct support for difficult situations. Interestingly in the nursing profession this role has been developed further with the implementation of a Practice Education Facilitator based at the placement who concentrates solely on clinical education and hence provides a link between clinical practice and the HEI in the continuing development of an effective learning environment [25].

It would also be helpful if students could keep the avenues of e-mail communication between them and their tutor open during the clinical placement period and hence pre-warn the tutor of any issues. It has also been suggested that tutors should visit their personal tutees on placement as there would be an existing relationship between tutor and student that has already been established. All of this requires ability and expertise and commitment by the university to raise the profile of this role. It also requires wider support from the University senior management team and Occupational Health. All universities should have structures in place if this should occur so that clear guidelines can be followed and it would also be beneficial for students to know about this before they go on their placements.

The students commented on their 'optimal' placement and this appears to fall into three requirements. The first is that the clinical educator should present a comprehensive plan of what would be happening during the five weeks of the placement and this would include an induction. It is not hard to understand how important this is to a student who could encounter the hospital or community centre as confusing and bewildering and hence be highly anxious. A good 'orientation' [17] increases a sense of control which immediately reduces anxiety which of course detracts from learning. Secondly they wanted to feel welcomed and valued by the clinical team. Negative experiences included the students feeling they were either 'not wanted' or were 'in the way' and this could have huge inroads into their self-esteem. Thirdly they felt that contingency plans should be in place if for whatever reason their clinical educator was unavailable.

The process of being a student in any sphere of life means that they are going to be assessed before achieving their degree and/or professional qualification and in essence they will always find themselves in a hierarchical position and their placement experience reflects this but equally fairness must prevail and it is important for students to feel that they are supported and that there are clear avenues for them to seek this support.

Ethical approval

Ethical approval granted by the Faculty Research Ethics Committee (FREC)

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