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Palvi Dhillon

Lisa Mahil

Jeffrey D. Boniface
University of British Columbia Faculty of Medicine

Danielle Burrell-Kim

Donna Drynan

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Abstract

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Keywords

Occupational therapy, student, bullying, fieldwork, healthcare

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Palvi Dhillon, MOT, BA[1]; Lisa Mahil, MOT, BSc[2]; Danielle Burrell-Kim, MA[3];

Jeff Boniface, MSc, BHSc(OT), BPE, Reg.OT(BC)[3];

Donna Drynan, MEd, BSc(OT), Reg.OT(BC)[3]

Fraser Health[1]

The Centre for Child Development[2]

University of British Columbia[3]

Canada

ABSTRACT

Bullying in placements is a phenomenon that is reported by numerous healthcare disciplines. The limited literature on occupational therapy and student bullying accounts that incivility during placement is both widespread and significantly impacts learning. This study aimed to 1) gather data on the prevalence, type, and effects of bullying that Canadian occupational therapy students experienced while on placement, and 2) explore students' perspectives on current reporting processes and potential mitigation strategies. Using a phenomenological approach, a mixed-methods descriptive and exploratory study was conducted. An anonymous Qualtrics survey consisting of multiple-choice, Likert scale and open-ended questions was completed by past occupational therapy graduates from the years 2018-2022 across Canada. The data was analyzed using descriptive statistics and thematic analysis. The results suggest that occupational therapy students across Canada experienced bullying on their fieldwork placements. Four major themes were identified in the data including types of bullying, impact on students, student responses to bullying, and the reporting experience. Bullying had both emotional and psychological effects on students with "loss of confidence", "dreading going to placement", and "self-doubt" as the most frequently reported impacts of bullying. Canadian occupational therapy programs and academic fieldwork coordinators must be proactive in preventing placement bullying. Findings from this study can serve to inform occupational therapy academic fieldwork coordinators and placement sites on how to create safe learning environments.

Introduction

Fieldwork experiences are crucial for those pursuing degrees in the health professions to ensure students have the chance to apply the knowledge and skills taught in the classroom. These experiences may also increase one's competence and confidence in professional reasoning, teamwork, and communication in interventions (Bolding et al., 2020). The Canadian Association of Occupational Therapists (CAOT) recognizes that completion of fieldwork is an integral component of occupational therapy education. CAOT accreditation standards require the completion of a minimum of 1000 hours of fieldwork (Canadian Association of Occupational Therapists, 2012). This indicates that Canadian occupational therapy students devote around a quarter of their education to fieldwork. Similarly, the American Occupational Therapy Association (AOTA) requires a minimum of 24 weeks of fieldwork experience (AOTA, 2013). According to David Kolb's experiential learning theory, meaningful and effective learning is facilitated by involving students in practical experiences, reflection, and active experimentation (Kolb, 1984; Kolb, 2014). Kolb (1984) identified four stages of learning that are reflected in fieldwork – concrete experience, reflective observation, abstract conceptualization, and active experimentation. Fieldwork allows students to participate in tasks and activities that require them to interact, observe, and provide direct patient care. After engaging in these concrete experiences, students have the opportunity to reflect on their observations and experiences to gain insight and recognize areas for growth. By reflecting on their experiences, students are better able to understand healthcare ideas because they may draw parallels between their experiences and the knowledge they have learned in school. Finally, students are encouraged to actively experiment with their newly gained knowledge and abilities during fieldwork. Thus, fieldwork provides an ideal environment for students to engage in this cycle, enabling them to bridge the gap between theory and practice through hands-on experiences.

However, fieldwork experiences do not always contribute to student learning. Bullying on fieldwork is a phenomenon that is reported by numerous healthcare disciplines (Budden et al., 2017; O'Flynn-Magee et al., 2020; Thomson et al., 2017). A number of studies (Budden et al., 2017; Karatas et al., 2017; Minton et al., 2018) have found that between 40% and 80% of nursing students experienced bullying during their clinical placements. Bullying has also been reported by physiotherapy and medical students during fieldwork, with occurrence rates between 20% and 25% (Stubbs & Soundy, 2013; Timm, 2014). Despite the length of time that occupational therapy students spend in fieldwork, there is limited research on this topic. The single study to explore this topic found that 16% of participants reported incivility during fieldwork, and this phenomenon is both widespread and significantly impacts learning (Bolding et al., 2020).

Literature Review

Descriptions of Bullying

Bullying can manifest in many different forms, and students' experiences can be classified as physical, verbal, or emotional in the practice setting (Budden et al., 2017; Minton et al., 2018). Additionally, these incidents may occur repeatedly throughout fieldwork or as a single incidence (O'Flynn-Magee et al., 2020). Budden et al. (2017) found that the physical class of bullying was less commonly reported than verbal or

emotional. Several studies described some extreme behavior where students were threatened with physical violence more frequently, as well as shouted at, the target of spontaneous anger, and pushed, shoved, kicked, slapped, or punched (Abdelaziz & Abu-Snieneh, 2021; Bolding et al., 2020; Budden et al., 2017; Minton et al., 2018). Multiple studies (Budden et al., 2017; Minton et al., 2018; Najjar et al., 2022) found students reported instances of sexual harassment, including sexist remarks and suggestive sexual gestures directed at them, inappropriate touching, and unwanted requests for intimate physical contact. Minton and Birks (2019) explored nursing students' experiences regarding the nature and extent of bullying on clinical placement and discovered students often reported being pushed to provide care that they felt was beyond their scope and that feedback was delivered in an aggressive and demeaning manner. Bullying has also taken the following additional forms: excessive monitoring of work, having opinions ignored, being exposed to unmanageable workloads, persistent criticism of work and effort, repeated reminders of errors or mistakes, denied acknowledgement for good work, denied learning opportunities, and spreading rumors about them (Abdelaziz & Abu-Snieneh, 2021; Bolding et al., 2020; Minton & Birks, 2019; Smith et al., 2016). The majority of studies, though, have not been able to identify a specific motivation for why bullying occurs in fieldwork.

Impact of Bullying on Students

Bullying incidents during fieldwork can have negative effects on a person's physical and mental well-being (Bardakçı & Günüşen, 2014; D'Ambra & Andrews, 2014). The ability of students to develop clinical competency is jeopardized in hostile environments and hinders learning (Jackson et al., 2011). According to a number of studies, the impacts of bullying manifested as physical and/or psychological symptoms (Bolding et al., 2020; Budden et al., 2017; Minton & Birks, 2019; Palaz, 2013). Students reported experiencing the following physical symptoms: headaches, stomach-aches, digestive problems, and sleeping problems (Bolding et al., 2020; Fernández-Gutiérrez & Mosteiro-Díaz, 2021; Minton & Birks. 2019). Feeling angry, losing confidence and self-esteem, decreased motivation, experiencing panic attacks, feeling anxious, and experiencing self-doubt were the most prevalent reported psychological symptoms (Fernández-Gutiérrez & Mosteiro-Díaz, 2021; Minton & Birks, 2019; Palaz, 2013; Smith et al., 2016; Tee et al., 2016). One of the most unsettling impacts reported was that students considered leaving the profession due to their experience of bullying (Budden et al., 2017; Minton & Birks, 2019; Tee et al., 2016).

Experiences of Reporting Bullying in Healthcare

From the literature in professions outside of occupational therapy, for reporting experiences of bullying, students usually had several options. These included reporting directly to their fieldwork coordinator or using an anonymous university incident reporting form. However, according to studies, more than 70% of students who encountered bullying during their fieldwork did not report the incident (Budden et al., 2017; Minton et al., 2018; Stubbs & Soundy, 2013). Students frequently hesitate to report issues because of embarrassment, fear of retaliation or consequences, and the power imbalance associated with the relationship between a student and their preceptor (Bolding et al., 2020; Minton & Birks, 2019; Timm, 2014). Additional reasons identified

include: feeling like nothing will be done about it, not knowing where/how to report it, and not feeling like it is important to report (Fernández-Gutiérrez & Mosteiro-Díaz, 2021). When studying the causes of student's failure to report incidents, Budden et al. (2017) found two consistent themes emerged: 1) students were worried about the consequences, and 2) students felt that it was best to just ignore it. Students were concerned about future effects on placements and/or job opportunities, fears of obtaining a poor report, and that the staff would turn against them (Budden et al., 2017). Additionally, students believed that their experiences were a "rite of passage" and that their chosen profession required them to have thick skin (Budden et al., 2017). In a study by Minton et al. (2018), students that reported the incident expressed dissatisfaction with the outcome of reporting, frequently lacked clarity about whether any action was taken, and/or felt punished for reporting bullying.

Current Study

It is evident that numerous healthcare fields have acknowledged the occurrence of student bullying in fieldwork placements. However, there is limited research on the occurrence and effects of bullying on students in occupational therapy fieldwork contexts. According to data collected from recent occupational therapy graduates from one Canadian university, bullying took the form of passive aggression, demeaning comments, and a lack of support (Drynan & Boniface, 2022). The definition of bullying varied among the studies mentioned above, however, in this study, we define bullying as “acts or verbal comments that could psychologically or mentally hurt or isolate a person in the workplace” (Canadian Centre for Occupational Health and Safety, 2020). The purpose of this study was to gather data on the prevalence and type of bullying that occupational therapy students experienced or observed while on placement, and to explore any potential effects this may have had on learning in order to better investigate this phenomenon.

Theoretical Framework

This study and its methods were approached through a post-structuralist theoretical framework (Creswell & Poth, 2018). From a post-structuralist perspective, researchers aimed to explore individuals’ experiences rather than uncover universal truths. As an experimental study, we hoped to highlight significant experiences that may be used to better understand a pervasive issue throughout occupational therapy programs. As we approached the analysis of this study, we drew from critical pedagogy theory, which is understood as an attitude, approach, and philosophy where education can lead to social change, and emphasizes social justice, critical thinking, and action (Freire, 1972; Giroux, 2020; Kincheloe, 2008; Rhem, 2013). Its foundation is the notion that education should not only impart knowledge and skills but also cultivate a critical consciousness that enables people to challenge the status quo, recognize and oppose oppression and injustice, and take part in social and political action to effect social change (Giroux, 2020; Kincheloe, 2008). Critical pedagogy aims to empower students to become agents of social change in addition to assisting them in acquiring information and skills (Giroux, 2020). Students should be encouraged to be critical and challenge what they are learning in order to become conscious of potential injustices and power imbalances

(Giroux, 2020). Preceptors who adopt a critical pedagogy lens will promote students to analyze different perspectives, foster a deeper understanding of complex issues and help develop a more informed approach (Giroux, 2020). However, preceptors must be receptive to this perspective and foster an environment where students can question the status quo without facing repercussions.

Methods

Design

This study was conducted through a mixed-methods, descriptive and exploratory approach. This study utilized a mixed-methods survey which was designed based on the initial findings of Drynan and Boniface (2022) as well as relevant research. The survey consisted of a series of multiple-choice, Likert scale, and open-ended questions to appreciate the scope and nature of bullying experiences. The survey questions focused on five major themes: 1) description of the placement setting (e.g. level of placement, private vs. public, area of practice), 2) type of bullying (physical, emotional, and/or microaggression), 3) impact of the bullying experience on health and/or learning, 4) personal experience with reporting processes, 5) recommendations for mitigating placement bullying. At the end of the survey, participants were asked optional demographic questions in order to consider whether there may be a relationship between these factors and the occurrence of bullying.

Data Collection

The recruitment strategy sought recent graduates from the years 2018-2022 of accredited Canadian occupational therapy programs. Participants were restricted to recent graduates to assure the best memory recall of fieldwork experiences. Inclusion criteria included individuals who experienced or witnessed bullying during fieldwork, and whether they formally reported the incident or not. Participants were recruited via the Committee of University Fieldwork Education (CUFE), which is a committee part of the Association of Canadian Occupational Therapy University Programs (ACOTUP). This committee consists of fieldwork coordinators of the 14 occupational therapy programs in Canada. The recruitment letter and letter of initial contact, which included the link to a Qualtrics™ survey were distributed by CUFE to alumni emails of past Canadian occupational therapy students between the years of 2018-2022. Participants anonymously accessed an online survey via a link embedded in the letter of initial contact which was emailed to them.

Data Analysis

A total of 48 participants completed the survey. Out of those, 30 reported experiencing bullying, and 25 answered all questions about those bullying experiences while 5 only responded ‘yes’ to the question “Did you experience and/or witness bullying on any of your student OT placements?”. Upon the completion of data collection, the data was analyzed using a mix of quantitative and qualitative methods.

Quantitative

Quantitative data was analyzed utilizing descriptive statistics and cross-tabulations. Cross-tabulations were used to illustrate relationships between variables of different questions. Traditional correlations could not be used due to the low participation rate. In terms of reliability, a Chi-Square Test result would traditionally be run for yes/no and categorical data, but the lack of participants made it impossible to calculate the reliability of the findings.

Qualitative

The qualitative data was analyzed using a mix of deductive and inductive coding. An initial set of codes was developed based on relevant literature, such as *discrimination*, *loss of confidence*, and *lack of support*. However, upon reading through the data, inductive coding methods were used to develop codes based on repeated patterns or themes within the data. Inductive coding is most common in qualitative studies, often combined with deductive coding, and is particularly beneficial as it allows topics to emerge that may initially not have been expected (Roulston, 2010). A codebook was developed including inductive and deductive codes collaboratively without referral to parts of the qualitative data to reduce the influence on other coders' interpretations of the data. Once the codebook was developed, data was coded individually at the phrasal level.

Upon completion of coding, the inter-coder reliability rate was calculated using the joint probability of agreement with an agreement rate of 86.66%. The process of calculating the inter-coder reliability helped increase the transparency and communication between the researchers (MacPhail et al., 2016), allowing for subsequent consensus coding in which we were able to identify areas of disagreement, explore each other's perspectives, and find common ground within our coding practices. Moreover, as occupational therapy education research lies in an interdisciplinary domain, we also recognize that inter-coder reliability is largely regarded as increasing the trustworthiness of qualitative research in quantitative domains, helping better communicate our findings across multiple disciplines (Joffe & Yardley, 2003). At the same time, as post-structuralist researchers, recognition that there is no one 'true' way to code data, as each researcher and participant brings their own social histories and interpretations to the data. Rather, as O'Connor and Joffe (2020) put it "'qualitative researchers' role is not to reveal universal objective facts but to apply their theoretical expertise to interpret and communicate the diversity of perspectives on a given topic" (para. 17). Thus, intercoder reliability may assist us in the process of coding, but it does not validate our coding or findings as a *single* truth.

From there, the data was analyzed using thematic analysis. Thematic analysis is a flexible approach to analyzing qualitative data through which codes are utilized to identify commonalities among the unique experiences of participants. While even an isolated experience of one participant can be deeply meaningful, these patterns among multiple participants offer greater insights into norms, or regular phenomena within the context (Braun & Clarke, 2021, 2014).

Results

Quantitative Data

Description of Bullying and Placement Setting

Table 1 shows the percentage of individuals who either witnessed or experienced bullying during one of their fieldwork placements, with 30 participants selecting ‘yes’ and 18 selecting ‘no’. The majority of participants reported experiencing and/or witnessing bullying on their Level 2 (Intermediate) placement (n = 10, 40%), followed by Level 3 (Senior) placement (n = 9, 36%), and Level 1 (Introductory) placement (n = 3, 12%) as summarized in Table 2. In Canada, in Level 1 students are introduced to occupational therapy practice, and provided with opportunities to observe and practice skills (Sullivan & Bossers, 1998). Level 2 allows students to work on creating a professional identity and participating in introspection and self-reflection (Sullivan & Bossers, 1998). Lastly, in Level 3, students pursue new challenges and grow in their professional responsibility, as they start working more independently (Sullivan & Bossers, 1998). Findings from the source of bullying are summarized in Table 3. The participant's preceptor (n = 15), other occupational therapists (n = 7), and nurses (n = 4) were reported as the three most frequent sources of bullying. As shown in Figure 1, the most common setting where bullying was reported to have occurred was acute care (n = 10, 40%). Figure 2 shows that the majority of participants reported that they did not believe they were the subject of discrimination on the basis of any of the 13 protected grounds recognized by the Canadian Human Rights Act (n = 12). However, 'race' was chosen as the most frequent response from those who felt they had been subjected to discrimination on the basis of a protected ground (n = 4).

Table 1

Frequency of Bullying Experiences (n = 48)

Did you experience and/or witness bullying on any of your student occupational therapy placements?	N	%
Yes	30	62.5%
No	18	37.5%

Table 2

Level of Placement of Bullying Experience (n = 25)

What level of placement did you experience and/or witness the bullying?	N	%
Level 1 (Introductory)	3	12.0%
Level 2 (Intermediate)	10	40.0%
Level 3 (Senior)	9	36.0%
Prefer not to answer	3	12.0%

Table 3

Bullying Source Frequencies (n = 25)

Source of Bullying*	N	Percent	Percent of Cases
Another placement student**	1	2.9%	4.0%
Other rehab specialists (not occupational therapists)**	1	2.9%	4.0%
Participants' preceptor	15	44.1%	60.0%
Other occupational therapist(s)	7	20.6%	28.0%
Doctor(s)	2	5.9%	8.0%
Nurse(s)	4	11.8%	16.0%
Rehab assistant(s)	2	5.9%	8.0%
Management team	1	2.9%	4.0%
Patient/Client	1	2.9%	4.0%
Total	34	100.0%	136.0%

* Dichotomy group tabulated at value 1.
** ‘Other’ responses typed by respondents
***25 respondents

Figure 1

Practice Area/Setting Where Bullying was Experienced or Witnessed (n = 25)

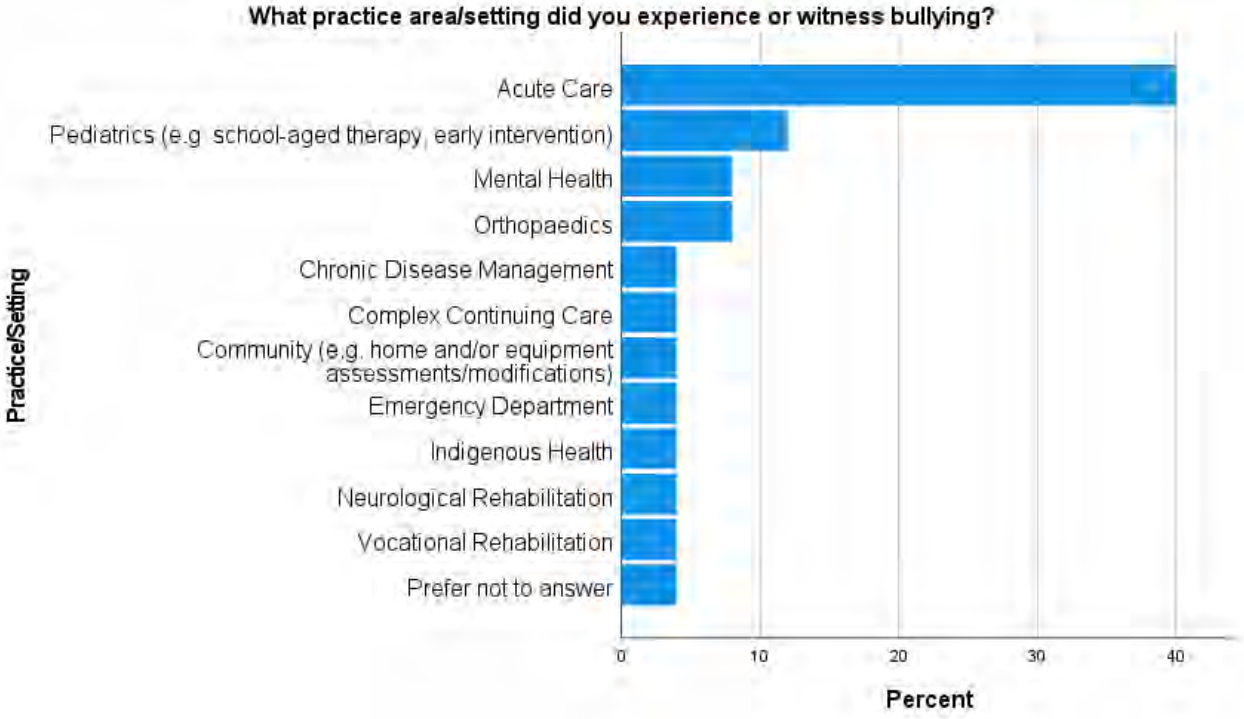
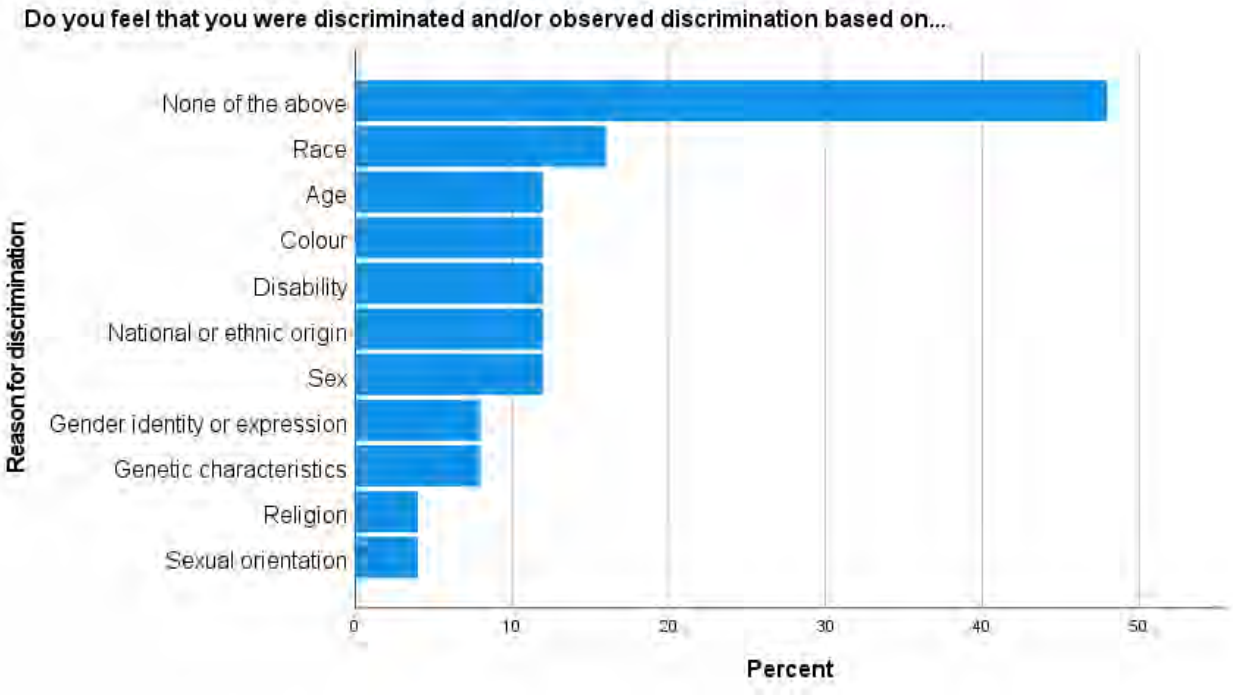


Figure 2

Perceived Basis of Discrimination (n =37)

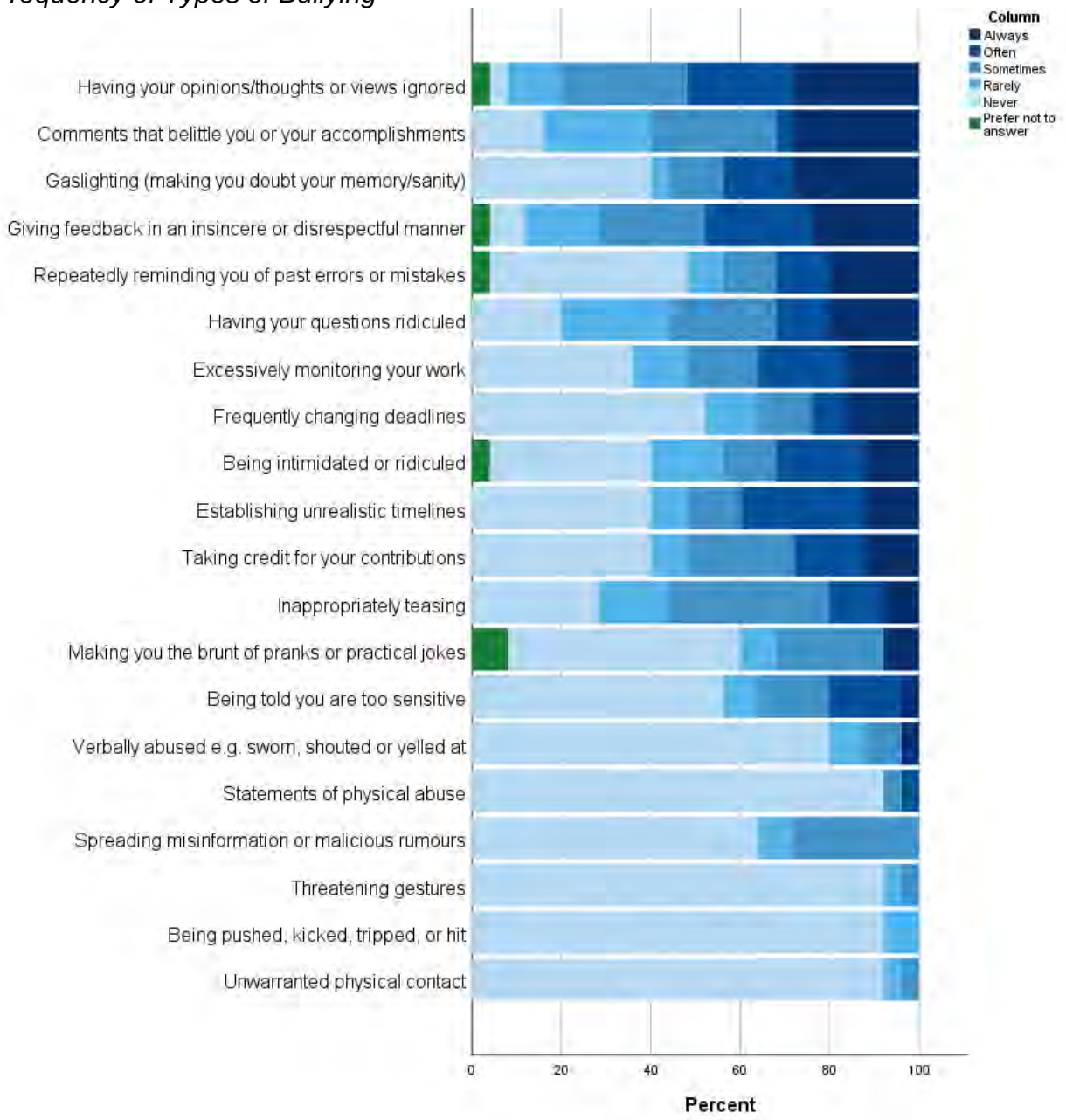


Type of Bullying

As presented in Figure 3, “having your opinions/thoughts or views ignored” and “giving feedback in an insincere or disrespectful manner” were the most commonly experienced forms of bullying across all frequencies, with only 4% of responses indicating that they *never* had their opinions/thoughts or views ignored. Physical abuse was the least reported type of bullying with those who reported it rating physical actions as occurring rarely or sometimes.

Figure 3

Frequency of Types of Bullying

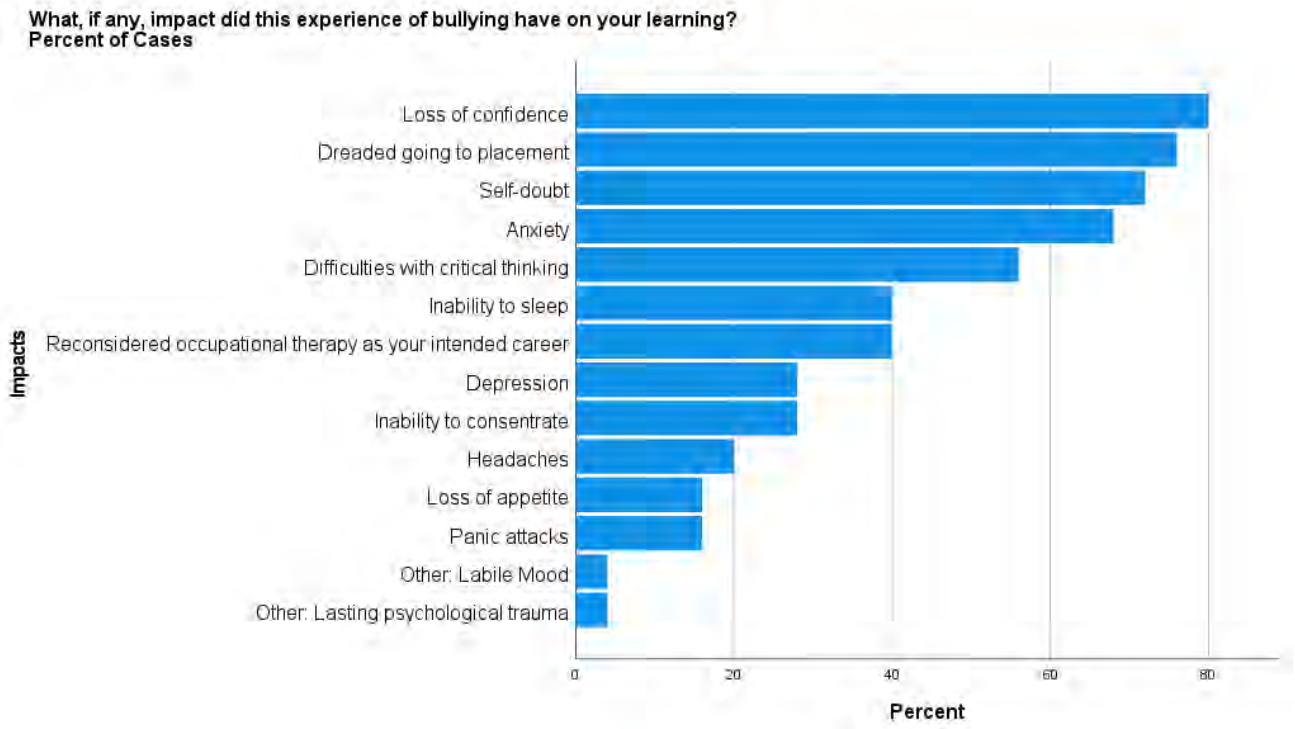


Impact of Bullying on Health and/or Learning

As shown in Figure 4, loss of confidence (80%), dreading going to placement (76%), and self-doubt (72%) were the most frequently reported impacts of bullying. Two out of 25 (0.8%) respondents selected only one impact. However, the majority of participants selected multiple impacts: on average, participants selected five responses.

Figure 4

Impacts of Bullying on Health and/or Learning



Personal Experience with Reporting Processes

Table 4 illustrates that of 35 participants, 36% reported their bullying experience while 56% did not. The most frequently selected responses for not reporting the bullying were, “fear of preceptor failing you on placement”, “fear of retaliation or increased bullying post-reporting”, and “did not think it was worth reporting,” with 42.9% of participants selecting these responses, as shown in Table 5. Participants reported the bullying experiences to the fieldwork coordinator, their preceptor, the formal reporting process at the university, management at the placement location, and another faculty member of the program, summarized in Table 6. Participants were asked to reflect on where they reported bullying, as well as how positive or negative this experience was for them, as outlined in Figure 5. For example, participants that reported to their preceptor described their experiences as, “very negative” (n = 1), “negative” (n = 2), “neutral” (n = 1), and “very positive” (n = 1). The participants that reported to their fieldwork coordinator described their experiences as, “very positive” (n = 4), “neutral” (n = 1), and “negative” (n = 1). As shown in Table 7, 63% of the 8 participants who reported their bullying experience felt that the overall reporting process was “somewhat ineffective.”

Table 4

Frequency of Bullying Being Reported (n = 25)

Was the bullying reported?	N	%
Yes	9	36%
No	14	56%
Prefer not to answer	2	8%

Table 5

Reason for Bullying Not Being Reported (n = 14)

Reason why bullying was not reported[a]:	N	Percent	Percent of Cases
Fear of preceptor failing you on placement	6	16.7%	42.9%
Fear of retaliation or increased bullying post-reporting	6	16.7%	42.9%
Did not think it was worth reporting	6	16.7%	42.9%
Fear of a negative reputation as a student OT	5	13.9%	35.7%
Lack of anonymity	4	11.1%	28.6%
Didn't know who/where to report bullying	3	8.3%	21.4%
Other[b]	5	13.9%	35.7%
Prefer not to answer	1	2.8%	7.1%
Total	36	100.0%	257.1%

a. Dichotomy group tabulated at value 1.
b. No text was provided for Other answers

Table 6

Reporting Location (n = 8)

Where the bullying was reported:	N	Percent	Percent of Cases
Fieldwork coordinator	6	28.5%	75%
Directly to your preceptor	5	23.8%	62.5%
Formal reporting process at the university	4	19%	50%
Management at the placement location	2	9.5%	25%
Other faculty Member	2	9.5%	25%
Other	2	9.5%	25%
Total	21	100.0%	262.5%

Figure 5

Reporting Location with the Impact of Reporting Process (n = 8)

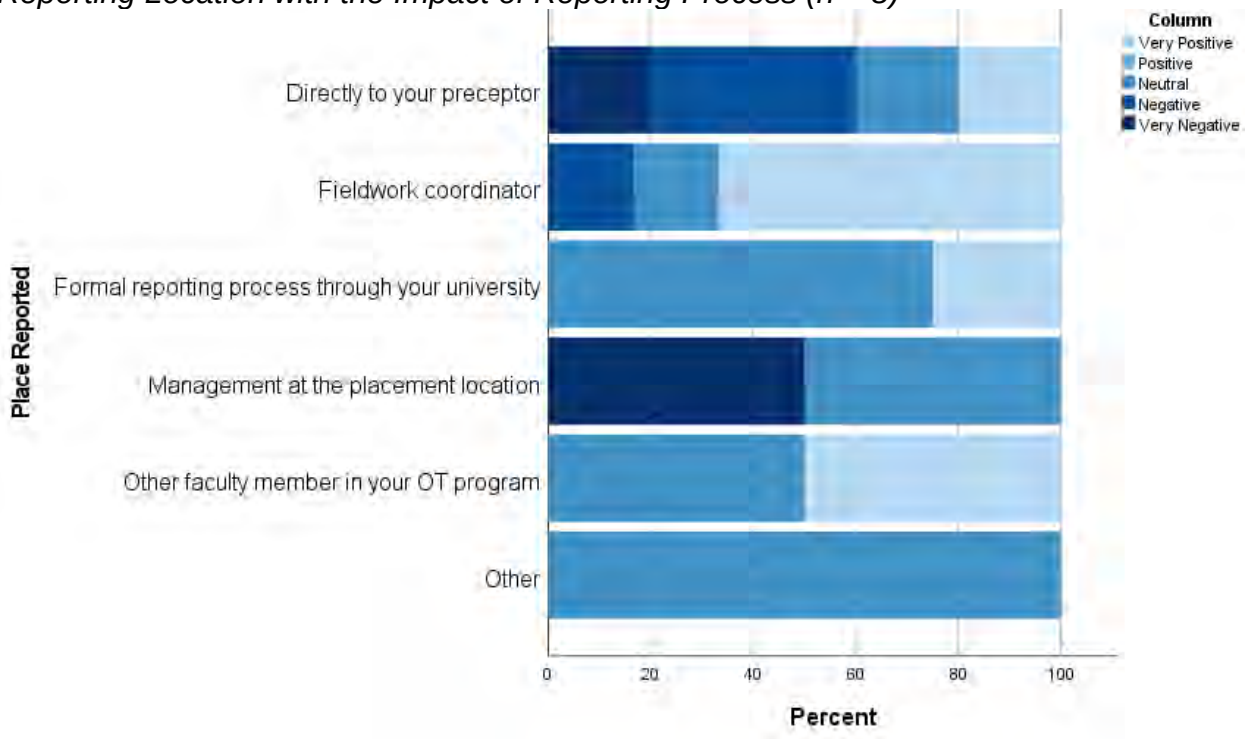


Table 7

Effectiveness of Reporting Process(es) Used (n = 8)

How effective were the reporting processes used in addressing the bullying experience:	N	Percent
Very effective	0	0%
Somewhat effective	1	12.5%
Neither effective nor ineffective	1	12.5%
Somewhat ineffective	5	62.5%
Very ineffective	1	12.5%
Total	8	100.0%

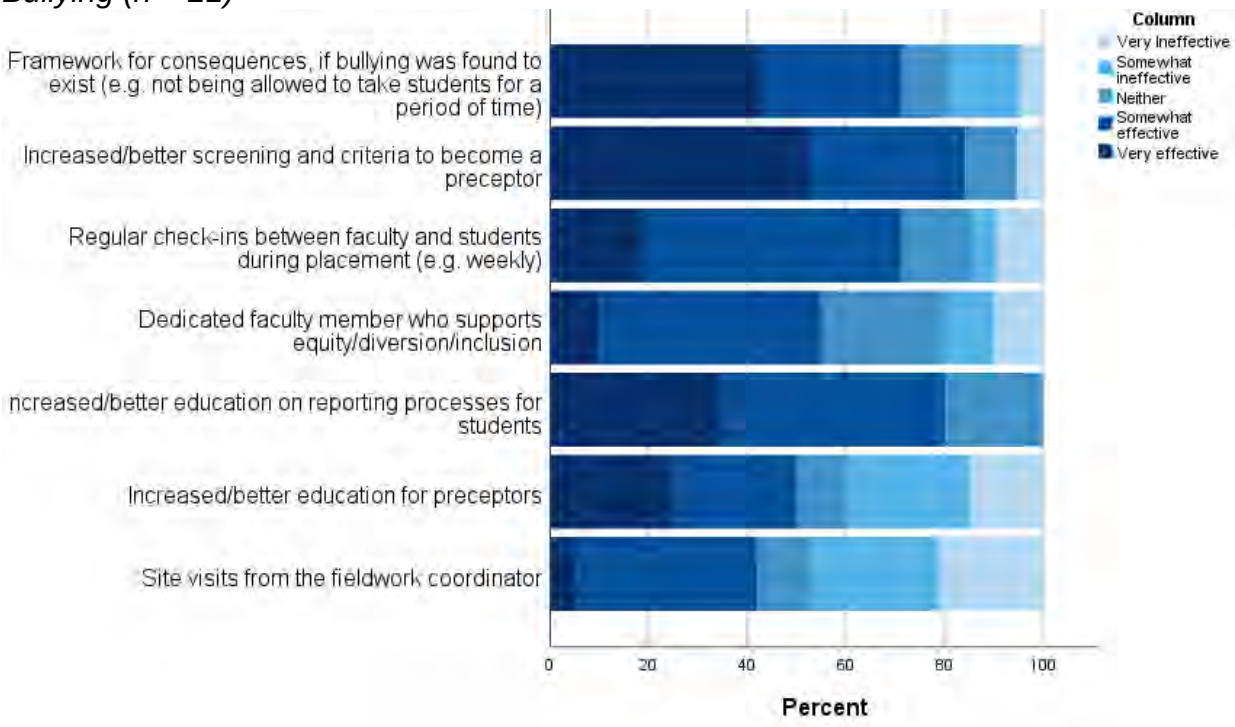
Recommendations to Mitigate Future Placement Bullying

Figure 6 illustrates how effective participants believe the potential recommendations would be for resolving or mitigating bullying in the future. “Increased/better screening and criteria to become a preceptor”, and “framework for consequences if bullying was found to exist (e.g. not being allowed to take students for a period of time)” were selected as “very effective” most frequently, 52.6% and 42.9% respectively.

At the end of the survey, participants were asked optional demographic questions (e.g., age, race, gender, cultural background) to identify any possible relationships with bullying. However, due to the low response rate of this section, we were unable to identify any correlations at this point.

Figure 6

Effectiveness of Potential Recommendations for Resolving or Mitigating Placement Bullying (n = 21)



Qualitative Data

Three major themes were identified in the data including: *types of bullying, impact on students*, and *responses to bullying and the reporting experience.* Each of these themes has codes and subsections. We have highlighted the most relevant for this study based on the number of instances within data and how the responses answer our research questions.

Types of Bullying

Belittlement. Bullying took many forms, but the most prevalently mentioned in qualitative data was belittlement. Across the data, the code for belittlement occurred fourteen times, whereas the next most common codes, *Othering* and *lack of feedback*, were only marked five times. One participant noted:

I was taking ROM [range of motion] measurements of the patient's fingers and I was having trouble finding the correct way to hold the goniometer. The OT [occupational therapist] I was with made a very degrading remark implying that I was stupid. I remember making eye contact with the patient's dad who looked just as shocked as I was with this OT's comment.

Othering. Othering is a process by which individuals are attempted to be subordinated by a larger, dominant group, and marked as inferior or different (Griffin, 2017). While othering often occurs due to discriminatory bias, often discussed in relation to race, it may also occur due to less visible biases such as education level, age, or simply hierarchical positioning within the context, such as a student among healthcare professionals. Participants reported being ignored when walking down the hallways, having healthcare professionals move tables when students tried to sit with them at lunch, and being the targets of gossip throughout their placement.

Discrimination. Coinciding with the quantitative results of our survey, most participants did not report feeling subjected to discrimination on the basis of a protected ground. However, those who did report discrimination instances cited a strong connection to language and perceived nationality-based discrimination. When asked to describe their experiences with bullying, one participant explained “my preceptor bullied me on a regular basis for my written language that was not my primary language nor a requirement from my English based OT program.”

Another participant reported that discriminatory treatment was extended to patients as well again on the basis of language as well as religion, socioeconomic status, and addiction. One participant described there were, “lots of comments about patients or other staff who were ESL [English as a second language speakers] or visibly of a minority religious group. Substandard treatment given to patients who did not speak English, were drug users, and/or homeless.”

Patient Mistreatment. In several instances, participants reported that patients were also the victims of bullying or their care was impacted by the treatment of students. Some bullying was passive, either gossiping or “making fun of patients”. However, one participant explained the healthcare worker they were with would ignore and avoid them to the point of “putting clients care at risk by declining to work together”.

Impact on Students

Negative Learning Experiences. Repeatedly throughout qualitative answers, students reported experiences which could not, without a doubt, be labelled as bullying yet still provoked significant negative impacts on students. We have categorized these interactions as negative learning experiences, or those in which healthcare professionals enacted damaging pedagogical practices. These practices may simply not be conducive for learning or at times erred toward workplace abuse. The major categories of negative learning experiences included excessive monitoring of students’ work; impatience, frustration, and/or disdain expressed for students during learning opportunities; a complete lack of feedback on how to improve performance when mistakes are pointed out; expecting or forcing students to work outside the scope or hours of their placement; pushing students to perform duties they are unprepared for regardless of student concerns; and judging students on unstated or constantly shifting expectations.

Lack of Communication and Feedback. A lack of communication from healthcare workers was the number one negative learning experience that students reported. For the purposes of this paper, we defined a 'lack of communication' as healthcare professionals withholding vital information from students. This was reported as being asked to do tasks but refusing any details; refusing to answer student questions; withholding information that could have helped the student, such as current grade or evaluation. One participant reported, "I was told not to ask them questions and if I was confused to deal with it as they would not change the way they worked to help me learn."

Lack of Preparation. Four participants reported being asked to perform duties they were not trained to do without support or guidance, even when they expressed they were unprepared for such duties. These instances were often coupled with aggression, impatience, or retaliation from healthcare professionals; despite often having the knowledge that the student was not equipped to successfully perform the task, thus setting them up for failure, the students were blamed and ridiculed for error. One participant shared:

One day, I was told to grab a wheelchair for a patient and I tried my best to select the correct one with my novice clinical reasoning skills (and from the ill-supplied wheelchair room), only to return to the unit with the chair and have my preceptor aggressively grab it away from me and tell me I chose the wrong type and that now she would have to walk all the way back to the wheelchair room to exchange it. I felt had she accompanied me and been present while I reasoned my way through selecting the chair that I chose, she could have better supported my learning and the growth of my clinical reasoning skills.

Emotional, Psychological, and Career Impacts. For the purpose of this study, emotional/psychological impacts were defined as, nonphysical outcomes that made the victim feel threatened, inferior, ashamed or degraded). Participants described their experiences as "horrible", "belittling", "distressing", making them feel "dumb", and inducing "anxiety" and emotional stress to the point of crying in the bathroom at the placement. One participant described, "I am someone who is very confident and for me to be made to feel like I know nothing and to be belittled was horrible."

Students' careers, academic and in healthcare as a whole, cannot be separated from the emotional and psychological impacts they faced. Multiple participants reported feeling as though they did not belong in the program. In such cases, students may be more likely to drop out or pursue a different career due to burnout or psychological stress. In some cases, bullying or pedagogical practices impacted students' grades, to the point of delaying or preventing their completion of the program. One participant explained:

The way I was talked to made me feel like I shouldn't even be in the program. So much so that with 3 hours left of placement my preceptor decided to tell me that I failed my placement with no warning to me or my school.

Responses to Bullying and the Reporting Experience

Only one participant reported directly confronting their own bully. However, this attempt was met with gaslighting, or an attempt to cause the bullied to doubt themselves and the very existence of the accused act. One participant highlighted how:

My preceptor would make fun of the clients to me and the others in the office. He also called me "skinny fat" out of nowhere and when I told him not to ever comment on my body again he claimed he didn't ever say anything.

Out of the ten participants that reported their bullying formally, six chose to write on the experience. Out of those six, none of the participants reported a fully positive experience. In some cases, students found one or two supportive people who were limited by others or the system at large:

My fieldwork coordinator was very supportive and very receptive of my feedback. We both agreed that her power in the situation was limited because my preceptor was out of catchment, however, we both agreed that the school would probably be best off not placing another student with that particular supervisor.

When reporting this to my OT preceptor I felt very supported and validated. When I reported this to the fieldwork coordinator it felt as though she was making an excuse for this OT. From my understanding this is not the first time a bullying incident has happened with this OT. This was sad to hear because my coordinator was aware of ongoing complaints but yet she was still able to take on students?

However, four out of six (66%) students reported experiencing retaliation, blame, or apathy. For example, one participant noted that "[their] fieldwork coordinator and university were fantastic and went above and beyond. When [they] reported it to [their preceptor and the manager it became worse and then decided to fail [them] right at the end with no warning." Another participant reported that "the fieldwork coordinator blamed [them] for the issues experienced." In addition, a different participant reported that "[they were] told similar experiences were shared by other students at the same placement so the fieldwork coordinators would look into. It was never discussed with [them] after that so [they didn't] know if there was any follow up." Similarly, another participant reported:

> I mentioned what was happening to my preceptor and she confronted the coordinator of the department. My preceptor told me that the coordinator said that the message was just a joke and not intended for us. The OT room felt even more uncomfortable after that.

Discussion

Given that occupational therapy is a relational profession, meaningful relationships, mutual trust and respect are highly valued (Townsend et al., 2013). According to the competencies for Canadian occupational therapists, therapists are expected to communicate in a respectful manner, adjust to power imbalances that may affect relationships, and maintain mutually supportive working relationships (ACOTRO, ACOTUP, & CAOT, 2021). Additionally, occupational therapists are expected to promote anti-oppressive behaviour and culturally safer, inclusive relationships (ACOTRO, ACOTUP, & CAOT, 2021). These competencies also apply to the relationship between the student and the preceptor, but it is clear from our findings that this is not the case.

It is evident that preceptors have enacted damaging pedagogical practices that are not conducive to learning and also hinder the student-preceptor relationship. The findings from this study can be more insightful when viewed in the context of a theoretical perspective like critical pedagogy. Critical pedagogy encourages students to actively engage in their learning in an effort to empower them, this entails giving them the information, abilities, and tools required to engage with the subject matter critically. Students who are underprepared may feel disempowered, disengaged, and unable to contribute meaningfully to their fieldwork. If a preceptor does not employ critical pedagogy practices, the student may be limited to passive learning, simply observing or following instructions without actively engaging in critical thinking and reflection. Furthermore, exploring different perspective, even those that contradict dominant ideas, is encouraged by critical pedagogy. Without the inclusion of critical pedagogy practices, the student may only be exposed to a restricted range of viewpoints and ways of thinking, which might limit their comprehension of complicated problems and their capacity to deal with diverse populations. The negative learning experiences encountered by participants oppose the principles of critical pedagogy, as it fosters an unsafe learning environment, discourages a growth mindset, prevents collaboration and dialogue, and reinforces inequities.

Experiencing bullying on fieldwork placements had various emotional and psychological impacts on students and their well-being. Our findings were consistent with those of Fernández-Gutiérrez and Mosteiro-Díaz (2021), Minton and Birks (2019), Palaz (2013), Smith et al. (2016), in that students expressed a loss of confidence, dreaded going to their placements, and suffered from anxiety as a result of their bullying experiences. These effects can potentially have detrimental long-term impacts on students and their future careers. For example, due to burnout or stress on placement, students may be more likely to drop out of their current program or pursue an entirely different career. Similar implications of students reconsidering occupational therapy as their career choice were noted by Budden et al. (2017), Minton and Birks (2019), and Tee et al. (2016). Furthermore, the negative learning experiences that students described, such as a lack of feedback and denied learning opportunities, may result in students lacking the skills necessary to enter the field as clinicians. If entry-level clinicians lack confidence or proper training, this may have negative impacts on the care they are providing to patients (Bolding et al., 2020).

Students' negative experiences with the reporting processes highlight how preceptors failed to create a safe environment where students had the opportunity to communicate challenges. As a result, students' agency and empowerment are undermined when they are unable to express their difficulties, which may further perpetuate inequalities. This may also have implications for their future careers. For example, multiple students did not feel supported by their preceptors or fieldwork coordinators after reporting. As a result, they may lose trust in authority figures, and find it difficult to establish supportive relationships with them in the future. Additionally, it might perpetuate an ongoing cycle of bullying, as students may struggle to advocate for themselves or others in future situations of mistreatment or injustice.

Implications for Occupational Therapy Education

It is clear that occupational therapy students in Canada have experienced bullying while on fieldwork. To mitigate future bullying, various strategies could be considered such as: development of preceptor screening tools so that they are aware of the responsibilities; user friendly reporting systems which may flag when preceptors need to be taken off the roster for hosting students; development of non-punitive remediation such as linking all preceptors back to codes of ethics modules. In addition, preceptors should be provided with increased education on areas such as learning styles, how to create a safe and inclusive learning environment, and delivering constructive feedback in a respectful manner. Screening measures can help ensure that students receive a high-quality educational experience, are exposed to positive role models, and are supported in their professional development. However, it is important to acknowledge that this could be challenging given the fact that many Canadian schools are experiencing difficulties finding enough placement offers to fill their growing class sizes.

To address the concerns around reporting experiences, a standardized protocol to address bullying reports should be developed across all Canadian programs. A standardized protocol ensures that all incidents of bullying are addressed consistently and fairly with clear guidelines around the reporting and investigation procedures. It also promotes transparency and accountability, as it outlines the steps and actions that will be taken when a bullying incident is reported.

Limitations

There are two key limitations to be considered with this study. Firstly, there was a small sample size of 48 participants, which reduced the power of this study. As a result, we were unable to determine if our results were statistically significant. The sample size was limited due to the recruitment method, where fieldwork coordinators of the different occupational therapy programs across Canada were asked to send out the study details to their alumni lists. However, it is likely that this limited the number of participants as they may not have access to or use these emails currently. It is suggested that a different recruitment method be used for future studies, such as using each province's college to contact practicing occupational therapists. Secondly, most of the survey

questions were optional or had a “prefer not to answer” option, as required by the University Behavioral Research Ethics Board. This requirement limited the number of responses to survey questions which made it challenging to generalize the results to a larger population.

Future Research

It would be important to gather the perspectives of occupational therapy fieldwork educators on the topic of bullying within the student-preceptor relationship. It would be useful if resources and materials were co-created between the academic program, students and preceptors to prevent bullying from occurring in the practice setting and then these get evaluated. Review of student preparation for placements would be of interest. Inclusion of anti-harassment and reporting measures utilized could be studied.

Conclusion

Regardless of the limitations, this study provides valuable implications for occupational therapy programs as there is limited research in this area. This study demonstrated that bullying occurs in fieldwork, and these incidents have significant negative impacts on students’ learning and well-being. In addition, participants did not feel supported during the reporting process. It is important that Canadian occupational therapy programs and academic fieldwork coordinators be proactive in preventing placement bullying. It is recommended that a framework for consequences, increased screening measures for becoming a preceptor, and a standardized reporting protocol be implemented to promote safe and supportive learning spaces.

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