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The Student Occupational Therapist Experience of Bullying on Fieldwork Placement: An Exploratory Study

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Abstract

Bullying is a widespread issue in higher education, notably in healthcare disciplines like nursing, medicine, and physical therapy. However, there is a paucity of research addressing bullying within occupational therapy, which is a relational healthcare discipline emphasizing meaningful relationships, mutual trust, and respect. This study investigated the experiences of student occupational therapists in Canada regarding bullying during their fieldwork placements through exploratory phenomenology. Data from nine former occupational therapy students were collected via focus groups and interviews. Thematic analysis unveiled common experiences including passive aggression, demeaning comments, and a lack of support. Three key themes emerged: the impact of power dynamics between students and preceptors, reduced learning opportunities and emotional distress, and the necessity for coping strategies. Participants highlighted the detrimental effects of bullying in learning and well-being. We advocate for developing processes to address bullying in placement settings and creating educational resources for students and preceptors to ensure the establishment of safe and conducive learning environments.

Keywords

Occupational therapy, bullying, fieldwork placement, healthcare

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ABSTRACT

Bullying is a widespread issue in higher education, notably in healthcare disciplines like nursing, medicine, and physical therapy. However, there is a paucity of research addressing bullying within occupational therapy, which is a relational healthcare discipline emphasizing meaningful relationships, mutual trust, and respect. This study investigated the experiences of student occupational therapists in Canada regarding bullying during their fieldwork placements through exploratory phenomenology. Data from nine former occupational therapy students were collected via focus groups and interviews. Thematic analysis unveiled common experiences including passive aggression, demeaning comments, and a lack of support. Three key themes emerged: the impact of power dynamics between students and preceptors, reduced learning opportunities and emotional distress, and the necessity for coping strategies. Participants highlighted the detrimental effects of bullying in learning and well-being. We advocate for developing processes to address bullying in placement settings and creating educational resources for students and preceptors to ensure the establishment of safe and conducive learning environments.

Healthcare students are required to learn the theory that guides their chosen profession as well as develop the requisite technical and professional skills necessary to perform their jobs. The knowledge, skills, and attitudes are developed in both the classroom setting as well as in experiential practicum-based opportunities. In occupational therapy, fieldwork placements are crucial to advance students' knowledge and confidence to become competent healthcare providers in the future (Bolding et al., 2020).

However, it is well known that bullying in healthcare commonly occurs, especially during student fieldwork placements (Henley et al., 2018). According to Budden and colleagues (2017), bullying in the health service sector is a growing problem. Recent studies indicate that nursing, medical, physical therapy, dental, midwifery, and paramedic students have reported (formally or not) that they experienced some form of bullying during their fieldwork placements (Boyle, 2001; Minton et al., 2018; O'Flynn-Magee et al., 2020; Shapiro et al., 2018). In Canada, over 88% of 674 nursing students reported at least one occasion of bullying during their clinical fieldwork placement (Clarke et al., 2012).

Bullying can manifest in different ways, for example, Minton and Birks (2019) found that students reported physical, verbal, and emotional mistreatment. Students reported being told they were worthless, were given silent treatment, ignored, and racially discriminated against (Minton & Birks, 2019). Some also reported being given menial tasks their preceptor did not want to do. Other forms of bullying that have been reported include gaslighting (manipulation to get someone to question their reality, memory, or perception), lack of positive feedback, insensitivity to student needs, belittlement, public humiliation, denial of learning opportunities, unreasonable expectations, and threats of poor evaluations (Bolding et al., 2020; Darbyshire et al., 2019; Elisha & Rutledge, 2011; Hoel et al., 2007).

An occupational therapy fieldwork educator or "preceptor" role is to mentor, instill confidence, create a safe learning environment, and provide constructive feedback (Longmore, 2020). Research by Capper and colleagues (2020b) found that preceptors often have gaps in knowledge on how to communicate with students effectively, leading to miscommunication and stress in the student-preceptor relationship, creating an unsafe learning environment.

The sources of bullying have typically been reported to be clinical supervisors/ preceptors to the students (Capper et al., 2020b; Leong & Crossman, 2016; Minton et al., 2018; Stubbs & Soundy, 2013). However, some findings indicate that patients and other team members have also exhibited bullying behaviors (Budden et al., 2017; Timm, 2014). Most research suggests that senior-level students are more likely to be victims of bullying (Birks et al., 2017; Minton et al., 2018). Additionally, student age has been suggested to be inversely related to experiences of bullying (Budden et al., 2017; Henley et al., 2018; Minton & Birks, 2019). For example, a younger student on the same level of fieldwork placement is more susceptible to bullying as compared to an older student. Researchers suggest that this is likely due to fewer life skills and experiences to cope with adversity (Budden et al., 2017).

The source of bullying is often inequity of power (Capper et al., 2020b). Misuse of power leaves students vulnerable to prolonged bullying out of fear of potential repercussions from reporting the bullying, due to the substantial power preceptors hold in the student's final evaluation (Boyle, 2001; Capper et al., 2020a; Minton & Birks, 2019). This structure creates a power imbalance where students are not equal members of the relationship and fosters fear of speaking out.

Many studies found that students did not formally report their experiences of bullying due to reasons such as fear of poor evaluation, failure, embarrassment, jeopardizing their chance of employment, and being unsure of what qualifies as bullying (Boyle, 2001; O'Flynn-Magee et al., 2020; Thomson et al., 2017). Furthermore, some felt as though they were not in a position of power to do so, held perceptions that these experiences were normal and part of learning the job, or feared they would not be believed and would be blamed for the bullying (Bolding et al., 2020; Minton & Birks, 2019; Minton et al., 2018).

These instances of bullying can have profound and long-lasting impacts on students (Capper et al., 2020b). Studies found that students who experienced bullying were more likely to have poorer mental health and lower job satisfaction (Curtis et al., 2007; Stubbs & Soundy, 2013). Some students experienced physical reactions such as headaches or digestive problems (Bolding et al., 2020). On the other hand, many students expressed emotional impacts from the bullying such as anxiety, post-traumatic stress disorder (PTSD), panic attacks, and depression (Budden et al., 2017; Minton et al., 2018; Thomson et al., 2017). Findings from Minton and Birks (2019) compared bullying to being in an abusive relationship; that is, being unable to escape it coupled with the intense fear of doing something wrong. More extreme cases led to some students feeling suicidal (Minton et al., 2018).

Instances of bullying significantly impacted fieldwork students' ability to learn. For example, students who were bullied reported experiencing a loss of confidence, difficulties with critical thinking, and dread about entering the fieldwork site (Bolding et al., 2020). Long-term, students reported that experiences of bullying impacted their future employment choices and overall willingness to stay in the profession (Curtis et al., 2007; Minton et al., 2018; Stubbs & Soundy, 2013).

Bullying also negatively impacted the quality of care that patients received (Bolding et al., 2020; Capper et al., 2020b). Students felt that their learning was compromised because they were unable to approach their supervisors to ask questions out of fear (Bolding et al., 2020). Students also reported working outside of their knowledge scope to avoid conflict with their preceptor or being left with patients with insufficient guidance (Thomson et al., 2017). Minton et al. (2018) found that students made more medication errors when they were bullied.

Many of the studies cited above had differing definitions of what bullying entailed. For this study, the co-investigators developed a definition for bullying as follows: "Bullying can be intentional or unintentional. It can manifest as verbal, physical, or emotional intimidation that creates a hostile and/or unsafe learning environment. These acts of bullying can take shape by undermining an individual's self-esteem to compromise their ability to work and learn in a safe environment, and can have long-lasting effects."

Despite the knowledge about bullying and its impacts during healthcare student placements, the experience of bullying has not been well reported in the field of occupational therapy. The purpose of this study was to explore student occupational therapists' experience of bullying during fieldwork placements, primarily to understand the impact on student learning.

Methodology

Design

A qualitative, exploratory study using a phenomenological approach was employed. An interpretivist paradigm was used as it acknowledges that realities are subjective and complex and that an individual phenomenon can have multiple meanings and interpretations (Krauss, 2005). The use of this design is appropriate because phenomenological research focuses on the commonality of subjective lived experiences within a population (Neubauer et al., 2019; Wilson, 2015). Additionally, this paper is grounded in relational-cultural theory (RCT) as it suggests a model in which individuals grow through their relationships with others (Duffey et al., 2016). Considering this, it is important to acknowledge that the quality of a student-preceptor relationship can impact the student's ability to transfer the skills they learn into their future practice.

Participants

This study received ethical approval through the University Behavioral Research Ethics Board (H21- 00312). The recruitment strategy sought past occupational therapy students who graduated from one Canadian occupational therapy training program between 2016 and 2021. Inclusion criteria included: 1) individuals who perceived they experienced or witnessed bullying during fieldwork placements, and 2) fluent in English. Recruitment occurred through a third party (occupational therapy fieldwork assistant). Participants were contacted about the study via alumni email lists, and volunteers were screened for eligibility and then signed informed consent documents online.

Eleven individuals signed up to participate in this study. Two participants withdrew from the study, leaving a total of nine individuals who participated. Two focus groups were conducted with three to four participants in each. Additionally, two individual interviews were completed. In keeping with confidentiality purposes, all participants were also given a unique identifier for this paper.

Table 1

Demographic Information of Participants

Participant	Ethnic Group	Age	Age of perpetrator	Placement Level	Public/ Private Fund	Area of Practice
P1	Caucasian	21-25	30-40	Intermediate	Private	Pediatrics
P2	Asian	21-25	40-50	Intermediate	Public	Acute Hospital/ Rehab Center
P3	Caucasian	21-25	40-50	Intermediate	Public	Acute Hospital
P4	Caucasian /Asian	21-25	30-40	Senior	Public	Acute Hospital
P5	Caucasian	21-25	40-50	Introductory	Public	Rural
P6	Caucasian	26-30	30-40 40-50	Senior	Public	Pediatrics
P7	Caucasian	30-34	30-40	Intermediate	Public	Community
P8	Asian	45-49	20-30 40-50	Senior	Public	Rehab Center
P9	Caucasian	Did not indicate	Did not indicate	Did not indicate	Public	Did not indicate

Data Collection

Primary data was collected via focus groups and interviews that lasted 60-90 minutes. Due to the nature of the ongoing COVID-19 pandemic, the online Zoom platform was used to run the groups. All focus groups were audio and video recorded and discussions were later transcribed. Hagaman and Wutich (2017) suggested that three to six focus groups of four to six individuals are required to identify frequent inductive themes in homogenous groups. Focus groups are widely used in exploratory research as they allow a group of people to express their perceptions and insights about the topic at hand (Tausch & Menold, 2016). If participants were unable to attend a focus group due to scheduling or preference, we offered an individual interview. Stewart and

Shamdasani (2017) found that online interactions were typically similar to in-person interactions and were identified as advantageous as it allowed for more flexibility in scheduling (Stewart & Shamdasani, 2017).

The focus group question guide was drafted based on previous research from the nursing, medicine, and physical therapy literature, as those existing studies were useful in exploring students' perceptions of bullying in the placement setting (Capper et al., 2020b; Curtis et al., 2007; Henley et al., 2018; Minton et al., 2018). A list of non-leading, open-ended questions was developed to direct the conversation and capture each participant's experience of the phenomena (Kallio et al., 2016). The main questions asked during the focus group were 1) *How would you describe your experience?*, 2) *How did you report your experience, or what was a barrier to reporting?,* 3) *What impact did the bullying behaviors have on your learning?,* and 4) *What recommendations do you have in the areas of prevention and reporting?.* Follow-up questions were also used to clarify and gather further information. The question guide was refined for the second focus group based on the discussion of the first focus group.

Data Analysis

Thematic analysis guided the data analysis of the present study using the framework by Clarke et al. (2015). The phenomenological principles of bracketing and reflexivity were used throughout the analysis process to limit bias (Peat et al., 2019). The co-investigators transcribed both focus groups. Following this, both co-investigators independently read through the transcript to identify shared experiences, and then initial codes were identified. Codes were collaboratively grouped into categories to identify and create themes. Preliminary data was sent to participants who consented to the member checking process and adjustments were made accordingly to ensure the accuracy of experiences. Member checking was completed to reduce bias and ensure that results accurately captured participants' experiences (Birt et al., 2016).

Findings

Nine occupational therapists described their experiences of being bullied during fieldwork placements. The bullying was depicted as prolonged, and it had emotional impacts that lasted into their professional lives long after the original incidents.

There was a commonality of shared experiences among all participants such as similar experiences of passive-aggressive behaviors, demeaning comments, lack of support, and personal attacks. It was noted that the majority of the bullying took place during higher-level fieldwork placements. Within these experiences, the following themes emerged: 1) Who has the power?, 2) Behind the scenes, and 3) Resiliency in the face of adversity.

Who has the Power?

It was evident that a power imbalance existed between the students and the bullying perpetrator. Participants identified that their preceptor was the main perpetrator of the bullying. Findings showed that it was common for preceptors to assert dominance by putting students in their place and making sure it was known that they were the

students. For example, preceptors would often laugh at their questions, or undermine the students' abilities while clients were present. Furthermore, participants highlighted the authority their preceptors held over them and how this power dynamic fostered feelings of fear and the desire to meet what they reported as unrealistic expectations. This was also evident, as there was a discrepancy between expectations for Participant 4 and another student on the same level placement with a different preceptor. They said:

> *I could see that her preceptor didn't hold her to the same unrealistic standards that mine did to me…Even though we were at the same level, same placement, and similar OT* [occupational therapy] *roles, I had to perform up here and stay late and do all these things compared to what she had to do.*

Participants described feeling unsafe to report the bullying that was occurring due to the power imbalance of the student-preceptor relationship and the fear of receiving a bad evaluation or failure of the placement. Other reasons given for not reporting were wanting to just move past the experience, fear of not being believed, not knowing who to report to, or not recognizing the situation as bullying due to a lack of definition. Participant 5 mentioned, "*At the time I felt like my best bet was to just put my head down, finish the placement, and just pass and not have to return or kind of think about it.*" As the bullying progressed, participants described beginning to feel like they were the problem. For example, Participant 1 said:

> *You start feeling like oh-okay, maybe I am bad at this so I don't have the right to report because you [preceptor] just have high standards and you're telling me they're not unrealistic and they're not impossible to understand, so it must be that I am not doing well at this […] I think it was something that really prevented me to say something […] When you're in it, you feel gaslit, so it must be me and if I bring it up, no ones going to believe me, so I'll just keep it to myself.*

Although some did report the bullying, one described the process of wrestling with the pros and cons of reporting and not wanting to relive the experience. Some participants reported wishing there was more support from the school as they were unsure who they were supposed to report to, what the process would look like, or whether there would be repercussions for doing so. Additionally, Participant 6 mentioned they felt as though there was no appropriate avenue to report their instance of bullying, "*They sent me the form to fill out about bullying on placements, but it didn't seem like that form was conducive to explain everything that happened [..] I never ended up filling it out."*

As a response to the power dynamic, some felt the need to people-please. As defined by the participants, people-pleasing can be described as the innate desire to please and gain the approval of their preceptors, even if they felt they had to compromise their values and sense of self to avoid further conflict. Participant 3 mentioned:

> *I would use dark humor to diffuse or de-escalate the situation but her humor was really dark and I felt really bad about myself having to match that. But I was like it's better to just go with what she's saying than to try and fight every single thing.*

After participants shared the ways they people-pleased, Participant 1 said: *"Now that we are all saying this, it's such a trauma response [...] We all tried to people-please our way into stopping the abuse, that's not good."*

The power dynamic was a consistent theme that was expressed and experienced by most participants. Participants described this imbalance as feeling unsafe and/or influenced their behaviors throughout the placement. To survive the experience, some reflected that people pleasing and keeping their heads down was the best option for them to make it through at the time. Participant 1 said, "*It's not hard to be a people pleaser when there is a lot at stake. This is our future career.*"

Behind the Scenes

This theme outlines the immediate and long-term effects that the bullying had on participants. Two sub-themes emerged: a) Personal Distress: the physical and emotional impacts that resulted from the prolonged bullying, and b) Educational Disruption: the diminished learning opportunities that the participants experienced.

Personal Distress

There were many reports of having experienced personal attacks on character from preceptors while on fieldwork placements, including things such as name-calling, unfair judgment of personality, and questioning suitability for the career. For example, Participant 6 reported they were told they were "*acting like a child.*"

Participants shared how their traumatic incidents of bullying affected their mental and physical health. Examples included crying, decreased self-esteem, diminished confidence, feelings of being worn down, sweating, and even nausea.

Participants shared they began to dread going to their fieldwork placement and counted down the days until their placement was over. Participant 2 said, *"I would dread having to go back every Monday and then when the week was done I would have this sense of relief...".* Others reflected going through these same feelings every week and needing to focus on taking care of themselves during the weekends and evenings. Some participants described the experience of bullying as losing parts of themselves. Participant 3 said:

> *I had to rehab myself [...] I remember wanting to go out and just get wasted with my friends [...] I needed all the dopamine and serotonin, I wanted all the good things because I had been suppressed for so long [...] I forgot who I was like, I felt like it killed my spirit for those 6 weeks [...] what if I'm never happy again.*

To further reflect feelings of losing oneself, Participant 9 said:

> *You can't be yourself the way you would be. You can't live up to the things that are your unique potentials, I feel like I cut things out and kept to myself more and, you know, those are things that shouldn't have to happen.*

Similar to Participant 3, Participant 2 said, *"It really killed my spirit at that time. They almost killed my love for OT a little bit because is this how OT's get treated? Is this the community I'm wanting to be in?"*

In highlighting the lasting effects of bullying, participants reflected on how these experiences had deep impacts on their emotional well-being both short and long-term. For example, in showing the long-term impacts, Participant 7 mentioned, *"I think the emotion piece still persists, anytime, even in the next placement, in my new job, even in the day-to-day. Sometimes I still dream about it and I feel stressed."*

Educational Disruption

Participants discussed the impact the experiences of bullying had on their education. It was mutually agreed that they were placed in an environment that was unsafe for making mistakes and learning. Participants highlighted that they had difficulty developing their clinical reasoning skills because they would avoid interactions with their preceptor. Participant 8 said, *"it becomes [...] like survival - get the basics done, you know, just work on passing, rather than work on thriving."* Furthermore, Participant 1 described their experience as,

> *Subtly knocking down my confidence for the whole placement [...] not only did I not learn enough, I actually feel hindered by it, because now when I'm in a similar setting* [to the bullying] *I have to rebuild that confidence again.*

Further impacts included not seeing clients, taking on easier tasks to avoid interactions with preceptors, and therefore not being able to practice, apply, or expand upon the knowledge that they did have. Miscommunication and a lack of feedback were also identified as bullying behaviors that ultimately resulted in fewer learning opportunities. For example, Participant 6 said, "*I never had constructive criticism [..] they would just edit it* [documentation] *and send it back to me*", referring to feedback surrounding documentation. Similarly, Participant 8 said:

> *I would sort of be asked to redo things over and over and over without the kind of feedback or discussion that was needed on what was going on. So, I ended up having to do a lot of extra time, which was exhausting*.

Additionally, Participant 5 mentioned, "*I stopped asking questions [...] I was more avoiding [preceptor] and not caring.*"

Resiliency in the Face of Adversity

This theme emerged based on the coping mechanisms and resiliency shared by the participants. Participants shared the different ways in which they were able to protect themselves and make it through the placement despite the unjust bullying they felt they were subjected to. Upon discussion, some participants recognized that they could have coped in better ways, however, did what they could at the time to move past the placement. Some described bottling up their emotions and releasing them by crying at the end of most days. Participant 2 said:

> *I definitely had my share of crying too, I remember when the incident happened I locked myself in the washroom and cried [...] I bottled it all up and just had a good cry when I got home and tried to mentally prepare myself for the next day [...] I never tattled the phrase `fake it 'till you make it' so hard.*

Other coping mechanisms included walking, exercising, and debriefing with trusted individuals.

Of note, participants were able to reflect upon some silver linings despite the bullying. Through avoidance of interacting with preceptors, some participants learned to manage their caseloads independently. Additionally, being able to identify the type of preceptor and occupational therapist they did not want to become was a learned skill. Participant 1 said, "*Even though I didn't learn a lot of OT things, I did learn some resiliency."* Although participants acknowledged that they learned to be resilient, many reported that the experience was not worth it and that resiliency can be learned in other ways that did not compromise their mental health. Participant 8 said *"you can grow through it, and you can cope, but it will still affect you some way [...] it's like, at what cost is that resiliency worth it? [...] You don't have to go through bullying to be resilient."* Through conversation, participants recognized that more formal support for students is needed from the program to help navigate and prevent future occurrences of bullying in the field of occupational therapy.

Discussion

Occupational therapy can be considered a relational profession. That is, occupational therapists strive to achieve meaningful relationships and mutual trust and respect (Townsend et al., 2013). As these are the underpinnings of occupational therapy, it would be assumed that these relational values would also be at the core of the occupational therapy student-preceptor relationship. The findings from this study can provide more salient information when they're situated within a theoretical perspective such as relational cultural theory. Relational cultural theory assumes the following: mutual empathy and mutual empowerment are at the core of growth-fostering relationships (Duffey et al., 2016). In a growth-fostering relationship, all people contribute equally and grow, and real engagement and therapeutic authenticity are necessary for the development of mutual empathy (Duffey et al., 2016). This theory has been used as a guiding framework for teaching pedagogy, supervision, and clinical practice (Harris et al., 2019).

Relational cultural theory posits that power and privilege in relationships can create the opportunity for isolation and abuse (Jordan, 2008). Further, supervision can provide a foundation for manipulation, control, or demeaning behaviors (Jordan, 2008) which can break the trust in the student-preceptor relationship. The first theme, *Who Has the Power* highlighted the power imbalance between preceptors and students on fieldwork placements which is in line with current research on bullying (Capper et al., 2020b).

Furthermore, the findings showed that students were made to feel inadequate and “put in their place” by their preceptors. Feelings of being powerless, forced to put their heads down and inability to speak up against the bullying were found to be related to the fear of poor evaluation and/or potential repercussions of their actions from preceptors.

As a result of isolation from the power dynamic, not only are individuals afraid to speak up, but they may be hesitant to ask for help. As a result, a student's learning is affected and fewer clinical skills are gained which impacts both the student's ability to clinically reason and their overall competence (Bolding et al., 2020; Capper et al., 2020b).

Effective student-preceptor relationships have been found to influence students’ clinical skills and competence with clients (Duffey et al., 2016). Relational cultural theory presumes that all individuals grow through their relationships with others. Thus, it is the quality of the student-preceptor relationship that affects an individual's professional growth. As highlighted in the research (Longmore, 2020), a preceptor’s role is to mentor and create a safe learning environment, however, it is evident in the findings of this study that this does not always occur, and students are consequently left to suffer.

Capper et al. (2020b) found that when preceptors have gaps in knowledge on how to communicate with students effectively, miscommunication occurs. Miscommunications between students and preceptors were a contributing factor to bullying, manifesting largely during feedback on student performance. Relational images (Duffey et al., 2016) refer to holding expectations of how an individual will respond, based on previous experiences. Therefore, a student who possesses a relational image involving their preceptor as dismissive, unsupportive, or negative based on past encounters, may be highly anxious when receiving feedback and miscommunication may occur. This is because they may view it from a more critical or negative lens which can decrease their confidence and self-efficacy (Duffey et al., 2016). This concept is demonstrated in the findings of this study as a loss of confidence, self-identity, and uncertainty about pursuing a career in occupational therapy were a result of feedback from preceptors.

Feelings of anxiety, dread, and fear contributed to poor mental health for the duration of the placement and beyond. Research has found that stress can have a negative impact on a practitioner's clinical work (Lee & Miller, 2013). Thus, extensive research on self-care for healthcare workers found that not only is self-care crucial in preventing stress and burnout, but it can also empower practitioners to promote their overall health, well-being, and resilience (Posluns & Gall, 2020). To cope with the unjust bullying, some participants engaged in exercise and other self-care activities. These self-care

behaviors exhibited by the participants can be deemed to be as resilient, however, it is important to note that some participants questioned “at what cost” resilience is earned and that one should not have to experience bullying to become resilient.

Alternatively, findings showed that others reported they wished they had coped better, but recognized they could not do so at the time. For example, people-pleasing was often used to cope with and limit the occurrence of bullying by avoiding situations or conversations that may spark conflict. Central relational paradox is a concept within RCT (Harris et al., 2019) that represents the idea that people may compromise their values and beliefs to adjust to the expectations of others (Jordan, 2018, p.125). This paradox is encompassed within the concept of pleasing people. In essence, although people pleasing may have provided momentary relief for the participants, compromising oneself, becomes another source of disconnection within the relationship (Jordan, 2018, p.125), which further impacts the ability to learn from their preceptor.

Participants identified having a lack of knowledge of the policies and consequences of what would occur if they were to report the experiences of bullying to the school, or who to report to. Furthermore, those who did report felt as though there was a lack of proper support from the school, or that there was no proper avenue to express what had happened. Clarification on what constitutes bullying and the process of reporting such incidents is needed. It is known that when bullying lacks a clear and standard definition it makes it difficult for students to identify and report bullying when it occurs (O’Flynn-Magee et al., 2020).

Future Directions & Implications for Occupational Therapy Education

It became clear that there needs to be more support for occupational therapy students to recognize and report bullying behaviors; as well as provision of more quality resources for working with preceptors, working in teams, and conflict management. Additionally, clear education on the process of how to report and what happens to students after reporting bullying is needed, as well as a clear definition of what constitutes bullying. Another common recommendation to support students would be to have regular check-ins between students and faculty throughout placements. The opportunity to provide anonymous feedback regarding preceptor behavior that could then be translated for educational purposes during preceptor training was also suggested. Some suggestions given to support the prevention of bullying behaviors included better screening and criteria to become a preceptor and a framework for consequences if bullying was found to exist, for example, not being allowed to take students for a period of time.

These recommendations are important to consider as student safety and the ability to learn on fieldwork placement should be a priority and taken seriously. Student well-being should not be compromised for simply the sake of completing fieldwork education. Furthermore, research has shown that students who are unable to learn in a safe environment were found to provide poorer quality of care to patients (Capper et al., 2020b) which may have other serious implications as they progress into healthcare professionals.

Limitations

There are two main limitations to this study. Firstly, only two focus groups and two interviews were conducted as only a small number of participants (nine) were recruited. More participants would have been needed to gather a more complete understanding of this phenomenon and allow saturation to be reached. Recruiting via student alumni emails may have negatively influenced the number of potential participants that were reached as these emails may not be checked as frequently. Wider spread and different recruitment strategies are suggested for future studies to reach more potential participants. Secondly, a limitation could be that the participants might be somewhat biased about the topic as they might have had a particularly bad experience on their placement.

The co-investigators who were involved in data collection and analysis were student occupational therapists during the time of the study. As students at the time, the co-investigators acknowledge that their own experiences of bullying during fieldwork placements may have influenced the interpretation of the findings. There is no known conflict of interest to declare.

Conclusion

Despite limitations, this study has substantial implications for occupational therapy as it is the first of its kind to explore the topic of bullying in Canada. This study revealed that bullying exists in the field and that experiences of bullying have profound impacts on learning and student well-being. Students should not be subjected to these behaviors and more needs to be done to address this issue. It is recommended that occupational therapy programs provide more education to preceptors and students regarding bullying and the process of reporting. More awareness of resources for students and preceptors is needed to prevent and respond to future occurrences of bullying. Additionally, further research is needed in this area to gain a better understanding of bullying, and to better support future student occupational therapists.

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