Prevalence and Types of Incivility in Occupational Therapy Fieldwork

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Abstract

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Keywords

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ABSTRACT

Civility between health professions students and fieldwork educators enhances positive learning outcomes, while incivility can lead to stress, loss of confidence, mistakes, disengagement, and decreased patient outcomes. A survey of recent graduates of occupational therapy programs ($N = 247$) explored the prevalence and types of incivility and bullying experienced during their Level II fieldwork experiences. Respondents reported that incivility in fieldwork education was widespread, with more severe experiences of bullying reported by 16% of respondents. Occupational therapy programs and fieldwork educators must take an active role in prevention and management of uncivil behaviors, and promote positive academic and patient care environments.

INTRODUCTION

Fieldwork experiences for students pursuing a degree in health professions are essential to ensuring that learners have the opportunity to apply knowledge and skills learned in the academic setting. Additionally, these experiences build confidence and expertise in interventions, communication, collaboration, and professional reasoning. Incivility in fieldwork settings undermines learning. Students exposed to incivility in fieldwork report anxiety, loss of confidence, struggling with critical thinking, dreading reporting to work, and doubting their ability to continue in the profession (Budden, Birks, Cant, Bagley, & Park, 2017; Koharchik, 2018; Stubbs & Soundy, 2013). Incivility in the workplace also negatively influences the quality of patient care, employee engagement and retention, and health care costs (Kreitzer & Klatt, 2017). Recognizing the significant risks of intimidating and disruptive behaviors on patient outcomes, the Joint Commission (2008) mandated that organizations work to minimize exposure to harmful

behaviors in hospital settings. While the incidence of incivility in healthcare settings and in academic preparation for other healthcare professions has been documented, the purpose of this study was to examine the prevalence and types of uncivil behaviors in occupational therapy fieldwork.

Descriptions of Incivility and Bullying
Workplace civility is defined as treating others with respect and dignity while not necessarily agreeing with or accepting their principles and values (Von Bergen, Bressler, & Collier, 2012). It includes treating colleagues with benevolence, trust, reciprocity, collaboration, cooperation, and inclusion (Kerber, Woith, Jenkins, & Astroth, 2015). Uncivil behaviors are defined as rude and discourteous, displaying a lack of regard and respect for others, although the intent to harm the subject is often ambiguous (Andersson & Pearson, 1999). Behaviors may be overt (direct), such as criticizing a student in front of a patient or staff, or covert (indirect), such as gossiping or spreading rumors, and behaviors may be verbal (e.g., swearing, rude, sighs) or non-verbal (e.g., eye-rolling, withholding information; Hoffman & Chunta, 2015; Hunt, 2012). Uncivil behaviors can be thought of as a continuum in which less severe forms constitute one-time or sporadic incidents, while more severe forms include repeated exposure to negative acts, or bullying (Einarsen, Hoel, & Notelaers, 2009).

Three basic types of incivility have been described: work-related, person-related, and physical intimidation (Einarsen et al., 2009). Work-related behaviors are associated with being denied learning opportunities, threatened with poor evaluations, unfair work expectations, being undervalued, and having information withheld (Budden et al., 2017). Person-related incivility includes being unfairly criticized, subjected to rude remarks, ignored, and being the object of gossip (Clarke, Kane, Rajacich, & Lafreniere, 2012; Lasiter, Marchiondo, & Marchiondo, 2012). Physical intimidation is defined as physical, verbal, and sexual threats or abuse (e.g., being yelled at, confronted with threatening postures, and physical harm; Budden et al., 2017; Lasiter et al., 2012). Bullying is an extreme form of incivility characterized by persistent negative or aggressive actions that make an individual feel intimidated, excluded, or unsafe over a period of time (Einarsen et al., 2009). Bullying behaviors include direct actions, such as verbal abuse or public humiliation, or indirect actions such as social isolation (Einarsen et al., 2009). The victim is often subordinate in the relationship, but the reverse may also be true, and lateral or horizontal violence also occurs (Rahm, Rystedt, Wilde-Larsson, Nordstrom, & Standmark, 2019).

Prevalence of Incivility
While the prevalence of incivility experienced by occupational therapy fieldwork students is unknown, there are descriptions of widespread incivility in other healthcare student populations. Verbal abuse has been experienced by as many as 50% of medical students (Green, Durbin, & Prior, 2019). Research with nurses and nursing students have found varying rates of incivility and bullying by setting, with prevalence ranging from approximately 30% to 70% (Budden et al., 2017). Incidents of violent and aggressive behaviors were reported by approximately 50% of a sample of undergraduate physical therapy students in the United Kingdom (Stubbs, Rayment, &

Soundy, 2011), and a second study found one-quarter of physical therapy students reported at least one incident of bullying (Stubbs & Soundy, 2013). The prevalence of incivility may be underestimated because often students lack confidence in dealing with negative workplace behavior and feel powerless to address issues that may result in negative academic and financial consequences (Clark, 2008; Whiteside, Stubbs, & Soundy, 2014).

Students in health professions may be exposed to incivility in the classroom by faculty and peers, in practice settings by preceptors or other staff, other students, and sometimes clients and their significant others. Verbal abuse and negative remarks are more common than physical harassment or abuse (Clarke, 2012; Stubbs & Soundy, 2013). The incidence of physical violence, threats of physical violence and sexual harassment range from 0.1% to 38% (Budden et al., 2017; Clarke et al., 2012; Stubbs & Soundy, 2013). Students are vulnerable to incivility and bullying because of the hierarchical nature of many practice settings, and they may lack the interpersonal and professional skills to respond effectively (Sidhu & Park, 2018).

Factors Contributing to Incivility
Organizational structure has a strong impact on workplace culture and environment. Organizations that emphasize hierarchical status have more risk for incivility, and persons with lower status in these organizations are three times more likely to be victims (Pearson, Andersson, & Porath, 2000). Other factors affecting incivility include demanding workloads, tight physical spaces (Thomas et al., 2007), lack of equipment and supplies, favoritism (Hoffman & Chunta, 2015), inability to communicate effectively (Clark, Sattler, & Barbosa-Leiker, 2018; D'Ambra & Andrews, 2013), unclear work roles and expectations, organizational volatility, and incompatible generational values and work ethics (Smith, Andrusyszyn, & Laschinger, 2010).

Personal factors on the part of the perpetrator might include anger, role conflict, poor emotional control, alcohol or substance abuse, and mental illness (Hoffman & Chunta, 2015). Some victims of incivility have been described as having negative traits (e.g., worried, argumentative, disrespectful, or helpless) which resulted in a higher incidence of uncivil acts directed toward them (Bowling, Beehr, Bennett, & Watson, 2010). Incivility perhaps constitutes retaliation for behaviors found to be annoying by the perpetrator (Milam, Spitzmueller, & Penney, 2009).

Significance of the Problem
Incivility has negative consequences on individual, organizational, and systems levels. On the individual level, the effects of workplace incivility are associated with physical symptoms such as headaches and digestive problems, while psychological symptoms might include loss of self-confidence, decreased self-esteem, feelings of sadness, increased anxiety, and frustration (Hutchinson, Vickers, Jackson, & Wilkes, 2006; Stubbs & Soundy, 2013; Verkuil, Atasayi, & Molendijk, 2015). Long-term mental health problems can be a consequence of bullying, with 57% of bullying victims experiencing symptoms of post-traumatic stress disorder (Nielsen, Tangen, Idsoe, Matthiesen, & Mageroy, 2015). On an organizational level, incivility is correlated with self-rated and

actual work performance, absenteeism, health complaints, and employee turnover (Einarsen et al., 2009; Rhee, Hur, & Kim, 2017). Within health care systems, incivility is linked to decreases in patient health outcomes, satisfaction, and quality of life, and increased costs (Bodenheimeer & Sinsky, 2014; Zhang et al., 2018).

Occupational therapy students place a high value on the interpersonal environment, including the level of support, positive feedback, advice, and in particular, the fieldwork educators' attitudes toward the student and their work (Crowe & Mackenzie, 2002). Effective fieldwork educators are described as flexible, enthusiastic people who respect and listen to students, while ineffective fieldwork educators are described as rigid, unsupportive and insensitive (Hummel, 1997). However, there is a paucity of research exploring the incidence and effects of incivility on student performance in occupational therapy fieldwork contexts. The purpose of this study was to determine the prevalence and types of incivility experienced by occupational therapy students during level two fieldwork experiences, which typically occur at the end of their academic programs.

METHODS

Participants and Procedures
Recent (2018) graduates of accredited occupational therapy schools (assistant, master's, and doctoral-level) within the United States and Puerto Rico were recruited. The survey was conducted in spring 2019, and participants were limited to recent graduates to ensure the best memory recall about fieldwork experiences. Participants were recruited by distributing advertisements through occupational therapy student and new graduate social media groups, the Occupational Therapy Association of California website; and the American Occupational Therapy Association's General Forum under "Survey Requests." Occupational therapy program directors and occupational therapy fieldwork consortium regional contacts were also asked to forward the link to recent graduates. Because participants were recruited from diverse sources, it was anticipated that a number of people might open the survey but not be eligible for the study, however, only 2018 occupational therapy graduates were retained for the sample. This study was deemed exempt from review by the San José State University Human Subjects Institutional Review Board.

Instrument
Participants accessed an anonymous link to a Qualtrics™ survey and answered questions from the Negative Acts Questionnaire-Revised (NAQ-R). The NAQ-R is generalizable to Anglo-American populations, and provides a comprehensive, valid, and reliable scale (Cronbach's alpha .90) intended for use in a variety of workplace settings (Einarsen et al., 2009). The survey has 25 questions, 22 of which are focused on negative behaviors in the workplace. Questionnaire items are written in behavioral terms (e.g., "being subject of excessive teasing and sarcasm"), and participants selected a frequency using one of five response options (never, now and then, monthly, weekly, and daily). The types of incivility measured in the survey are categorized in three subgroups: work-related incivility; person-related incivility; and physical intimidation (Einarsen et al., 2009).

Before answering the final three questions of the NAQ-R, participants were asked to read a definition of bullying (a situation where individuals persistently and over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, and where the target of bullying has difficulty in defending him or herself; Einarsen et al., 2009). Participants were then asked if they have been bullied at work, and if yes, their relationship to the perpetrator (e.g., supervisor, patient), and the number and gender of perpetrators. Also as part of the survey, respondents were asked to identify their age, gender, race, geographic location of the fieldwork, and type of occupational therapy degree. An optional final text box on the survey gave participants the opportunity to describe uncivil behaviors during fieldwork.

Data Analysis
Demographic data and NAQ-R categories were analyzed using descriptive methods. The instrument has five response categories for the frequency of uncivil behaviors: never; now and then; monthly; weekly; and daily. For the purposes of reporting the prevalence of uncivil behaviors, these five response options were condensed to three categories: never; now and then/monthly; and weekly/daily. The second measure of exposure to bullying was constructed based on a sum of all responses (scale 1-5) to the first 22 questions on the NAQ-R (total possible 22-110). This calculation is based on the method described by Notelaers and Einarsen (2013) and measures overall exposure to bullying behaviors by categorizing respondents as not-bullied (raw count less than 33), occasionally bullied (count of 33 to 44), and victims (score 45 or more). Bivariate analyses were conducted to determine if there were differences in experiences of incivility by age, gender, race, type of degree of the respondent, and geographic location of fieldwork. Aggregate scores for each of the three domains in the NAQ-R (work-related incivility [7 items], person-related incivility [12 items], and physically intimidating incivility [3 items]) were created, then mean scores for each domain were compared by demographic variables using ANOVA. Chi square tests were used in bivariate analyses of the two categorical bullying variables in relation to demographics. Multivariate regression analyses were planned as follow-up.

RESULTS

Study Participants
Survey data was collected from 247 respondents who graduated from occupational therapy programs in 2018. Demographic information of the analytic sample is provided in Table 1.

Table 1

Demographic Information for Survey Participants

Demographic	Frequency	Percentage
Age Range (years)		
18-24	70	29.0
25-34	132	54.8
35 and older	39	16.0
Gender		
Male	12	4.9
Female	228	92.0
Prefer not to say/other	7	2.8
Race		
African American/ Black	9	3.7
Asian, Pacific Islander, or Native Hawaiian	17	7.0
Hispanic/Latinx	32	13.2
White	179	74.0
Other	5	2.0
Degree		
Associates (OTA)	43	17.8
Master's (OTM)	181	74.8
Doctoral (OTD)	18	7.4
Geographic Area of Fieldwork		
Northeast	43	18.3
Midwest	68	29.0
South	48	20.4
West	74	31.5
Puerto Rico	2	0.9

Prevalence and Types of Incivility
The prevalence and types of work-related, person-related, and physically intimidating uncivil behaviors directed at students during their six months of fieldwork are summarized in Table 2. Twenty-nine students (12%) reported never experiencing incivility on their fieldwork. Of those experiencing incivility, the most frequently cited uncivil behaviors in the work-related category were excessive monitoring of work, withholding information affecting performance, having opinions ignored, and being exposed to unmanageable workloads. In the person-related category, the most common areas of incivility were persistent criticism of work and effort, being ignored or excluded, and repeated reminders of errors or mistakes. While fewer students reported experiencing physically intimidating behaviors, 18% reported being shouted at or spontaneous anger on a now and then to daily basis; and 9% experienced finger-pointing, invasion of personal space, or other intimidating behavior. Two students reported threats of violence or physical abuse or actual abuse during the fieldwork experience.

Of the 247 participants, 82 percent reported never being bullied, ten percent reported being bullied now and then or rarely, and eight percent of the participants reported being bullied several times per week or daily. The perpetrator of the bullying behaviors was the supervisor in the majority of incidents ($n = 35$, 63%), followed by other superiors or managers ($n = 12$, 22%), colleagues ($n = 7$, 13%), and patients or other students ($n = 1$, 2%).

Bullying is often underreported by self-report, therefore, total raw count on the NAQ-R were also analyzed as a behavioral measure of bullying. This method indicated twice as much bullying as when students were asked if they had been bullied: 21% were occasionally bullied (raw score of 33-44) and 16% ranked in the victim category for exposure to bullying based on an NAQ-R raw score of 45 or higher (Notelaers & Einarsen, 2013).

Bivariate analyses explored possible differences in scores on the NAQ-R based on age of the respondent, gender, race, type of degree, and geographic location of fieldwork. (Responses from Puerto Rico were excluded in bivariate analyses because of small numbers). No statistically significant differences were found in NAQ-R incivility scores or in bullying by demographic characteristics. Because of the small sample sizes for some race categories, investigators compared NAQ-R scores and categories for possible differences between white and all other race/ethnicity categories. Only bullying based on total count of negative experiences approached, but did not reach, significance (white students: none=65.2%, occasional 17.4%, victim=17.4%; students of color: none=55.6%, occasional=31.7%, victim=12.7%; $p = .054$). No multivariate follow up tests were conducted.

Table 2

Exposure to Negative Acts Based on the NAQ-R Responses (N = 247 participants)

During the last 6 months, how often have you been subjected to the following negative acts in the workplace?	Never (%)	Now and then or Monthly (%)	Weekly/daily (%)
<u>Work-related Incivility</u>			
Withholding information affecting your performance	53.8	32.4	13.8
Ordered to work below your level of competence	51.0	36.8	12.2
Having your opinions and views ignored	53.4	33.6	13.0
Given tasks with unreasonable targets or deadlines	63.6	29.2	7.3
Excessive monitoring of your work	52.2	25.5	22.3
Pressure not to claim something to which you are entitled (e.g. sick leave)	77.3	16.6	6.1
Being exposed to an unmanageable workload	57.9	28.7	13.4
<u>Person-related Incivility</u>			
Being humiliated or ridiculed related to work	66.0	23.9	10.1
Key areas of responsibility removed or replaced with trivial/unpleasant tasks	62.8	27.1	10.1
Spreading gossip or rumors about you	82.9	9.4	7.7
Being ignored or excluded	44.9	40.9	14.2
Insulting or offensive remarks made about your person, attitudes, private life	78.5	13.0	8.5
Hints or signals that you should quit your job	88.3	7.3	4.5
Repeated reminders of errors or mistakes	52.2	30.4	17.4
Being ignored or facing hostile reaction when you approach	68.8	22.3	10.9
Persistent criticism of your work and effort	57.9	23.5	18.6
Practical jokes carried out by people you do not get along with	93.5	5.7	0.8
Having allegations made against you	89.1	8.5	2.4
Being subject of excessive teasing and sarcasm	84.6	10.5	4.9
<u>Physically Intimidating Incivility</u>			
Being shouted at or target of spontaneous anger	81.8	12.2	6.1
Intimidating behavior (finger-pointing, invasion of personal space, blocking way)	91.1	7.3	1.6
Threats of violence or physical abuse or actual abuse	99.2	0.4	0.4

*Response categories "now and then" and "monthly" and categories for "weekly" and "daily" have been combined

A final section of the survey provided respondents the opportunity to describe negative acts in the workplace. Thirty-five students provided comments, and while these data were not sufficient to be qualitatively analyzed, a sample of comments is provided to illustrate the uncivil behaviors (see Table 3). Three students reported behaviors that represented ethical/legal challenges (e.g., students being forced to change the reported treatment minutes on official records, or having it changed by the fieldwork educator).

Table 3

Descriptions of Bullying Reported by Fieldwork Level II OT Students

Excessive workload, denial of lunch breaks or bathroom breaks, teasing and gossiping.
I was repeatedly told "you should know this" and "I think you need a lot of support, and that is why I never wanted to have fieldwork students."
Giving me too many patients/more than one patient at a time, withholding information while I struggle, gossip, excluded me from lunch daily.
Not being allowed to learn new things because fieldwork educator wanted me to help boost her productivity instead of learning new things.
I was repeatedly called a child.
I was repeatedly told my educator did not know if I could be an occupational therapist throughout the last half of my fieldwork experience…since graduation I have felt more anxiety about performing in this new job, and am considering beginning to see a professional counselor to help me over this blow to my confidence and increased anxiety.
The employees of the clinic would talk negatively about everyone when they weren't there. They called one occupational therapist's interventions voodoo, and they called another student "stupid" based on her final presentation.
I explained I was Jewish and would appreciate them ceasing anti-Semitic comments. For the remainder of my rotation I was made to sit at a table made for children instead of at the desks with the educators.
I was scolded almost daily by my supervisor. She also felt the need to comment on my social life…she commented on my appearance several times, stating, "You are too voluptuous for that sweater" and "you have very large breasts," meanwhile I would wear oversized sweaters. Every task I completed was wrong according to her…I felt at times she would fail me if I stood up for myself or stated an opinion.
Fieldwork educator would criticize my performance in front of other staff members and students.
My second fieldwork rotation exposed me to an overbearing therapy manager. My fieldwork educator could not have been better, but we both experienced a lot of ridicule from the manager.
I was referred to as "student" for three months by a physical therapist because he said it wasn't worth it to learn my name…he would ask me questions above my knowledge range knowingly, so he could put me down in front of my supervisor and other colleagues for my "stupidity."

DISCUSSION AND IMPLICATIONS FOR OCCUPATIONAL THERAPY EDUCATION
The incidence and types of incivility experienced by occupational therapy fieldwork students was measured by self-report using the NAQ-R. Results demonstrated that students are exposed to a wide range of uncivil behaviors, with 16% exposed to bullying behaviors. These results have education and practice implications for academic occupational therapy programs, academic fieldwork coordinators (AFWC), fieldwork educators (FWE), and occupational therapy students.

The first steps in managing incivility is to acknowledge that it causes problems for individuals, the workplace, and the patient; then determine the scope of the behavior in each setting. Academic programs must consider whether civil behaviors are modeled effectively for students at their institutions, as incivility has been documented in the treatment of health professional students in the classroom (Lasiter et al., 2012). Programs might next examine whether students have the communication skills, resilience, social capital, and other support to manage uncivil fieldwork situations (Jenkins, Kerber, & Woith, 2013; Kim, 2018; Kreitzer & Klatt, 2017; Palumbo, 2018; Thomas & Asselin, 2018).

Academic fieldwork coordinators should consider the work culture when establishing fieldwork locations, perhaps considering questions related to site management (e.g., "How does management demonstrate respect for staff?" "Give examples of how your management demonstrates support for staff." "Will students have a reasonable amount of time for lunch and breaks?"). Another example is for the AFWC to share a list of expectations related to the student/FWE relationship. Examples from one such list includes the statements, "We treat each other equally and with respect, no matter the conditions," "We acknowledge the impact of our behavior on others," "We are approachable," We are direct, sensitive and honest," "We address incivility" (Porath, 2018).

While FWEs are required to have a minimum amount of occupational therapy experience, further research is needed about the preparation and skills needed to be an effective and respectful FWE. At a minimum, the AFWC should ensure the FWE has resources for teaching in practice settings, the American Occupational Therapy Association has a number of resources; and many workplaces have their own supervisory and communication training programs. Fieldwork educators should also be encouraged to develop objectives specific to their settings. For example, the FWE and student should clarify expectations for student supervision by discussing safety concerns and institutional and legal policies that affect student supervision at the start of the fieldwork experience. This could serve as the start of a dialog with the student about readiness to take on additional responsibilities or independence, which might potentially change students' perceptions about "excessive monitoring at work."

As another example of miscommunication in fieldwork, consider the uncivil behavior of ignoring a student's opinions. There are a number of reasons students might believe they are ignored; students might misinterpret the incident, or have expressed their opinion in a way that was itself disrespectful or poorly timed. The FWE may be

deliberately ignoring the student's opinion or might believe the response to the student was adequate (not realizing the student needed more detail. The FWE might consider the student's opinion naïve or incorrect but be unskilled or uncomfortable providing negative feedback. Respectful discussion between the FWE and student about communication or specific incidents might resolve issues. Coaching (by the AFWC) might be needed about how to broach sensitive topics. Another area for better communication is around workload. Occupational therapists may feel their own workloads are unmanageable and may not be skilled in managing students' workloads for optimal learning. Ongoing communication with the AFWC and FWE about strategies to increase efficiency while supervising students might prove helpful.

During and after the fieldwork experience, the AFWC or faculty for the fieldwork course should be sensitive to comments by students that indicate exposure to uncivil behaviors or bullying, and obtain additional information and provide assistance as needed. This is especially important because the intent to harm the student with uncivil behavior is often ambiguous, making it challenging to evaluate the extent of problems. Additionally, students are often reluctant to report problems because of embarrassment, fear of retaliation, and personal and financial risks related to not being able to complete the fieldwork. Students also often face perceptions that they must endure stressful situations as part of learning the job (Kreitzer & Klatt, 2017). Failure to correct problems negatively impacts student learning and professional growth, and can negatively impact patient care. Using a tool such as the NAQ-R might help faculty identify areas that need attention.

It was beyond the scope of this study to examine FWEs' perceptions of incivility as perpetrated by students; however, students might also be perpetrators of uncivil behaviors such as spreading gossip, withholding information, or disparaging a fieldwork educator or site (Meires, 2018). These behaviors should be addressed as part of the preparation for fieldwork or by their FWE. Further research is indicated related to student incivility toward peers, faculty, and FWEs.

Regarding person-related incivility, individuals and workplace environments have different norms, and some tolerate a higher amount of sarcasm, teasing, and public criticism. However, considering the strong evidence for the detrimental effects of uncivil behaviors on the victim's physical and mental health, patient outcomes, and workplace productivity and costs, it is the ethical responsibility of the AFWC to assess whether it is appropriate for students to be placed at sites that demonstrate bullying towards students. If sufficient fieldwork sites are a challenge in a given region, AFWC may be reluctant to drop the site completely, but this may be necessary for the welfare and safety of students and clients, particularly if management is not supportive of workplace civility, as this is key to making and sustaining changes (Coursey, Rodriguez, Dieckmann, & Austin, 2013).

Ethical dilemmas related to the quality of fieldwork placement sites, the suitability of individual field supervisors, or other practices may arise in the process of conducting assessments or research related to incivility. In this anonymous survey, three students

reported potentially unethical and illegal practices by their FWEs (changing treatment minutes in the medical record). Programs and researchers will need to ensure that they have protocols in place for addressing such problems as they are revealed.

This study had several limitations. Because the survey was distributed to occupational therapy programs and social media sites, it was impossible to calculate a response rate (the response rate compared to the total number of 2018 graduates was 2%). Although the diversity of the sample roughly mirrors information about demographics in occupational therapy, and there was a broad geographic distribution, it is not known how many different schools were represented because the survey was anonymous. Only 18% of the respondents were occupational therapy assistants, while they constitute 38% of the 2018 graduates, and male and African American respondents were also slightly underrepresented (Harvison, 2018, 2019). Results of the study may be biased if students chose to complete the survey because they had been exposed to incivility in fieldwork. It is also possible that differences by demographic variables would have been detected with a larger sample size.

CONCLUSION

Despite limitations, this study has useful implications for occupational therapy programs and fieldwork sites. Students in the health professions complete a rigorous academic curriculum, followed by fieldwork experiences designed to provide them with entry-level skills. Learning is enhanced when students are treated with civility and respect; incivility can lead to stress, cognitive distraction, fear, and decreased self-esteem for the individual. Incivility also adversely affects patient and client outcomes and workplace safety, productivity, and costs. Academic programs might consider how they model and teach civility, and provide resources to support students while on fieldwork. Academic programs and organizations should prioritize education and policies that prevent negative work-related, person-related, or physically intimidating uncivil behaviors.

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