JOTE Journal of Occupational Therapy Education

Volume 7
Issue 4 *Diversity, Equity, Justice, and Inclusion in Occupational Therapy Education*

Article 12

2023

An Exploratory Survey of Incivility Experienced by Novice Occupational Therapists Educated Using a Servant Leadership Model

Deborah J. Bolding
San José State University

Jennifer C. Radloff
AdventHealth University

Kim Dudzinski
AdventHealth University

Recommended Citation

Bolding, D. J., Radloff, J. C., & Dudzinski, K. (2023). An Exploratory Survey of Incivility Experienced by Novice Occupational Therapists Educated Using a Servant Leadership Model. *Journal of Occupational Therapy Education, 7* (4). https://doi.org/10.26681/jote.2023.070412

An Exploratory Survey of Incivility Experienced by Novice Occupational Therapists Educated Using a Servant Leadership Model

Abstract

The purpose of this study was to identify the incidence of incivility experienced by a purposive sample of novice occupational therapists who graduated from a master's level program that focused on developing servant leaders as part of its mission. Data from this group was then compared to outcomes from a previous national survey of novice occupational therapists. Incivility in both studies was measured using the Negative Acts Questionnaire-Revised (NAQ-R). An independent samples *t*-test showed that NAQ-R total scores and person-related incivility subscores were significantly (*p*

Keywords

Incivility, bullying, occupational therapy education, occupational therapy leadership

JOTE
Journal of Occupational Therapy Education

Volume 7, Issue 4

An Exploratory Survey of Incivility Experienced by Novice Occupational Therapists Educated Using a Servant Leadership Model

Deborah J. Bolding, PhD, OTR/L, FAOTA[1]

Jennifer Radloff, OTD, OTR/L[2]

Kimberlea D. Dudzinski, EdD, OTR/L[2]

San José State University[1]

AdventHealth University[2]

United States

ABSTRACT

The purpose of this study was to identify the incidence of incivility experienced by a purposive sample of novice occupational therapists who graduated from a master's level program that focused on developing servant leaders as part of its mission. Data from this group was then compared to outcomes from a previous national survey of novice occupational therapists. Incivility in both studies was measured using the Negative Acts Questionnaire-Revised (NAQ-R). An independent samples *t*-test showed that NAQ-R total scores and person-related incivility subscores were significantly ($p<.05$) lower for the novice occupational therapists with servant leadership training than the nationwide cohort. While the comparison between groups was exploratory in nature, it demonstrates the need for additional studies to examine relationships between civility and use of positive leadership models in academia, fieldwork settings, and in the workplace as a method for promoting civility.

Intimidating and disruptive behaviors in healthcare settings create risks for clients and staff and increase healthcare costs. The Joint Commission, which accredits over 22,000 healthcare organizations and programs, mandated that institutions define acceptable, disruptive, and inappropriate behaviors; create a plan for managing unacceptable behaviors; educate staff; and enforce behavioral codes of conduct (The Joint Commission, 2021). The American Occupational Therapy Association (AOTA) recognized the importance of civility, stating in their code of ethics that occupational therapy practitioners should "conduct themselves in a civil manner" by engaging with

others in ways that are “inclusive, collaborative, and respectful of diversity of thought” (AOTA, 2020, p. 9). This document asserts that practitioners should not engage in actions that are “uncivil, intimidating, or bullying or that contribute to violence” (AOTA, 2020, p. 9). Although the importance of civility is recognized, relatively little has been documented about how occupational therapists might improve civility in academic or workplace settings. This study explored the role of a leadership model as a moderating influence on incivility. Novice graduates of an occupational therapy program that modeled and taught servant leadership as part of the curriculum completed a survey about incivility in their workplaces, and their results were compared to existing data from novice occupational therapists who participated in a larger national survey about incivility.

Literature Review

Civility has been described as tolerant, respectful, and cooperative behaviors, with mutual sharing and polite disagreement (von Bergen et al., 2012). Clark (2017a) added to this definition, stating that civility requires “authentic respect for the people involved and that each encounter requires time, presence, engagement, and intention to seek common ground” (p. 10). Civility in the workplace promotes better client outcomes, reduced healthcare costs, employee engagement and retention, and employee physical and emotional well-being (Kreitzer & Klatt, 2017). Occupational therapists ranked a good working relationship with other therapists, supervisors, and managers as the primary component of job satisfaction (Mason & Hennigan, 2019). Occupational therapy fieldwork students also ranked civil behaviors as important qualities for fieldwork educators, noting the value of attributes such as being approachable, easy to talk to, listening to and demonstrating respect for students, and providing support when necessary (Hummell, 1997).

In contrast, incivility in the workplace, characterized by rude, condescending, and negative behaviors towards team members, undermines workplace culture and leads to decreased patient outcomes and satisfaction ratings along with employee stress, job dissatisfaction, mistakes, absenteeism, and lower retention (Cortina et al., 2017; Lake et al., 2019; Porath & Pearson, 2013). Incivility is sometimes subtle and difficult to distinguish from rudeness or thoughtlessness, but it may also take the forms of bullying or verbal and physical threats (Einarson et al., 2009). The psychological effects of incivility at an individual level may include loss of self-confidence and self-esteem, sleep disorders, anxiety, irritability, and depression, while physical manifestations resulting from incivility include headaches, hypertension, hives, gastrointestinal problems, elevated heart rate and other symptoms (Brunworth, 2015; McPherson & Buxton, 2019).

Health professionals are exposed to incivility early in their academic training and careers. Over 70% of healthcare students and faculty reported experiencing incivility, with perpetrators including faculty, students, and fieldwork educators (Aul, 2017). Examples of uncivil student behaviors include poor classroom behavior (e.g., sarcastic remarks, tardiness, challenging the professor, groans, etc.) and bullying (e.g., disparaging remarks, rude, or hostile behaviors; Aul, 2017; Gallo, 2012). More extreme behaviors include verbal abuse, threats of violence, and actual violence (Clarke et al.,

DOI: 10.26681/jote.2023.070412

2012; Stubbs & Soundy, 2013). Uncivil faculty behaviors included losing patience, rude or condescending remarks, poor communication, being unprepared for class, showing disinterest in students (Gallo, 2012).

Uncivil behaviors also exist within the practicum and fieldwork components of academic healthcare programs. A survey of occupational therapy fieldwork students found that 16% were victims of bullying, defined as being on the receiving end of persistent negative actions (Bolding et al., 2020). Nursing students in clinical placements reported experiencing frequent incivility, including overt criticism (e.g., they needed to consider changing fields), shaming (e.g., being talked down to or belittled in front of others), being ignored, and lack of recognition for their work (Thomas, 2018). Healthcare students in fieldwork settings often lacked the interpersonal communication skills or power to respond to incivility, and the consequences included loss of confidence, anxiety, difficulty in critical thinking, and self-doubt regarding whether they should continue in their professions (Budden et al., 2017; Koharchik, 2018; Sidhu & Park, 2018).

Novice healthcare practitioners seem to be particularly vulnerable to incivility. The transition from the academic setting to the workplace is stressful, and entails learning a new culture and role, along with responsibility for quickly gaining expertise. Unfortunately, it has been suggested that incivility is addressed by acculturating new graduates to the incivility in the setting rather than addressing the problems inherent in the workplace culture (D'Ambra & Andrews, 2013). For example, 72.6% of novice nurses reported experiencing or witnessing bullying in the previous month (Berry et al., 2012). Incivility appears to be most often perpetrated by intraprofessional colleagues and supervisors, although it can occur during interactions with other health professionals, patients, and families (D'Ambra & Andrews, 2013; Kerber et al., 2015; Read & Laschinger, 2013).

The emotions experienced by novice healthcare practitioners who are bullied include fear, shame, isolation, and vulnerability (Krut, 2021). Stress caused by incivility and bullying is linked to adverse effects on emotional and physical well-being, professional identity, client safety (Kerber et al., 2015), and high levels of turnover in the first years of practice (Laschinger et al., 2009; Sauer & McCoy, 2018).

Leadership and Civility

Civility is the responsibility of all people working in healthcare. Fieldwork educators, team leaders, supervisors, managers, and other formal leaders within organizations must be committed to creating a workplace culture of respect (Clark, 2019). However, formal leaders often lack adequate preparation, role models, or mentoring for leadership roles (McPherson & Buxton, 2019; Vestal, 2012). Persons in positions of authority are frequently identified as perpetrators of workplace incivility (Bolding et al., 2021; Mullin et al., 2018) or they dismiss reports of incivility as inconsequential (Cortina et al., 2017; Samson-Mojares et al., 2019). This contributes to additional victim stress because of a perceived lack of recourse and suggests a need for stronger formal and informal education and mentoring about creating safe workplaces.

Persons in positions of authority are often the leaders in the development and implementation of policies related to civility in their organizations. The Joint Commission (2021) mandated that healthcare facilities accredited by their organization establish codes of conduct defining acceptable and unacceptable behaviors, a process for managing disruptive behaviors, and zero tolerance policies for intimidating and disruptive behaviors. However, leadership, defined as "influencing the activities of an organized group in its efforts toward goal setting and goal achievement, need not be confined to those with formal authority" (Stogdill, as cited by Berrett and Walston, 2017, p. 135). Occupational therapy students and novice practitioners can be leaders in influencing the culture in which they work.

Servant Leadership and Civility

Positive and relational leadership styles are associated with greater civility in the workplace than other leadership models (Bureau et al., 2021; Laschinger et al., 2014). Servant leadership is a positive leadership model where leaders work to develop relationships with and serve colleagues and the larger community, with the organizational goals being secondary (Eva et al., 2019; van Dierendonck, 2011). Servant leaders believe in treating others with care and respect (van Dierendonck, 2011), which in turn impacts organizational citizenship behaviors (e.g., sharing information, mutual recognition, social support) between all team members (Neubert et al., 2021; Zou et al., 2015). Other positive outcomes of servant leadership include empowerment, engagement, organizational commitment, feelings of work support, role performance (Zhang et al., 2021), and employee satisfaction (Farrington & Lillah, 2019; McCann et al., 2014).

While there is limited data about the effects of servant leadership on civility in healthcare, the serving and caring aspects of servant leadership have been shown to foster better listening and empathy and help build more trusting relationships with patients, which can then lead to changes in clients' health behaviors (Trastek et al., 2014) and higher patient satisfaction scores (McCann, 2014). People who have been trained in servant leadership as a way of interacting, even if they are not in supervisory positions, have been described as actively engaged in the follower-leader relationship, self-reliant, and enthusiastic participants in the leadership process (Davis, 2017) and these behaviors may affect organizational outcomes (Khan et al., 2020). This study explores possible links to servant leadership training and incivility experienced by novice occupational therapists.

Methods

The study design was reviewed by the San José State University Human Subjects Institutional Review Board, which registered the study protocol and deemed it exempt from further review.

Participants and Recruitment

Graduates of an occupational therapy program in the United States that had servant leadership as part of its mission and educational curriculum and who graduated between the years of 2017 and 2019 were recruited via social media in the spring of

DOI: 10.26681/jote.2023.070412

2021. Data from novice occupational therapists with less than three years of work experience who participated in a cross-sectional survey regarding incivility in the spring of 2020 (Bolding, 2021) was used for comparison.

Study Design

A cross-sectional survey was used to identify the incidence of incivility and bullying in a purposive sample of novice occupational therapists who graduated from AdventHealth University, an occupational therapy program whose mission is developing and empowering servant leaders in occupational therapy (AdventHealth University, 2022, Mission statement). Students in the program were introduced to the concept of servant leadership during orientation to the university. The value of serving others was emphasized in university programs and students observed servant leadership in action by university administrators, faculty, and staff throughout their academic program.

Servant leadership was identified as a thread in the occupational therapy curriculum. Students were expected to demonstrate servant leadership behaviors in their interactions with faculty, staff, peers, and clients. Servant leadership was taught intentionally during two courses prior to final fieldwork experiences. The commitment to servant leadership continued through the fieldwork education program, with the academic fieldwork coordinator (AFWC) screening potential fieldwork sites to ensure that sites operated in accord with the academic program's values and mission. Following all fieldwork experiences, students participated in a professional seminar class with one topic being servant leadership experienced during their courses and fieldwork.

Data from the servant leadership cohort was compared to survey results from a larger national survey of novice occupational therapists that did not specifically ask about leadership training. In this exploratory study, investigators searched for possible links between leadership styles and civility. An underlying assumption was that few, if any, of the participants from the larger study had similar amounts of training in servant leadership. To test this assumption, a review of the mission statements for 50 randomly selected occupational therapy master's programs found that four mission statements mentioned service, seven alluded to leadership and ethical leadership in general terms, and no program (other than the one used for this study) described a specific leadership model as an integral part of their mission statements.

Instrumentation

Participants from both groups completed an online survey that included demographic questions and the Negative Acts Questionnaire-Revised (NAQ-R; Einarsen et al., 2009). The NAQ-R is a standardized measure of incivility that demonstrates good internal consistency (Cronbach's $\alpha = .90$) and reliability, with Pearson product-moment correlation coefficients between raw sum scores and respondents' perceptions of being bullied demonstrating a positive correlation ($r = .54$, $p < .001$; Einarsen et al., 2009).

The NAQ-R contains 22 questions which participants answer using a five-point ordinal scale to describe the frequency of negative behaviors (*never, now and then, monthly, weekly*, and *daily*). Total scores range from 22-110, with lower scores representing less incivility. There are three subscores for the test: work-related incivility (e.g., repeated reminders of mistakes), person-related incivility (e.g., having gossip or rumors spread about you, being ignored), and physical intimidation (e.g., finger-pointing, invasion of one's personal space). In a final question, participants are asked to state whether they have been bullied at work in the previous six months (Einarson et al., 2009).

Data Management and Analysis

Demographic data were summarized descriptively. The NAQ-R scores were categorized by total scores, each of the three subscores, and responses for the bullying question. Independent-samples *t*-test were used to compare results from the nationwide sample and the servant leadership cohort. All analyses were performed using IBM SPSS Statistics (Version 26; IBM Corp., Armonk, NY). Data regarding race, gender, and sexual orientation were collected because investigators have reported a link between these categories and incivility (Cortina et al., 2017, Hollis & McCalla, 2013); however, there were not enough subjects in this study for meaningful analysis of incivility based on these categories.

An *a priori* power analysis (G*Power 3.1.9.2) was conducted to estimate the sample size needed to test the difference between two independent group means using a two-tailed test with large effect size (d = .80), an alpha of .05, and power of .80. The results showed that a total sample of 26 participants would be needed.

Results

There were 29 responses from novice occupational therapists in the servant leadership group, which were then compared to the 128 responses from novice occupational therapists in the nationwide survey. The servant leadership group and the nationwide group were similar in categories relating to race/ethnicity, gender, and whether participants identify as in a sexual minority. Participants identified as female (91%) and male (9%), with no other gender designations selected. The work settings were somewhat different, with more therapists from the nationwide survey working in pediatrics and more therapists in the servant leadership group working in hospitals and rehabilitation settings. Participants from the servant leadership group were slightly older; however, there did not appear to be major demographic differences between the groups (see Table 1).

DOI: 10.26681/jote.2023.070412

Table 1

Demographic Data[1]

Demographic	National Cohort (%)	Servant Leadership Cohort (%)
Age		
18-24 years	17 (13%)	0 (0%)
25-34 years	93 (73%)	25 (86%)
35-44 years	14 (11%)	3 (10%)
45-54 years	4 (3%)	1 (3%)
Race/Ethnicity[2]		
White	95 (77%)	20 (69%)
Latina/o/x	8 (6%)	4 (14%)
Black	2 (2%)	2 (7%)
Asian	9 (7%)	1 (3%)
Multi-racial	10 (8%)	2 (7%)
Identify as Sexual Minority		
Yes	11 (9%)	3 (11%)
No	112 (91%)	25 (89%)
Work Setting		
Pediatrics	44 (35%)	7 (24%)
Hospital/rehabilitation	26 (20%)	9 (31%)
Out-patient	6 (5%)	6 (21%)
Home health	10 (8%)	1 (1%)
NF/LTC[3]	23 (18%)	6 (21%)
Mental health	9 (7%)	0 (0%)
Other	9 (7%)	0 (0%)

Note. [1]*n*=128 for the national cohort and *n*=29 for servant leadership cohort; some participants did not respond to questions on race and sexual minority, creating a smaller *n* for these categories. [2]Race/ethnicity not included on the list were not represented in the survey. [3]Skilled nursing facility (SNF) and long-term care (LTC)

Participant scores on the NAQ-R were first analyzed by total score. An independent-samples *t*-test was conducted to compare total NAQ-R scores from the two groups. The total scores on the NAQ-R were significantly ($p < 0.05$) higher for the nationwide group of novice occupational therapists than the total scores on the NAQ-R for the servant leadership cohort, indicating the servant leadership cohort experienced less incivility in the workplace (see Table 2).

Participant scores for the three subcategories of the NAQ-R were then analyzed. There was a significant difference in the NAQ-R subscores for person-related incivility between the servant leadership cohort and the nationwide cohort, with the servant leadership group experiencing less incivility. Subscores for work-related and physically intimidating uncivil behaviors were higher for the nationwide cohort than for the servant leadership cohort but the differences were not significant (see Table 2).

Table 2

NAQ-R Scores by Total Score for the National and Servant Leadership Cohorts

NAQ-R Category	National Cohort		Servant Leadership Cohort				
	M	*SD*	*M*	*SD*	*t*	*p*	Cohen's *d*
Total NAQ-R Score	33.45	12.56	28.59	7.39	2.00	0.047*	.41
Work-related	13.05	6.13	11.93	4.07	0.94	0.348	.19
Person-related	16.71	6.68	13.48	3.74	2.51	0.013*	.52
Physical Intimidation	3.68	1.39	3.17	0.76	1.90	0.059	.39

Note. *Significance at the 0.05 level.

The most frequently occurring types of incivility were similar for the two cohorts (see Table 3). For work-related incivility, the most frequently cited problem was being exposed to unmanageable workloads. For person-related incivility, the most frequently cited problem was being ignored or excluded. In the category for physically intimidating incivility, the nationwide cohort experienced infrequent instances of being shouted at or the target of anger, while the servant leadership cohort reported virtually no instances of this type of incivility.

Table 3

Mean Scores[1] on NAQ-R Items by Factor Subgroups

Item Language	Nationwide Cohort (n=128)		Servant Leadership Cohort (n=29)	
	X	*SD*	*X*	*SD*
Work-Related Incivility				
Withholding information affecting your performance	1.9	1.1	1.4	0.8
Ordered to work below your level of competence	1.7	1.1	1.6	1.0
Having your opinions and views ignored	2.0	1.1	1.6	0.9
Given tasks with unreasonable targets or deadlines	2.0	1.3	1.3	0.5
Excessive monitoring of your work	1.7	1.1	1.5	0.6
Pressure not to claim something to which you are entitled (e.g., sick leave)	1.5	0.9	1.4	0.6
Being exposed to an unmanageable workload	2.3	1.5	1.8	1.0
Person-Related Incivility				
Being humiliated or ridiculed in connection with work	1.5	0.9	1.2	0.4
Key areas of responsibility removed or replaced with trivial/unpleasant tasks	1.5	0.9	1.5	0.9

DOI: 10.26681/jote.2023.070412

Spreading gossip or rumors about you	1.5	0.8	1.2	0.4
Being ignored or excluded	1.8	1.0	1.5	0.9
Insulting or offensive remarks made about your person, attitudes, or private life	1.4	0.9	1.2	0.4
Hints or signals that you should quit your job	1.2	0.7	1.1	0.3
Repeated reminders of errors or mistakes	1.4	0.8	1.2	0.4
Being ignored or facing hostile reactions when you approach	1.6	1.0	1.4	0.7
Persistent criticism of your work and effort	1.4	0.9	1.2	0.4
Practical jokes by people you don't get on with	1.0	0.2	1.1	0.3
Having allegations made against you	1.2	0.6	1.1	0.3
Being subject of excessive teasing and sarcasm	1.1	0.5	1.0	0.2
Physically Intimidating Incivility				
Being shouted at or the target of spontaneous anger	1.4	0.9	1.1	0.3
Intimidating behavior (finger-pointing, invasion of personal space, blocking way)	1.2	0.6	1.0	0.2
Threats of violence or physical abuse or actual abuse	1.1	0.3	1.0	0.2

Note. [1]Scoring on the NAQ-R ranges from never (1), now and then (2), monthly (3), weekly (4), and daily (5)

The final NAQ-R question asked, "Have you been bullied at work?" and defined bullying as "a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons" (Einarsen et al., 2009, p. 2). In this study, the national cohort participants responded never (83%), now and then (8%), monthly (1%), and daily (0). Servant leadership respondents reported never (96%) and now and then (4%).

Bullying is often underreported by self-report, and an alternate method for analyzing bullying based on total NAQ-R scores was developed (Notelaers & Einarsen, 2013). A total raw score below 33 denotes no bullying, a score between 33-44 constitutes occasional bullying, and higher scores fall in the victim category. The results using this method demonstrated greater incidences of bullying than when using self-reported results. In the nationwide cohort, 17% scored in the victim category. From the servant leadership cohort, only one respondent's total NAQ-R score was in the victim category (3%; see Table 4).

Table 4

Categories of Exposure to Bullying Based on NAQ-R Raw Scores*

	National Cohort	Servant Leadership Cohort
Not bullied (NAQ-R total < 33)	80 (63%)	24 (83%)
Occasionally bullied (NAQ-R total 33-45)	26 (20%)	4 (14%)
Victim (NAQ-R total > 45)	22 (17%)	1 (3%)

Note. *Categories described by Notelaers and Einarsen (2013)

Discussion

In this exploratory study, we examined the incidence of incivility experienced by novice therapists who were educated in an institution and occupational therapy program that emphasized servant leadership, identified as a positive leadership model. While both groups reported a low incidence of incivility compared to other studies of nurses and occupational therapists (Berry et al., 2012; Scanlon & Pierson, 2021), the servant leadership group reported significantly lower person-related and total incivility scores.

Although this was only a preliminary investigation, the results suggest a need for additional studies to examine the relationship between receiving instruction and modeling in servant leadership or other positive leadership styles during the occupational therapy curricula and civility in more depth. One might also consider whether potential occupational therapy students in the servant leadership cohort were attracted to an educational program that reflected their personal values, or whether the program re-shaped their values and developed civility skills in preparation for fieldwork and future employment. Another area of exploration might be the role of the academic fieldwork coordinator in selecting fieldwork sites that align with the mission and values of the institution or how the coordinator addresses any concerns of incivility between the fieldwork site and student.

At the academic level, Clark (2017b) argued that educational institutions should create vision, mission, and shared values statements that clearly demonstrate expectations about civility, professionalism, and ethical conduct. Clark further recommended that the behaviors be reinforced by faculty role models and active learning strategies in the classroom. Other research might examine strategies for teaching students to recognize incivility in fieldwork and the workplace and methods (e.g., cognitive rehearsal) for managing incivility (Clark, 2017b; Kile et al., 2019).

Interventions to decrease incivility in the workplace often focus on policies and administrative support, but this may not change negative interpersonal interactions among coworkers (Coursey et al., 2014). Assuming the servant leadership group in this study practiced the principles of treating others with care and respect (van Dierendonck, 2011) that was emphasized in their education, it is worth considering whether it was

DOI: 10.26681/jote.2023.070412

their personal values, rather than any workplace policy, which helped create a culture that was more civil. Being a civil team member involves more than following guidelines for behavior; it also includes building relationships, working cooperatively in groups, and gaining motivation from group success (McKimm & Vogan, 2020), all qualities stressed in servant leadership and other positive leadership styles.

Limitations

This study used a cross-sectional design with a convenience sample of novice occupational therapists and could not address causal relationships between perceptions of incivility and leadership. The original nationwide study was designed to collect data about the incidence of incivility in occupational therapy workplaces, and it did not collect information from participants about their leadership knowledge. The authors' assumption that novice practitioners from the nationwide survey were not as knowledgeable about servant leadership or other positive leadership styles as the novice practitioners in the servant leadership group could be inaccurate. Self-reported data in this survey may have errors due to attribution, exaggeration, telescoping or memory, and non-respondents may differ from respondents. It should be noted that the definitions, literature review and discussions in this study are based on healthcare and management literature with a Western perspective.

Implications for Occupational Therapy Education and Practice

This exploratory study with data from two groups of novice occupational therapists suggests that more can be done to decrease incivility in academic, fieldwork, and workplace settings. While this study does not examine best practices for therapy educators, practitioners, and managers, evidence from the literature suggests the following actions:

1. Examine the curriculum to determine what students learn about problems related to incivility, how to respond to incivility, and positive management and leadership models that mediate incivility (Clark, 2017b). Other topics might include workplace relationships, considering all sides of issues, and searching for non-adversarial, problem-solving outcomes (Clark, 2017b).
2. In the academic curricula, fieldwork collaborations, and workplace, develop interventions to combat incivility (e.g., leadership training, workplace policies regarding zero tolerance, teaching strategies for healthy communication) (Clark, 2017b; Laschinger, et al., 2014).
3. Consider methods for preventing incivility among colleagues, clients, or family members through organizational culture, accountability, and systematic methods to improve practices related to respect (Sokol-Hessner et al., 2018).
4. Consider and amplify the role of non-managers, or informal leaders, in helping to develop and maintain a civil workplace (Kile, et al., 2018). Novice therapists may not have formal leadership roles, but they have the potential to influence the work environment laterally and up and down hierarchies by demonstrating respectful, tolerant, and cooperative workplace behaviors and not tolerating uncivil behaviors by their colleagues.

Conclusion

Incivility in occupational therapy academic programs and workplaces is a significant concern because of the adverse consequences to the victims, observers, clients, and organizations. This study found that novice therapists who have been educated to focus on others' needs, interests, and goals, and recognize and respect individual differences using the servant leadership model experience reported low levels of incivility in the workplace. Whether this is because of their academic training, personal values that attracted them to an academic program that teaches servant leadership, or other factors is yet to be explored.

References

AdventHealth University (2022). *Mission statement.* https://catalog.ahu.edu/content.php?catoid=63&navoid=5656

American Occupational Therapy Association (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74(*Supplement 3). https://doi.org/10.5014/ajot.2020.74S3006

Aul, K. (2017). Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *Nurse Education in Practice, 27*, 36-44. https://doi.org/10.1016/j.nepr.2017.08.016

Berrett, B. R., & Walston, S. L. (2017). Leadership theories and styles. In S. L. Walston (Ed.), *Organization behavior and theory in healthcare: Leadership perspectives and management applications*. Health Administration Press.

Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship*, *44*(1), 80-87. https://doi.org/10.1111/j.1547-5069.2011.01436.x

Bolding, D. J., Dudley, T., Dahlmeier, A., Bland, L., Castro, A., & Covarrubias, A. (2020). Prevalence and types of incivility in occupational therapy fieldwork. *Journal of Occupational Therapy Education*, *4*(1), 11. https://doi.org/10.26681/jote.2020.040111

Bolding, D. J., McCallister, C., Poisson, K., Pufki, D. M., Ramirez, A., Rickly, C., & Scattini, V. (2021). Incivility in the occupational therapy workplace: A survey of practitioners. *American Journal of Occupational Therapy*, *75*(3), https://doi.org/10.5014/ajot.2021.046698

Brunworth, J. (2015). *Eating our young in nursing... are we full yet?* https://www.elsevier.com/connect/eating-our-young-in-nursing-are-we-full-yet

Budden, L. M., Birks, M., Cant, R., Bagley, T., & Park, T. (2017). Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian, 24*(2), 125-133. https://doi.org/10.1016/j.colegn.2015.11.004

Bureau, J. S., Gagné, M., Morin, A. J., & Mageau, G. A. (2021). Transformational leadership and incivility: A multilevel and longitudinal test. *Journal of Interpersonal Violence, 36*(1-2), NP448-NP473. https://doi.org/10.1177/0886260517734219

Clark, C. (2017a). *Creating and sustaining civility in nursing education.* Sigma Theta Tau International Honor Society of Nursing.

DOI: 10.26681/jote.2023.070412

Clark, C. (2017b). An evidence-based approach to integrate civility, professionalism, and ethical practice into nursing curricula. *Nurse Educator (42),* 120-126. https://doi.org/10.1097/NNE.0000000000000331

Clark, C. M. (2019). Fostering a culture of civility and respect in nursing. *Journal of Nursing Regulation*, *10*(1), 44-52. https://doi.org/10.1016/s2155-8256(19)30082-1

Clarke, C. M., Kane, D. J., Rajacich, D. L., & Lafreniere, K. D. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*, *51*(5), 269-276. https://doi.org/10.3928/01484834-20120409-01

Cortina, L. M., Kabat-Farr, D., Magley, V. J., & Nelson, K. (2017). Researching rudeness: The past, present, and future of the science of incivility. *Journal of Occupational Health Psychology, 22*(3), 299. https://doi.org/10.1037/ocp0000089

Coursey, J. H., Rodriguez, R. E., Dieckmann, L. S., & Austin, P. N. (2014). Successful implementation of policies addressing lateral violence. *AORN Journal, 97,* 101-109. https://doi.org/10.1016/j.aom.2012.09.010

D'Ambra, A. M., & Andrews, D. R. (2013). Incivility, retention, and new graduate nurses: An integrated review of the literature. *Journal of Nursing Management, 22*(6), 735-742. https://doi.org/10.1111/jonm.12060

Davis, N. (2017). Review of followership theory and servant leadership theory: Understanding how servant leadership informs followership. *Servant leadership and followership* (pp. 207-223), Palgrave Macmillan. https://doi.org/10.1007/978-3-319-59366-1_9

Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work and Stress*, *23*(1), 24-44. https://doi.org/10.1080/02678370902815673

Eva, N., Robin, M., Sendjaya, S., van Dierendonck, D., & Liden, R. C. (2019). Servant leadership: A systematic review and call for future research. *Leadership Quarterly, 30*(1), 111-132. https://doi.org/10.1016/j.leaqua.2018.07.004

Farrington, S. M., & Lillah, R. (2019). Servant leadership and job satisfaction within private healthcare practices. *Leadership in Health Services, 32*(1), 148-168. https://doi.org/10.1108/lhs-09-2017-0056

Gallo, V. J. (2012). Incivility in nursing education: A review of the literature. *Teaching and Learning in Nursing, 7*(2), 62-66. https://doi.org/10.1016/j.teln.2011.11.006

Hollis, L. P., & McCalla, S. A. (2013). Bullied back in the closet: Disengagement of LGBT employees facing workplace bullying. *Journal of Psychological Issues in Organizational Culture, 4*(2), 6-16. https://doi.org/10.1002/jpoc.21109

Hummell, J. (1997). Effective fieldwork supervision: Occupational therapy student perspectives. *Australian Occupational Therapy Journal, 44*(4), 147-157. https://doi.org/10.1111/j.1440-1630.1997.tb00769.x

Kerber, C., Woith, W. M., Jenkins, S. H., & Schafer Astroth, K. (2015). Perceptions of new nurses concerning incivility in the workplace. *Journal of Continuing Education in Nursing, 46*(11), 522-527. https://doi.org/10.3928/00220124-20151020-05

Khan, S. N., Abdullah, S. M., Busari, A. H., Mubushar, M., & Khan, I. U. (2020). Reversing the lens: The role of followership dimensions in shaping transformational leadership behaviour; Mediating role of trust in leadership. *Leadership and Organization Development Journal, 41*(1), 1-18. https://doi.org/10.1108/LODJ-03-2019-0100

Kile, D., Eaton, M. deValpine, M., & Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management, (27),* 543-552. https://doi.org/10/1111/jonm.12709

Koharchik, L. (2018). Nursing instructor incivility toward students. *American Journal of Nursing*, *118*(7), 64-66. https://doi.org/10.1097/01.naj.0000541442.76122.e4

Kreitzer, M. J., & Klatt, M. (2017). Educational innovations to foster resilience in the health professions. *Medical Teacher, 39*(2), 153-159. https://doi.org/10.1080/0142159x.2016.1248917

Krut, B. A., Laing, C. M., Moules, N. J., & Estefan, A. (2021). The impact of horizontal violence on the individual nurse: A qualitative research study. *Nurse Education in Practice, 54*, 103079. https://doi.org/10.1016/j.nepr.2021.103079

Lake, E. T., Sanders, J., Duan, R., Rian, K. A., Schoenauer, K. M., & Chen, Y. (2019). A meta-analysis of the associations between the nurse work environment in hospitals and 4 sets of outcomes. *Medical Care, 57*(5), 353-361. https://doi.org/10.1097/MLR.0000000000001109

Laschinger, H. K. S., Wong, C. A., Cummings, G. G., & Grau, A. L. (2014). Resonant leadership and workplace empowerment: The value of positive organizational cultures in reducing workplace incivility. *Nursing Economics, 32*(1), 6.

Mason, V. C., & Hennigan, M. L. (2019). Occupational therapy practitioners' ratings of job satisfaction factors through a lens of social capital. *Occupational Therapy in Health Care, 33*(1), 88-107. https://doi.org/10.1080/07380577.2018.1543912

McCann, J. T., Graves, D., & Cox, L. (2014). Servant leadership, employee satisfaction, and organizational performance in rural community hospitals. *International Journal of Business and Management, 9*(10), 28-38. https://doi.org/10.5539/ijbm.v9n10p28

McKimm, J., & Vogan, C. L. (2020). Followership: Much more than simply following the leader. *BMJ Leader, 4*(2), 41-44. https://doi.org/10.1136/leader-2019-000162

McPherson, P., & Buxton, T. (2019). In their own words: Nurses countering workplace incivility. *Nursing Forum, 54*(3), 455-460. https://doi.org/10.1111/nuf.12354

Mullin, J., Fiset, J., & Rhéaume, A. (2018). Destructive forms of leadership: The effects of abusive supervision and incivility on employee health and safety. *Leadership and Organization Development Journal, 39*(8), 946-961. https://doi.org/10.1108/LODJ-06-2018-0203

Neubert, M. J., Hunter, E. M., & Tolentino, R. C. (2021). Modeling character: Servant leaders, incivility and patient outcomes. *Journal of Business Ethics*, 1-18. https://doi.org/10.1007/s10551-021-04783-7

Notelaers, G., & Einarsen, S. (2013). The world turns at 33 and 45: Defining simple cutoff scores for the Negative Acts Questionnaire–Revised in a representative sample. *European Journal of Work and Organizational Psychology*, *22*(6), 670-682. https://doi.org/10.1080/1359432x.2012.690558

Porath, C., & Pearson, C. (2013). The price of incivility. *Harvard Business Review*, *91*(1-2), 114-121. https://qualitymanagementinstitute.com/images/hrsolutions/HBR-ThePriceofIncivility.pdf

Read, E., & Laschinger, H. K. (2013). Correlates of new graduate nurses' experiences of workplace mistreatment. *JONA: The Journal of Nursing Administration*, *43*(4), 221-228. https://doi.org/10.1097/nna.0000000000000250

Samson-Mojares, R. A., Chin, C. R., Colvin, M. K., & Umadhay, T. (2019). Where do you think you are? A grounded theory study of the critical factors triggering the existence and fueling the persistence of incivility in nursing. *Nursing Education Perspectives, 40*(3), 133-138. https://doi.org/10.1097/01.nep.0000000000000397

Sauer, P. A., & McCoy, T. P. (2018). Nurse bullying and intent to leave. *Nursing Economics, 36*(5), 219-245. https://doi.org/10.1177/0193945916681278

Scanlon, E., & Piersol, C. V. (2021). Workplace aggression: Exploring experiences of occupational therapy practitioners in healthcare settings. *Occupational Therapy in Health Care, 35*(1), 105-121. https://doi.org/10.1080/07380577.2021.1872819

Sidhu, S., & Park, T. (2018). Nursing curriculum and bullying: An integrative literature review. *Nurse Education Today, 65*, 169-176. https://doi.org/10.1016/j.nedt.2018.03.005

Sokol-Hessner, L., Folcarelli, P. H., Annas, C. L., Brown, S. M., Fernandez, L., Roche, S. D., Lee, B.S., & Sands, K.E. (2018). A road map for advancing the practice of respect in health care: The results of an interdisciplinary modified Delphi consensus study. *Joint Commission Journal on Quality and Patient Safety*, *44*(8), 463-476. https://doi.org/10.1016/j.jcjq.2018.02.003

Stubbs, B., & Soundy, A. (2013). Physiotherapy students' experiences of buying on clinical internships: An exploratory study. *Physiotherapy, 99*(2), 178-180. https://doi.org/10.1016/j.physio.2013.01.001

The Joint Commission (2021). Behaviors that undermine a culture of safety. *Sentinel Event Alert, 9*(40), 1-3. https://www.jointcommission.org//media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf

Thomas, C. A. (2018). Stifled learning: Nursing students' experience of incivility in clinical education. *Journal of Christian Nursing, 35*(2), 106-111. https://doi.org/10.1097/cnj.0000000000000477

Trastek, V. F., Hamilton, N. W., & Niles, E. E. (2014). Leadership models in health care—a case for servant leadership. Paper presented at the *Mayo Clinic Proceedings, 89*(3) 374-381. https://doi.org/10.1016/j.mayocp.2013.10.012

van Dierendonck, D. (2011). Servant leadership: A review and synthesis. *Journal of Management*, *37*(4), 1228-1261. https://doi.org/10.1177/0149206310380462

Vestal, K. (2012). Why new managers fail: What can we do to prevent it? *Nurse Leader, 10*(1), 10-11. https://doi.org/10.1016/j.mnl.2011.11.011

Von Bergen, C. W., Bressler, M. S., & Collier, G. (2012). Creating a culture and climate of civility in a sea of intolerance. *Journal of Organizational Culture, Communications and Conflict, 16*(2), 85.

Zhang, Y., Zheng, Y., Zhang, L., Xu, S., Liu, X., & Chen, W. (2021). A meta-analytic review of the consequences of servant leadership: The moderating roles of cultural factors. *Asia Pacific Journal of Management, 38*(1), 371-400. https://doi.org/10.1007/s10490-018-9639-z

Zou, W. C., Tian, Q., & Liu, J. (2015). Servant leadership, social exchange relationships, and follower's helping behavior: Positive reciprocity belief matters. *International Journal of Hospitality Management*, *51*,147-156. https://doi.org/10.1016/j.ijhm.2015.08.012

DOI: 10.26681/jote.2023.070412