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"You've broken the patient": Physiotherapists' lived experience of incivility within the healthcare team - An Interpretative Phenomenological Analysis

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Abstract

Background Incivility in healthcare teams is a widely recognised phenomenon. The impact of incivility is far-reaching with consequences for healthcare organisations, individuals and patient care. To date there has been little research into the effects of incivility on physiotherapists, with the extant literature focussed on nurses and physicians.
Purpose To explore the impact of incivility on physiotherapists working in the acute hospital setting
Methods A qualitative design using Interpretative Phenomenological Analysis was used. Semi-structured interviews were conducted with a group of physiotherapists (n = 6).
Analysis The transcripts were analysed using six-step analysis common to interpretative phenomenological analysis. Member checking was used to enhance the quality of the study.
Results Two superordinate themes were identified. Superordinate theme one, impact of incivility on the professional self and superordinate theme two, impact of incivility on the emotional self were identified as novel.
Conclusion and Implications The impact of incivility on physiotherapists, professionally and personally, should not be underestimated and further qualitative and quantitative research is required to identify and implement strategies which may mitigate the effects on individuals and the profession as whole.

Contribution of the Paper

Key messages.

- Incivility has a negative impact on physiotherapists, professionally and personally.
- Physiotherapy services would benefit from a greater understanding of the concept and impact of incivility on clinicians to improve the wellbeing of staff.

What the paper adds.

- Novel understanding of physiotherapists' lived experience of incivility.
- A base from which to further explore the concept of incivility and its relation to physiotherapy practice.

New Knowledge

- Incivility exists within physiotherapy teams and should be acknowledged and addressed.
- Physiotherapists perceptions of incivility echo those of existing research into the impact of incivility within healthcare.

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Introduction

Incivility is a recognised phenomenon which can lead to a spiralling negative impact in the workplace [1]. Its impact on healthcare teams has attracted growing attention [2]. Incivility is defined as: *"low intensity deviant behaviour with ambiguous intent to harm the target in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others"* (1 p457).

Uncivil behaviours are likely to be subtle and might include aspects such as talking behind someone's back; eye-rolling; ignoring someone; taking credit for others' work or sarcasm[3–5]. The motives behind incivility are ambiguous, and its impact dependent on the perception of the target, thus distinguishing it from bullying [1]. This ambiguity makes it difficult to quantify the existence and impact of incivility upon individuals and organisations.

There is growing evidence that incivility pervades healthcare organisations [6]. Incivility can lead to reduced job satisfaction, increased staff turnover, and burnout amongst healthcare staff [6–8]. Teamwork and communication are also negatively affected by uncivil behaviour, with an associated increase in the likelihood of medical errors and thus a reduction in patient safety [9,10]. Those who witness incivility have also been found to reduce their effort and engagement in their role [4]. Due to the negative effect on staff retention, incivility places an additional financial strain on healthcare organisations [11].

Research into incivility in healthcare to date has predominantly focussed on nurses and physicians [2]. Data suggests that physiotherapists also experience incivility with 23% reporting being bullied, abused, or harassed by colleagues [12]. Physiotherapy students have similarly experienced incivility whilst on clinical placement, with behaviours such as belittling remarks and being ignored, being perpetrated by physiotherapists [13]. However, as far as the authors are aware, this is the first study to explore physiotherapists' experiences of incivility.

Methods

Design

This study used an interpretivist paradigm to understand physiotherapists experiences of incivility. Interpretive Phenomenological Analysis (IPA) was chosen as it seeks to reveal the essence of what a particular phenomenon *means* to an individual, and not just to prove that it exists; it is also recommended for developing insights into topics about which little is known [14].

Sampling and recruitment

IPA is idiographic and as such necessitates small sample sizes in order that the views of participants can be heard via detailed analysis of their accounts [14]. Participants were recruited purposively from a physiotherapy department within an acute NHS trust. An email was sent to all physiotherapists employed within the organisation inviting them to participate. Participants were eligible if they were a qualified physiotherapist employed within the organisation, irrespective of their number of years of qualification. Participants were excluded if they were directly supervised by the first author to remove the impact hierarchical position may have on individuals' willingness to share potentially sensitive experiences. Participants were given an information leaflet and an opportunity to ask questions; a written consent form was signed prior to interview. Pseudonyms were allocated by, and known only to the first author in an effort to preserve anonymity. Interviews took place outside of the participants usual working location to maintain confidentiality. All data was securely stored in line with GDPR. Ethical approval was granted from York St. John University, School of Science, Technology and Health Research Ethics Committee and consent to proceed granted from the hospital trust via the governance framework.

Data Collection

Data were collected via one-to-one semi-structured interviews (n = 6) using an interview guide (see Table 1). Interviews were audio recorded and conducted by the first author who is an experienced physiotherapist working in an acute hospital setting. The interviews lasted 45–60 min.

Data Analysis

Interviews were transcribed verbatim by the first author. This allowed familiarity with the data to develop. Data was analysed using the six-step process outlined by Smith and colleagues [14] (Table 2). Once all transcripts were analysed, extracts and key themes were cross referenced to develop superordinate and sub themes. Once identified, these themes were discussed with the research team in relation to the extant literature.

Reflexivity and trustworthiness

The authors experience of incivility, and appreciation of the lifeworld of physiotherapists working in acute settings, enabled greater access to the meaning of experiences shared and thus a deeper engagement with participants and emerging data [14,15]. Due to the researchers lived experience

Table 1
Interview schedule.

1. Can you tell me what **you** understand of the term 'Incivility'?
2. Can you tell me about a time you have witnessed incivility at work?
   - Prompts: what happened, where did it happen? how did you feel? Did you intervene? What were you thinking?
3. Can you tell me about a time you have personally experienced incivility at work?
   - Prompts: what happened, environment, how did you feel? Did you challenge the behaviour? What were you thinking?
4. How do you feel when you have been treated uncivilly?
   - Do you discuss with others, if so – peers, managers (hierarchical status?), patients, family, friends? Why do you/did you feel that way?
5. What effect does incivility have on the healthcare team?
   - Prompts: Can you give an example? Physiotherapy team, Multidisciplinary team
   - Why does it affect the team that way?
6. What effect does incivility have on patient care?
   - Prompts: patient safety and experience
   - How does it have that effect?
   - Why do you think it has that effect?
7. What do you think prompts incivility in the workplace?
   - Can you explain a bit more about that?
   - Can you give an example?
   - Why do you think (that) prompts incivility?
8. Have you ever demonstrated uncivil behaviour in the workplace?
   - Prompts; what happened, environment, how did you feel? Can you tell me a bit more about it? What were you thinking?
9. What do you think could be done to reduce incivility in the workplace?
   - Prompts: why do you think it continues to happen or is allowed to happen? How do you think it could change?
10. Is there anything else you would like to say?

Thank you very much for your time.

Table 2
Steps of Interpretative Phenomenological Analysis [14]

Step one	Reading and re-reading
Step two	Initial noting (descriptive, linguistic and conceptual comments)
Step three	Developing emergent themes
Step four	Searching for connections across emergent themes
Step five	Moving to the next case
Step six	Looking for patterns across cases

of physiotherapy practice, and familiarity with the working environment, the researcher was able to make sense of participants who were, in turn, making sense of their experiences of incivility, enabling the essence of the impact of incivility to be uncovered [14]. In order to counteract any bias created by this, and establish credibility, extracts were member checked to ensure participants views had not been misrepresented or taken out of context by the researcher.

Results

Demographics

Six physiotherapists were interviewed in this study (4 female, two male, ages between 27 and 50). Participants had been qualified for between one-29 years. All physiotherapists were currently working in an acute hospital setting between bands 5, 6 and 7 on the Agenda for Change scale. No participants withdrew from the study.

Themes

Two super-ordinate themes and six subthemes were identified in relation to the impact of incivility on physiotherapists (Table 3). Pseudonyms are used throughout to protect the identity of participants.

Superordinate theme one: Impact of incivility on the professional self

This theme reflects the way that incivility impacted on the professional identity, confidence, working relationships of the physiotherapists, and patient interactions.

a) Challenge to professional identity. When recalling experiences of incivility, participants saw it as a challenge to their role and identity within the multidisciplinary team (MDT):

"you might have the consultant who might roll their eyes or be sarcastic or you know "I saw them walking with physio with 4 people was it? But yet you think they've got rehab potential?!" you know when consultant think they know more than what is your speciality" *Rachel*

Eye-rolling and sarcasm are commonly cited as uncivil behaviours and Rachel uses them here to describe how this interaction with a consultant was regarded as uncivil. This

Table 3
Super-ordinate themes and subthemes.

Superordinate theme	Subthemes
Super-ordinate theme one: Impact of incivility on the professional self	a) Challenge to professional identity b) Undermining professional confidence c) Strained working relationships d) Negative impact on patient care and experience
Super-ordinate theme two: Impact of incivility on the emotional self	a) Questioning of the self b) Negative impact on mental health

participant described how they would accept this behaviour in order not to be viewed as difficult.

The context of working in a challenging environment magnifies the impact of the uncivil interactions. This is supported by Clare who also references an experience whilst working on the intensive care unit (ICU):

"It's almost like they [nurses] feel like physiotherapists are an inconvenience when they come and see patients, rather than providing a service, and an absolutely vital service" *Clare*

Participants emphasised that uncivil behaviour is at odds with their professionalism. Physiotherapists are bound by a code of professional conduct and incivility is viewed as being in contravention to standards expected of, and by, peers.

"It's [incivility] nowhere near what I would act like or what I would expect a person in that profession [physiotherapy] to act like" *Helen*

Participants said they did not think incivility was a problem between physiotherapists. Despite this, all participants were able to give examples of incivility which had been perpetrated by fellow physiotherapists:

"Asking someone [another physiotherapist] to help you see a patient and they don't respond to you at first when you ask them, they don't get up, don't look at you and they don't talk to you. They come [to see the patient] head down, kind of frowning, you know, clashing with your professionalism" *Helen*

Participants were also able to reflect on times when they themselves felt they had behaved in an uncivil manner towards colleagues despite wishing they were above such behaviour:

"maybe complaining in the staffroom like…maybe complaining about any big change that's going on…or maybe responding to someone who's being uncivil by being uncivil about that person. Although they didn't act very nice to me, you're still talking about someone behind their back and that's being uncivil." *Helen*

b) Undermining professional confidence. Participants highlighted how uncivil interactions with colleagues challenged their confidence. One participant reflected on how it could be difficult to distinguish 'banter' from deliberate harmful comments. Here James is discussing working in the ICU. Physiotherapists working on the ICU can often be the sole physiotherapist in a team of nurses and doctors. The vulnerability he describes here is related to working in a complex and challenging clinical area without direct peer support:

"I've worked on ICU quite a lot and you get sometimes, maybe a joking way they nurse might say "oh, you've broken the patient" [] it's sometimes hard to recognise if they've meant to you know, subtly, have a bit of a dig, but trying to play it off as a joke. [] it can affect your confidence and you start to doubt yourself, with regard to your own clinical reasoning or treatment" *James*

The difficulty James has in identifying what is a joke, as opposed to what is a criticism of a physiotherapy treatment, plays on his mind and causes him to question his treatment. The subtlety of the incivility also makes it difficult to decipher if it even is rudeness. James sums up the unintentional but profound impact that incivility can have on a physiotherapist's confidence. Other participants referred to the effect incivility may have on a newly qualified member of staff. Incivility contributes to a lack of confidence in one's own knowledge and ability to clinically reason that knowledge to function as an effective physiotherapist.

c) Strained working relationships. All participants explained how incivility put a strain on working relationships, creating a culture of fear around asking for help and enabling cliques and factions to develop. Participants also experienced anxiety around whether uncivil behaviour should, or could be, challenged. James acknowledges the spiralling effect of incivility and how although the event itself can seem insignificant, left unchecked can damage a team:

"It can affect team work, because that might affect who people want to work with, who people might want to avoid, so I think it definitely has more of an impact than people realise, despite it being a little event it can lead to a more global impact towards the team" *James*

Clare reflects on how, as a physiotherapist working with other professionals', she feels like an inconvenience and how this leads to a closing of communication channels that may be important for effective teamwork:

"I think you feel a little bit like you're in the way, I think you feel like you…. it's not as easy to have a dialogue with the nurse, when actually there are some things you need to ask them that are not wholly evident on a chart or on an x-ray or in the notes or something like that. I think it [incivility] does affect the ability to want to ask them more questions, so you tend to try and muddle through on your own. *Clare*

Despite the negative effect incivility had on working relationships, participants felt that considering challenging such behaviour was in itself a cause of distress, particularly due to the ambiguity associated with incivility.

"I hate confrontation…So yeah…I think the angst of having to raise something…because my worry is…is it really an issue and its nothing to them and then you've actually opened a can of worms haven't you and maybe it's you that's been the problem, who's been misinterpreting it when actually everything's fine…I guess it's easier not to cause a problem if there isn't one there" *Clare*

Participants also seemed to accept that some personalities within their teams were not capable of behaving in a civil manner and hence challenging such behaviour was futile:

"I don't challenge the bad behaviour [incivility]…not that I'd be afraid to challenge it [] it just wouldn't be worth it because they're not capable of changing" *Rachel*

Ultimately, participants felt that if incivility is left unchallenged it becomes part of the workplace norm and has a detrimental effect on team morale.

"I think the general morale of the team [] if you find that someone is uncivil, it might affect the conversations that you have together, the relationships within that team" *Anna*

Interestingly, participants in leadership positions reflected that out of character uncivil behaviour from physiotherapy colleagues may herald a cry for help:

"If there is a degree of out of character behaviour, hopefully you have enough of a relationship with a person you've worked with to know that that's not normally them []because you know them, and because you've got quite a nice working relationship with them and you know its not directed at you so you'd probably go back and see them and say "are you okay?"…its almost a cry for help rather than them being uncivil to you" *Clare*

"They're not necessarily shouting at someone to bully and upset them, they themselves are having a hard time and not responding as they normally would because they've been pushed a little bit too far" *Anna*

If teams are strong, and individuals have a knowledge of one another, then incivility can be seen as a sign of distress and support can be offered before the behaviour spirals and becomes toxic to the wider team culture.

d) Negative impact on patients care and experience. No specific examples of the impact on patient safety or care were given but there is an acceptance that incivility can directly and indirectly affect care of the patient in relation to physiotherapy intervention. Participants felt that even if a patient was not a direct witness to the incivility it could have consequences for their care:

"if you've just had an uncivil altercation or conversation with someone, you might feel quite upset and go and see a patient and it could potentially affect your mood and how you might be more focused on what's just happened rather than on the patient themselves and you might miss something on an assessment or treatment [] your mind will not be on the job" *Anna*.

The strain placed on individual physiotherapists to shield patients from the effects of incivility impacts on a clinician's ability to build a rapport with their patients and hence could be said to affect the enjoyment of the role:

"it [incivility] would have an impact on patient care because if you're feeling on edge, ready to snap and then you go to your patient and your patient is being difficult you're more likely to be snappy with them than you would have been if everything was calm in your team" *Rachel*.

Super-ordinate theme two: impact of incivility on the emotional self

The impact of incivility on the emotional wellbeing of physiotherapists emerged as a significant theme as it negatively impacted their mental health and emotional self.

a) Questioning of the self. Incivility caused participants to ruminate on their behaviour to try and find fault with themselves rather than question the negative behaviour of colleagues. A feeling of paranoia is generated, again reducing trust in oneself and one's peers:

"[incivility] it's hurtful and also it makes me question what I've done wrong and it makes me feel uncomfortable with that individual and I try to be extra special nice after that in order to try and …prepare I suppose just in case there's been some assumption that I've been in the wrong, I guess at times I've tried to avoid them for a while just to sort of give me a chance to understand in my own head whether it was me being a little bit neurotic and maybe it wasn't as bad as what I thought it was" *Clare*

b) Negative impact on mental health. Incivility was linked to a negative impact on mental health with participants directly linking negative workplace behaviour with anxiety:

"[I was] really upset yeah, I cried a few times, it was getting me down [] over time it got me down and I didn't want to go to work because of that person. It made me quite anxious to speak to the person and made me quite scared and more anxious that I wasn't going to get through my caseload [] so yeah, anxious and upset, and I'd be quite upset after work" *Helen*.

"I've struggled with anxiety in the past before, so it doesn't help with that, so I don't…I think sometimes it makes me think a little bit more…it starts playing on your mind a little bit and you start overthinking stuff" Paul.

Participants also linked incivility to symptoms of stress:

"I was like I'm not doing a great job and actually…I was on my own and I was doing my lunch and I actually burst into tears. Nobody saw me I was literally so stressed out and just to have that what I thought was a little bit of incivility *Clare*.

Incivility was identified as exhausting, ultimately taking a toll on those exposed to it:

"it can affect people's moods and maybe energy levels, coming into work because if you feel like you've got to pick up for someone who's being uncivil, then you feel like

you're putting more effort in, or maybe just more energy because you're dealing with the negative effect of someone being uncivil" *Helen*.

Participants linked exposure to incivility to increased stress and as a drain on personal resilience. In a complex healthcare environment, any additional strain on an individual's well-being can only have negative outcomes. Some participants were able to call on their experience and personal resilience to mitigate the harm of uncivil interactions.

"You can kind of brush it off and "oh well" not take it to heart really because you think well actually I know I'm a good therapist so I know more than you whether a patient has got rehab potential or not" *Rachel*.

"I'll be honest, it's got a lot better with experience, a lot easier, because I think the more you've been exposed to it the easier it does get" *James*.

Discussion

This study aimed to explore the impact of incivility on physiotherapists working in an acute healthcare setting. The findings demonstrate the negative effect incivility has on physiotherapists in both a professional and personal capacity. To date, the literature surrounding incivility has focused on nursing and medical professionals; this study is important because it adds a novel insight into the impact of incivility on physiotherapists.

Incivility is, by nature, ambiguous and this contributes to difficulty in addressing and eliminating such behaviour in the workplace [2]. Ignoring uncivil behaviour is a common response to incivility and contributes to the 'spiral of incivility' [1,16]. Physiotherapists in this study described how they found it difficult to determine the intent behind rude behaviour and whether, in fact, it was their fault for misinterpreting an interaction. Participants suggested that the anxiety surrounding challenging incivility was worse than just tolerating the rudeness, or that challenging the behaviour would be futile as it would not effect a change in the perpetrator's behaviour.

Accepting an isolated incident of incivility may seem innocuous, however several authors have revealed how tolerance of incivility can have devastating consequences for individuals and organisations over time [4,5]. Incivility causes reduced attentiveness during clinical tasks and contributes to medical errors [9]. In addition to this, Riskin and colleagues [10] demonstrated how mild incivility weakened collaborative team behaviours such as information sharing and help seeking. Participants in this study recalled how ruminating over a rude interaction meant they may be distracted when working with patients leading to essential elements of physiotherapy assessment and treatment being overlooked. Participants also described how fear over approaching rude colleagues would cause them to 'muddle through' without asking for help or would cause them to withhold information from colleagues in retaliation for the perceived rude behaviour.

When incivility is not addressed it contributes to emotional exhaustion and burnout amongst healthcare professionals[17,18]. A systematic review by Zhu and colleagues [5] found that incivility in nursing education was linked to loss of self-esteem, self-confidence and symptoms of stress and anxiety which relates closely to findings within this study. The strain placed on individuals working amongst such negative behaviour was made clear by participants in this study who described the impact on their emotional well-being and mental health. Participants discussed feelings of anxiety and fear when treated uncivilly by colleagues; they described how these feelings followed them home and made them want to avoid the workplace. Due to the negative impact incivility has on physiotherapists, it is imperative that strategies to mitigate its impact on individuals' emotional state and professional engagement are adopted.

High workload and working in high pressure environment have been identified as triggers for incivility [2,6]. Bradley and colleagues [18] reported that incivility as a coping strategy for stress is counterproductive within healthcare teams. Whilst stress was posited as both a causative factor for, and an outcome of incivility, participants in this study identified that uncivil behaviour from colleagues could also in itself be a "cry for help". Participants described how witnessing uncivil behaviour from a colleague who was not normally uncivil would be considered out of character and prompt supportive action. Participants also recognised that for the cry for help to be heard the team would have to be cohesive. This finding is important as it recognises that the spiral of incivility can be halted if physiotherapists have the tools to understand and react compassionately to episodes of uncivil behaviour. A focus on team building and strengthening personal resilience could be considered as a means of reducing the incidence and impact of incivility on physiotherapists.

The ambiguity around what constitutes uncivil behaviour, coupled with the fact that its impact is dependent on individual personalities and context, creates difficulty in addressing it. Porath and Pearson [4] suggest establishing norms of civility and this may be an important step in maintaining professionalism within healthcare teams. This would involve setting ground rules within a team based on the particular values of individual team members, for example, not checking emails during meetings, making it easier to hold one another to account via a mutually agreed framework. As exposure to incivility increases, the negative emotions experienced by the target increase proportionally and this can be a profound source of emotional disruption [4]. Increasing professionalism is positively associated with reduced instances of negative behaviour [1,3]. Participants in this study gave examples of being unable to differentiate

between 'banter' and 'having a dig' at their treatments, which in turn negatively affected confidence. Participants reflected on the fact that as it is impossible to manage the behaviour of others, the focus on reducing the impact of incivility should be on increasing one's own personal resilience and confidence in challenging uncivil behaviour in order to prevent the spiral into an uncivil workplace culture.

Limitations

IPA findings are not intended to be empirically generalisable, but to contribute to the extant literature and help build a picture of a phenomenon [14]. This study's focus on the particular perspectives of individual physiotherapists means that the findings are specific to the context in which they were conducted. It is therefore the burden of the reader to determine whether the findings may be transferable to their own setting [19]. However, as many physiotherapists work in acute NHS settings, with similar organisational structures, the results are likely to be transferable. It is hoped that these findings will resonate with physiotherapists, prompting reflection on the topic of incivility. The relationship of the researcher to the participants may be considered a source of bias. However, it may be the case that the researcher's familiarity with the participants contextual accounts has enriched the findings. The insider perspective allows the researcher to make sense of the participants accounts, as the participants themselves seek to make sense of their lived experience. Giving the participants their voice through the presentation of verbatim extracts enables the reader to judge the credibility and transferability of interpretations made [14]. The strength of this study is the novelty and timeliness given the focus on the wellbeing of staff across the NHS.

Conclusion

Rolling one's eyes or gossiping about a colleague may be regarded as benign behaviour. However, participants in this study illuminated the profound negative impact of incivility on them personally and professionally. Participants all shared examples of uncivil behaviour demonstrated by physiotherapy, medical and nursing colleagues. The novel perspective gleaned from this study should act as a catalyst for further research into addressing uncivil behaviour in a meaningful way. This will serve to protect physiotherapists, healthcare organisations and patients from the harmful effects of uncivil behaviour.

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Ethical Approval

This study was approved by York St. John, University, School of Science, Technology and Health Research Ethics Committee. Reference 179117680_MID183.

Conflict of interest: None.

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