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CoRIPS Research Grant 156

£3,442 awarded

Title: The exploration of incivility in the Therapeutic Radiography clinical education setting

Principle Aim

The exploration of incivility in the Therapeutic Radiography clinical education setting.

Primary research question

1. What are the perspectives of Therapeutic radiography students on the impact of incivility on their clinical experience?

2. What are the perspectives of practice educators and clinical staff on the impact of incivility on Therapeutic radiography students' clinical experience?

Outcomes

1. To gain an insight into Therapeutic radiography students' perceptions of civil and uncivil behaviours within the clinical environment

2. To identify perceived impacts of incivility on the Therapeutic radiography students' clinical learning experience

3. To gain an insight into the impact of incivility experienced by Therapeutic radiography

students' from the perspective of clinical staff and practice educators

4. To explore approaches to reduce incivility to enable a higher quality clinical learning experience and reduce attrition

Review of literature and identification of current gap in knowledge

Incivility has been identified as encompassing 'low-intensity behaviour that lack a clear cause to harm but nevertheless violates social norms and can cause harm' (Andersson and Pearson, 1999, p 452) or 'rude or disruptive behaviours which often result in psychological or physiological distress for the people involved'

(Clark, 2008.p 38). Feldmann (2001, p 137) provides a definition of incivility that is relevant to the student population in an academic or teaching setting too 'incivility in the academic settings is evidenced by actions that impede the development of a "harmonious and cooperative learning atmosphere". I feel that this definition could be transferable to the clinical learning environment too.

Some of the behaviors that have been identified as associated with incivility are a collection of negative behaviors and mannerisms such as rudeness, demeaning towards others, disrespectful actions and language, being ignored and spoken about behind ones back. Peters (2015) describes it as 'mean girl' behaviors.

The topic of incivility has not been explored within the field of Therapeutic radiography, and the majority of literature regarding incivility in health is around nursing practice and has not been conducted in England. However there is much to learn from the nursing field therefore some of the research conducted will be explored in this literature review.

Hierarchy

Many investigators have linked incivility with senior junior role dynamic and it has been noted in research many times that incivility is experienced by more junior staff from their seniors (Babenko- Mould and Laschinger, 2014). Nearly all clinical health occupations such as, nursing, occupational therapy, and radiography have a hierarchical structure within the profession. With this in mind we can potentially deduce that as radiography students are the most junior in their clinical training settings what Morgan (2015) claims could very well be true "radiography students are at the bottom of the pile, with very little voice". This could be seen as evidence that incivility, however not investigated is a concern in the Therapeutic radiography community as is evidenced in nursing and other professions.

Staff and clinical setting

Anthony and Yastik (2010) carried out a small qualitative study in which they had 21 pre-licensed nursing students' participate in focus group discussions. The participants explored their experiences of incivility within their clinical training environment and reported that there were occasions in which they felt ignored, spoken to rudely or dismissed whilst supposed to be learning and trained by qualified nurses. They claimed that these behaviours made them feel discouraged and excluded from the team. The researcher also explored with the participants what they felt could be done to address incivility.

The participants reported mainly that had they been made aware of this type of behaviour they may have been able to better prepare themselves with dealing with it. Clark and Olender (2011) aimed to investigate and address some of the

strategies that could be used to foster civil behaviour within nursing practice. They conducted a qualitative survey in which 174 nurse leaders (registered nurses at a high level – nurse executives and nurse managers) answered four opened ended questions that explored contributing factors, effective strategies for fostering civility, the necessary skills that might need to be developed in the student nurse to foster civility, and finally how academia and practice can work together to achieve this end goal of civility within the practice environment.

The implication of this suggests that there are responsibilities in the academic environment and at management levels to prepare and skill students to enable them to manage and maybe positively challenge some of the uncivil behaviours they may encounter.

Levette-Jones and Lathlean (2008) report nursing students learn better if they are in an environment where they feel they are wanted, demonstrating that the impact of negative body language and the lack of belongingness can be detrimental to students learning and even ultimately qualification. Nolan (1998, p 35) noted that nursing students claimed 'It's not the hospital or the patients, it's usually the staff that makes your placement good or bad' and emphasises how students perceived the staff felt about them and their abilities. Kelly (2007) highlights the benefits of nurse educators who demonstrate calmness and respect towards the students. Nursing students in a study (Jackson and Mannix, 2011) reported that within the clinical setting they experienced alienation by clinical staff; displaying negative body language ('didn't show any acknowledgement that us students were there' p 275) or passive dismissive behaviours, ignoring them, or not willing to share information and that these behaviours hindered their learning.

Communication

Considering that communication is key component of civil or uncivil behaviour, a number of researchers have reported that negative communication impacts on student development within the clinical placement arena (Rodgers et.al 2011, Morris 2007, Kelly 2007, Jackson and Mannix 2001). As a result of reported negative communications, which is literature and research that could be connected to incivility research specifically in the field of radiography, the SCoR (2016) has introduced a training package 'It's not what you say, it's how you say it' to tackle some of the verbal and non-verbal negative communication identified by radiography students countrywide (England, Scotland and Wales).

Staffing levels and burnout

There is some research and literature surrounding the concerning levels of staffing levels and retention in the nursing profession which is a similar situation in Therapeutic Radiography in England and has been for a couple of decades now

(Laschinger, et al., 2009, Laschinger, Finegan and Wilk, 2009, Babenko-Mould and Laschinger 2014)

Babenko-Mould and Laschinger (2014) reported that incivility was highly contributory to the condition of burnout on staff nurses. Felbinger (2007) highlights that the reason why burnout and retention due to incivility can be such a problem is because individuals may feel sensations of shame. This is due to the effects of incivility on their emotional and psychological wellbeing. Felbinger (2007) claims that this can create a self-blaming cycle where the victim feels they are deserving of the treatment that they receive.

Considering that the nursing profession is reporting low staffing levels as is Therapeutic radiography and burnout has been recognised (Probst et al, 2012) as a concern too it would be important to consider if there are similarities around the area of uncivil behaviours that need to be addressed that could reduce this for staff and institutions.

Gap in Knowledge

Therefore this research will not only investigate the topic of incivility within therapeutic radiography training but also more specifically therapeutic radiography education in England; considering the training systems we have that are specific to this country.

Methodology

The epistemological stance that will be taken with this research is interpretivist, due to interest in how the participants' view the topic of incivility in their voice and individual opinions.

A mixed method approach will be taken (Palinkas et. al., 2015)to represent and explore the thoughts, opinions and experiences of the Therapy radiography students' that are currently in training and clinical staff working within those clinical settings. The use of a mixed methods approach takes advantage of using more than one way to explore the research question (Amponsah, 2014). In this case, the findings from the quantitative and qualitative questionnaire will shape the semi-structured qualitative interviews. The use of mixed methods allows me to view the bigger picture; I see the value in the quantitative approach not to make positivist claims but to help inform the interest in the participants' experiences and therefore the qualitative process.

Phase 1

A sequential approach will be used, commencing with the use of a structured survey to which all students in training will be invited to participate from all 3 HEIs. A structured questionnaire will be used to capture demographic data and experiences of the participants with the use of Likert scales on pre-defined statements and open questions that should provide some further detail and students' thoughts. The survey will provide some frequency data as well as basic narrative (Bowling, 1997). This should indicate whether the participants' experiences with qualified practitioners are positive or negative and how often they occur. A similar survey will be forwarded to all clinical staff working within the clinical trusts associated with all 3 HEIs.

The data from the survey will be analysed using the software SPSS for the quantitative data and thematic analysis will be conducted for the narrative to further inform the second phase of the data analysis.

Phase 2

Subsequently a more qualitative approach will be taken for the second phase. The research questions and the findings from Phase 1 will be used to develop semi-structured interviews (Creswell, 2006).

Students and staff will be asked if they wish to participate in the semi-structured interviews when they complete phase one (survey).

The interview will provide rich data that is in the words of the participant, the informal environment of Phase 2 will allow participants to speak openly and freely about their perspectives. However, it will be important to ensure that that the power imbalance that could have an impact is explored (see some considerations in the ethics section)

With the permission of participants, the interviews will be recorded and transcribed.

Noble and Smith (2015) discuss the challenges within qualitative research and make suggestions of actions that can maintain the integrity of the research carried out. Regarding credibility and validity - part of the research is qualitative (narrative) in both the phase 1 and phase 2 of data collection and focuses on the viewpoints and opinions of the participants. A process of reflexivity will be undertaken to examine researcher bias and to acknowledge and reduce the influence of those biases as identified as good practice by Flick (2014)

Participants will be invited to comment on their interviews transcripts and to comment on the research findings and themes addressing in an attempt to maintain the validity of the data. According to Silverman (2017) it is important

to identify if the data interpretation by the researcher is credible according to the participants' viewpoints.

Reliability of data interpretation will be maintained by ensuring that a transparent, clear and honest research process is described throughout (Noble and Smith, 2015)

- **Sampling**

Purposeful sampling will be used as a sampling strategy as the most effective use of the resources available. The resource in this case are therapeutic radiography students' and therefore the pool of recruits must come from that population (Palinkas et.al., 2015)

Students

Students will be recruited from three HEIs, recruiting from one HEI could be problematic and limiting as it reduces the number of participants overall for the study, it is important to explore civil and uncivil behaviours in a number of trusts and one HEI alone is associated to just a small number of training sites. All current Therapeutic Radiography students from the three HEIs will be invited to participate in the phase 1 (survey) of the data collection. Participants will then be asked to email the researcher if they are interested in participating in Phase 2 (semi-structured interviews), potential respondents will provide information regarding their gender, stage of and level of study, HEI and allocated clinical training site.

LSBU as one HEI alone has 90 Therapeutic radiography students and therefore the invitation to participate in the survey will be offered to circa 300 students.

The intention for the second phase of data collection is to carry out interviews with approximately 18 students, 6 students from each HEI. Each student must be associated with (train at) a different clinical site so as to achieve data from a variety of clinical training sites that are involved.

Practice educators and clinical staff

Permission will be sought from the Radiotherapy Services Managers of all the Clinical Trusts associated with the three HEIs to contact their staff. All staff of all grades from band 5 upwards will be invited to participate in the survey. Participants will then be asked to email the researcher if they are interested in participating in Phase 2 (semi structured interviews), potential respondents will provide information regarding the Trust they work for, their grade and how many

years they have been practising as Therapeutic radiographers. Approximately 18 interviews will be conducted.

- **Ethical Considerations**

London South Bank University Health and Social care ethics will be sought for approval prior to the study commencement as per the Educational Doctorate and CoRips requirements.

Participants will be contacted via an email inviting them to participate in the research and informing them of what the research entails. The students will also receive:

- A Participant Information Sheet with details of the research and what it involved.

- A Consent Form acting as a written confirmation of their participation.

The written material assists participants in understanding the nature of the research, and highlights the risks and benefits. Participants will be informed of the voluntary nature of their involvement and will be free to withdraw at any time without needing to give a reason and that it would not affect their legal rights. Participants will be informed that all the data will be anonymised and confidential.

Semi structured interviews – from the students who indicate their willingness to participate 18 students will be interviewed, these will be chosen on the basis of the HEI they study at, the clinical site at which they train and in the order that they respond. The interviews will be recorded via electronic dictaphone. All the data is to be stored and secured (locked) according to the Data Protection Act. The participants also have the option to request a copy of the transcribed interview when the research is completed otherwise all recordings will be erased.

Feedback to all students of the three HEIs involved in the research will be provided as will the clinical departments that partook in the research. Further research data will be provided to the Heads of radiotherapy departments at the annual meeting for them to disseminate with staff within their departments.

The power imbalance that can be created over the course of the research must be acknowledged, addressed and managed; over the recruitment phase this will be considered in more depth. As one of the data collection sites will be LSBU, and students that I have direct contact with in regards to their education and professional development it will be very important to ensure that all recruitment

of students is conducted the same and fairly. Therefore if students are being corresponded with and invited via email then LSBU students should receive the same.

I will also ensure that it is addressed with all recruits that their choice to participate or not is entirely voluntary and that it will have no bearing on their educational development. Power imbalances within the actual interview process will be explored, considerations regarding how to ensure student recruits do not share information they think I will want to hear rather than what they think.

Furthermore ensuring that clinical staff do not feel that the information they share will affect the reputation of their clinical centres must be further explored and addressed.

- **Data analysis**

Thematic Analysis will be used to analyse the data

- Phase One: Transcript and analysis of data to inform phase 2 (of both participant groups: students (1) and clinical staff and practice educators (2) Enabling the development of the semi-structured interview questions.

- Phase Two: Transcript and analysis of data (of both participant groups: students (1) and clinical staff and practice educators (2))

- Phase Three: Confirming the key themes

The interviews are to be transcribed verbatim and uploaded onto the NVivo qualitative software, and analysed and scrutinised by the researcher. Themes are then identified throughout transcript and categorised. The number of categories identified can then be further reduced and focused to form the main themes.

Potential impact

The potential impact of the study should be on multiple layers. It should benefit the student population as it will allow the therapeutic radiography community to gain some insight into why student attrition may be so high. It should allow clinical sites and academic departments to enable students to develop the necessary skills to help them cope with uncivil behaviour.

The study may highlight to staff that students are having to deal with and learn in some difficult environments and may make us consider staff awareness sessions.

Dissemination Strategy

The study will be disseminated to potentially the following forums:

- Society of Radiographers Radiotherapy annual conference as per the expectations of a successful grant

Aim to disseminate final findings at:

- Society of Radiographers Radiotherapy annual conference as per the expectations of a successful grant
- Achieving Excellence in Radiography Education and Research conference
- Workforce development conferences
- Networking for Education in healthcare (NET)
- UK Radiation Oncology Conference

All of the above conferences are deemed relevant and the learning's that are available from this study may be useful to help steer how we try and reduce attrition, with this research possibly being one consideration.

The analysed data findings will also be shared with other course leaders in England. Publishing of the research and the data will take place to the following journals

- Radiography

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