

A breakthrough IN PARASITE PROTECTION FOR CATS

NEW ACTIVE: Tigolaner



3 MONTHS' flea & tick protection PLUS
treatment against roundworm, tapeworm
& ear mites, **ALL** in a **SINGLE** spot-on

Felpreva®

Felpreva® contains tigolaner, emodepside and praziquantel (POM-V). See the datasheet at www.noahcompendium.co.uk. The SPC and further information is available from Vetoquinol UK. Advice should be sought from the medicine prescriber. Use medicines responsibly – see www.noah.co.uk.

For more details, please contact:

+44 (0) 1280 814500 uk_office@vetoquinol.com www.vetoquinol.co.uk

vetoquinol
ACHIEVE MORE TOGETHER

Consequences and coping: Investigating client, co-worker and senior colleague incivility within veterinary practice

Amy Irwin¹  | Helen Silver-MacMahon² | Stephanie Wilcke¹

¹Applied Psychology and Human Factors Group, School of Psychology, University of Aberdeen, Aberdeen, UK

²Vetted, High Wycombe, UK

Correspondence

Amy Irwin, School of Psychology, University of Aberdeen, William Guild Building, Aberdeen AB24 2UB, UK.
Email: a.irwin@abdn.ac.uk

Abstract

Background: Workplace incivility is a workplace stressor with varying effects according to the status of the target and instigator. This study sought to examine veterinary staff's experiences of incivility from clients, co-workers and senior colleagues.

Method: An online mixed-measures survey gathered data from UK veterinary staff (n = 252, primarily veterinarians and nurses). Quantitative scales were used to collect data on incivility frequency, burnout, mental health, job satisfaction, turnover intention and key coping responses. Qualitative data expanded on preferred coping strategies.

Results: The impact of uncivil behaviour varied according to the source of the incivility and the status of the target. Senior colleague incivility predicted veterinarian turnover intention, whereas client incivility predicted burnout. Similarly, senior colleague incivility predicted job satisfaction for veterinary nurses. Seeking support was the most frequently reported coping strategy. The qualitative data illustrated strategies focused on calming the situation and management of self.

Limitations: The data are based on self-reports and are subject to social desirability bias. The sample is limited to UK veterinary staff.

Conclusion: Veterinary staff are at risk of experiencing incivility, with varying impacts across job roles and incivility sources. A proactive system approach to incivility is recommended, encompassing support and procedural changes.

KEYWORDS

burnout, coping strategies, incivility, mental health

INTRODUCTION

Workplace mistreatment is a relatively broad concept encompassing aggression, harassment, ostracism and incivility, all of which can have adverse consequences (including reduced wellbeing, job satisfaction and work performance¹) for the worker experiencing these behaviours.¹ Within that broad concept, incivility can be distinguished from other forms of mistreatment via three key mechanisms as follows: uncivil behaviours are perceived as minor or low level acts, incivility is ambiguous in terms of intent to harm² and incivility is generic (can be both active and passive).¹ In a recent meta-analysis, incivility was shown to be a reliable, valid, construct with impacts independent of other types of mistreatment, highlighting the

uniqueness of incivility and the consequential need for a tailored approach to addressing uncivil behaviours in the workplace.¹

Incivility in veterinary practice

Veterinary work is considered to be stressful, with high rates of reported workplace stress, suicidal ideation and burnout.³ Work conducted to assess veterinary psychosocial workplace stressors suggests a wide range of potential factors, including long work hours, fear of making mistakes⁴ and financial insecurity.⁵ Interactions with co-workers and clients can also function as a stressor, for example, dealing with clients who are unable to pay, have unrealistic expectations⁵

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](https://creativecommons.org/licenses/by-nc/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2022 The Authors. *Veterinary Record* published by John Wiley & Sons Ltd on behalf of British Veterinary Association.

and make complaints⁴ or experiencing confrontation and conflict with co-workers.⁵ However, much of this research is based on workplace mistreatment in general (e.g., in the taxonomy of veterinary stressors, 'issues with clients' encompass conflict, anger and negative feedback³), neglecting specific behaviours such as incivility.

Source and status effects

The experience of incivility is often understood through the lens of cognitive appraisal theory, which describes a three-step process whereby the target assesses the situation to determine threat level and select the most appropriate response.⁶ This encompasses appraisal of the potential for negative impact, consideration of potential responses and coping strategies, and evaluation of the potential interaction outcome.⁶ Social power, or where the instigator and target sit within the organisational hierarchy,⁷ has been suggested as a factor within this assessment of, and response to, uncivil behaviour. For example, Porath and Pearson⁸ reported that targets of incivility who evaluate their status as higher than the instigator tend to react aggressively, whereas lower status victims may be more likely to withdraw.⁸

The impact of status on the incivility experience may be particularly pertinent within the veterinary context given the growth of veterinary practices, with veterinary work often shared across multiple team members, such as veterinarians, veterinary nurses, practice managers and receptionists. Although the question of status and incivility has not been addressed directly in the veterinary context, research does indicate that perceived status has an impact on social exchange. For example, perceived professional status (e.g., veterinarians viewed as having higher professional status than veterinary nurses) can be a barrier to inter-professional communication between differing roles within a veterinary team.⁹

Coping

The extent to which the target of incivility views the situation as manageable and their selection of coping response will depend on their appraisal of the situation, as well as their status.⁶ Knapp et al.¹⁰ categorised responses to workplace mistreatment into four main categories. The first two categories (conflict avoidance and social support) are considered passive, primarily focused on helping the target of the incivility manage their emotions and any adverse impacts.¹¹ The second two categories (confrontation and advocacy) represent active strategies designed to alter the behaviour of the instigator.¹¹ Active strategies carry with them a risk of retaliation from senior colleagues, or the organisation as a whole,¹² and as such, lower status individuals (which within the veterinary context might include

veterinary nurses and care assistants) are less likely to use these strategies.

Study aim

The aim of the current mixed-measures study was to investigate the experience of incivility within veterinary practice across multiple sources and job roles. More specifically, the following research questions were developed:

- Does the impact of incivility in veterinary practice vary across sources (client, co-worker, senior colleague)?
- Does the impact of incivility vary according to status/job role (veterinary surgeon, veterinary nurse, receptionist, manager, care assistant)?
- Do coping strategies associated with incivility vary across source and/or job role?
- Have veterinary staff developed strategies to reduce the impact of incivility in practice?

METHOD

Participants

A total of 252 participants were recruited from across the UK and Ireland. Participants were eligible for participation if they were aged 18 years or over and worked in a veterinary practice as a veterinarian, veterinary nurse, animal care assistant, practice manager or client care assistant. Participants were recruited using two methods: the primary method was recruitment via social media (Twitter, Facebook, LinkedIn), and the second method was via direct email to contacts of the second author. In each case, potential participants were presented with an invitation providing details about the questionnaire together with a weblink. The weblink led to the anonymous questionnaire, which provided an information sheet, consent form and debrief along with the main body of the survey.

Questionnaire

The questionnaire was developed using SNAP software and encompassed four main sections:

Section 1: In this section, demographic information, including job role, years of job experience, gender, age and practice focus, was collected.

Section 2: Participants were asked to indicate their current wellbeing status using the Cohort of Norway (CONOR) seven-item mental health index (MHI), which measures mental health status related to anxiety and depression.¹³ The index asks participants the extent to which they have experienced aspects related to anxiety and depression over the past 2 weeks, for example, 'troubled by anxiety?' (from

1—no to 4—very). Data for items three and five were reversed when calculating the overall scale score. A high score represents a high level of reported anxiety and depression. The participants were then asked to report their current level of job satisfaction using the single item ‘Taking everything into consideration, how do you feel about your job as a whole? (from 1—extremely dissatisfied to 7—extremely satisfied).¹⁴ Next, the questionnaire included a three-item measure of turnover intention, for example, ‘I have been actively looking for other jobs’ (from 1—strongly disagree to 5—strongly agree), with item three reversed to calculate the overall scale score. A high score indicates a high level of quitting intention.¹⁵ Finally, participants were asked to complete a single-item assessment of burnout level: ‘I feel burned out from my work’ (1—never to 7—daily).¹⁶

Section 3: This section was designed to assess the frequency of incivility experienced from three sources (client, co-worker, senior colleague) and the coping strategies used to manage incivility from any of those sources. It comprised three pages (order of presentation of these pages was randomised using the SNAP randomise function), and each page included an adapted workplace incivility scale,⁶ a 10-item self-report scale designed to assess the reported frequency of uncivil behaviours over the past year within the workplace, for example, ‘ignored you or failed to speak to you’ (from 1—never to 5—most of the time). This followed 12 items taken from the Coping with Harassment Questionnaire (CHQ⁶), together with three adapted items altered using previous interview data to be more relevant for the veterinary context.¹⁷ The items formed five subscales each containing three items. The first four represented CHQ typologies⁶: conflict avoidance, mitigation, assertion, support, with the final strategy of ‘reporting’ being an adaptation of the CHQ ‘organisational support’ subscale (three items: make complaint, report to senior colleague, ask colleague to intervene). The scales used were identical on each page; the only difference was the prefacing text, which indicated that the participant should record responses relevant to client, co-worker or senior colleague incivility.

Section 4: The final section featured one open-ended question: ‘How do you cope/reduce the impact of incivility’. This question was included to gather more detailed information on effective coping strategies for incivility experienced in the veterinary context.

Data analysis

Quantitative

In order to assess the potential relationship between level of incivility (client, co-worker, senior colleague) and reported level of job satisfaction, turnover intention, mental health and burnout, a series of correlation and regression analyses were conducted. Comparisons of incivility frequency and coping strategies

across veterinary surgeons and veterinary nurses were conducted using independent sample *t*-tests. The utilisation of coping strategies in response to incivility was assessed using ANOVA. All analyses used $p < 0.005$ as the set level for significance.

Qualitative

The epistemological stance of the authors was primarily constructivist, with meaning derived from interactions with the world.¹⁸ Within that stance, the approach selected for the current study was inductive, reflexive, thematic analysis.^{19,20} The analysis was conducted in four phases using Microsoft Word. Phase one was a familiarisation process where the questionnaire responses were read multiple times. In phase two, initial codes were generated at a semantic and interpretative level by two coders (first and third authors), both of whom have a psychology research background. The use of two coders enabled investigator consistency through discussion and agreement, which is recommended as a method of research rigour in qualitative research.²⁰ Phase three focused on theme development, with the aim of producing themes that grouped codes according to shared meaning relevant to coping strategies. Phase four involved reviewing the themes. The themes and codes were discussed and reviewed between all the paper authors (the second author is a veterinary nurse and could offer a useful counterpoint to the predominantly psychological perspective of the initial coders).

RESULTS

Participant characteristics

A total of 252 participants (207 females, mean age: 36.3 years, mean years of job experience: 12.2 years) were recruited. The sample comprised primarily veterinary surgeons ($n = 125$, 49.6%) and veterinary nurses ($n = 82$, 32.5%), together with a number of animal care assistants ($n = 7$, 2.8%), client care assistants ($n = 13$, 5.2%), practice managers ($n = 4$, 1.6%) and not stated ($n = 21$, 8.3%). The participants represented predominantly small animal practices ($n = 214$, 84.9%), with several livestock ($n = 5$, 2%), equine ($n = 10$, 4%), mixed ($n = 12$, 4.8%) and not stated ($n = 11$, 4.4%) practices also included.

Scale scores and reliability

All scale scores represent the summed score generated by combining items. Participants were free to skip any items within the questionnaire that they did not wish to answer; as such, some of the participants had missing data points for some of the scales. Where this occurred, the summed score would not be accurate and was removed from the analysis. Prior

TABLE 1 Mean scores, skewness, kurtosis and scale reliability for mental health, job satisfaction, turnover intention, burnout and incivility

Scale	Mean (SD)	Minimum–maximum	Skewness	Kurtosis	Scale reliability
CONOR mental health index	16.61 (4.50)	7–27	0.292	−0.494	0.838
Job satisfaction	4.13 (1.71)	1–7	−0.089	−1.172	
Turnover intention	8.12 (3.80)	3–15	0.292	−1.041	0.910
Burnout	4.76 (1.39)	1–7	−0.452	−0.210	
Workplace incivility scale—client	17.98 (8.29)	10–50	1.318	1.319	0.908
Workplace incivility scale—co-worker	19.26 (8.11)	10–47	0.882	0.074	0.911
Workplace incivility scale—senior colleague	22.18 (9.68)	10–50	1.020	0.623	0.944

Abbreviation: CONOR, Cohort of Norway.

TABLE 2 Mean scores, skewness, kurtosis and scale reliability for coping strategies (conflict avoidance, mitigation, assertion, support, reporting)

Scale	Mean (SD)	Minimum–maximum	Skewness	Kurtosis	Scale reliability
Client					
Conflict avoidance	8.59 (2.98)	3–15	−0.187	−0.507	0.619
Mitigation	8.71 (3.47)	3–15	−0.185	−0.972	0.810
Assertion	6.13 (2.70)	3–15	0.938	0.449	0.805
Support	9.64 (3.33)	3–15	−0.064	−0.890	0.805
Reporting	6.06 (2.59)	3–15	0.894	0.778	0.661
Co-worker					
Conflict avoidance	8.51 (3.39)	3–15	−0.039	−0.904	0.759
Mitigation	8.18 (3.47)	3–15	0.065	−1.039	0.813
Assertion	6.16 (3.00)	3–15	0.780	−0.234	0.899
Support	9.03 (3.65)	3–15	−0.052	−0.965	0.827
Reporting	4.88 (2.46)	3–15	1.517	2.192	0.839
Senior colleague					
Conflict avoidance	8.82 (3.62)	3–15	−0.102	−1.031	0.773
Mitigation	8.12 (3.43)	3–15	0.007	−0.931	0.831
Assertion	5.67 (2.98)	3–15	1.068	0.343	0.871
Support	9.36 (3.68)	3–15	−0.139	−0.985	0.829
Reporting	4.75 (2.67)	3–15	1.686	2.339	0.807

to conducting statistical analyses, the key variables (mental health, job satisfaction, turnover intention, burnout, workplace incivility, shown in Table 1, and coping strategies, shown in Table 2) were evaluated for scale reliability (excluding the single item measures) with an alpha requirement of 0.7 or above for inclusion in further analysis. In addition, skewness and kurtosis values were checked with the supposition that values that fall within ± 2 are considered within the acceptable range for analysis purposes.²¹ Based on this assessment, all variables were considered acceptable for statistical analysis except two of the coping with harassment subscales—conflict avoidance and reporting, both of which were excluded on the basis of low scale reliability and high kurtosis.

Incivility impact

To determine the potential association between incivility levels (client, co-worker, senior colleague) and

the variables of interest (mental health, job satisfaction, turnover intention, burnout, coping typologies), a Pearson correlation analysis was conducted (Table 3). The results indicate that all three types of incivility (client, co-worker, senior colleague) positively correlated with reported levels of anxiety and depression (CONOR-MHI) and burnout and negatively correlated with levels of job satisfaction. Co-worker and senior colleague incivility also correlated positively with turnover intention. There were correlations between incivility level and coping strategy: senior colleague incivility correlated positively with all three variations of seeking social support, and client incivility correlated positively with all three variations of confrontation. Co-worker incivility positively correlated with two variations of seeking support (co-worker and senior colleague) and two variations of confrontation (co-worker and senior colleague).

Following the Pearson correlation analysis, a series of four regression analyses were conducted to determine if any of the three types of incivility (client,

TABLE 3 Pearson correlation analysis to assess variables associated with reported incivility frequency

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
1. Client incivility	◦														
2. Co-worker incivility	0.122	◦													
3. Senior colleague incivility	0.161	0.523**	◦												
4. CONOR mental health index	0.274**	0.414**	0.400**	◦											
5. Job satisfaction	-0.189**	-0.252**	-0.375**	-0.604**	◦										
6. Turnover intention	0.105	0.254**	0.368**	0.484**	-0.717**	◦									
7. Burnout	0.312**	0.206**	0.251**	0.620**	-0.464**	0.400**	◦								
8. Client support	0.248**	0.139	0.238**	0.175	-0.196**	0.146	0.293**	◦							
9. Co-worker support	0.063	0.365**	0.222**	0.254**	-0.190**	0.220**	0.244**	0.591**	◦						
10. Senior support	0.127	0.185**	0.320**	0.168	-0.192**	0.238**	0.234**	0.618**	0.663**	◦					
11. Client mitigate	0.161	0.049	0.101	-0.015	-0.025	-0.001	0.026	0.166	0.063	0.154	◦				
12. Co-worker mitigate	0.077	0.164	0.149	0.050	0.036	-0.025	0.032	0.086	0.247**	0.201**	0.424**	◦			
13. Senior mitigate	0.171	0.058	0.122	-0.011	0.054	-0.057	0.037	0.081	0.148	0.309**	0.418**	0.645**	◦		
14. Client confront	0.288**	0.053	0.043	0.012	-0.128	0.067	0.070	0.203**	0.005	0.140	-0.089	-0.148	-0.017	◦	
15. Co-worker confront	0.233**	0.266**	0.079	0.035	0.001	-0.022	0.011	0.161	0.326**	0.228**	0.096	0.031	0.071	0.445**	◦
16. Senior confront	0.203**	0.219**	0.199**	0.063	-0.092	0.133	0.052	0.153	0.203**	0.380**	0.096	0.070	0.107	0.423**	0.630**

Abbreviation: CONOR, Cohort of Norway.

**Significant at $p < 0.005$ level.

TABLE 4 Multiple linear regression analysis to determine the extent to which incivility types function as predictors of mental health, job satisfaction, turnover intention and burnout

Variable	B	Standard error	Beta	t	p-Value
Dependent variable: CONOR mental health index					
Client incivility	0.113	0.028	0.249	4.059	<0.001
Co-worker incivility	0.129	0.039	0.228	3.274	0.001
Senior colleague incivility	0.125	0.038	0.230	3.289	0.001
Dependent variable: job satisfaction					
Client incivility	-0.026	0.011	-0.149	-2.339	0.020
Co-worker incivility	-0.007	0.015	-0.034	-0.478	0.633
Senior colleague incivility	-0.063	0.015	-0.310	-4.282	<0.001
Dependent variable: turnover intention					
Client incivility	0.020	0.026	0.051	0.764	0.445
Co-worker incivility	0.032	0.037	0.064	0.849	0.397
Senior colleague incivility	0.135	0.036	0.285	3.738	<0.001
Dependent variable: burnout					
Client incivility	0.042	0.009	0.298	4.667	<0.001
Co-worker incivility	0.011	0.013	0.061	0.851	0.396
Senior colleague incivility	0.026	0.012	0.154	2.124	0.035

Abbreviation: CONOR, Cohort of Norway.

co-worker, senior colleague) functioned as a predictor for mental health, job satisfaction, turnover intention or burnout (Table 4) (the coping strategy variables are not included here; further analysis of those variables is presented later in the results). A significant regression equation was found with mental health as the dependent variable: $F(2, 204)$: 21.836, $p < 0.001$, with an R^2 of 0.243. All three forms of incivility functioned as significant predictors of higher reported levels of anxiety/depression (CONOR-MHI). A significant regression equation was found with job satisfaction as the dependent variable: $F(3, 216)$: 12.145, $p < 0.001$, with an R^2 of 0.144. In this case, incivility from senior colleagues predicted lower job satisfaction. A significant regression equation was also found with turnover intention as the dependent variable: $F(2, 202)$: 8.353, $p < 0.001$, with an R^2 of 0.110. Incivility from senior colleagues predicted higher turnover intention. Finally, a significant regression equation was found with burnout as the dependent variable: $F(3, 216)$: 11.952, $p < 0.001$, with an R^2 of 0.142. In this case, client incivility functioned as a significant predictor of higher reported levels of burnout (Table 4).

Incivility impact and coping strategies across job roles

Preliminary examination of incivility levels according to job role indicated that there appeared to be some variation across job roles (Table 5). Statistical analysis of these differences could only compare veterinary surgeons versus veterinary nurses due to a lack of sufficient sample size for the remaining groups (<50).

Comparison of the level of incivility experienced by veterinary surgeons and nurses using an inde-

pendent sample t -test indicated that nurses reported experiencing significantly more incivility from senior colleagues ($t(199)$: 4.091, $p < 0.001$) and co-workers ($t(199)$: 4.388, $p < 0.001$) than veterinary surgeons. There was no significant difference in the level of client incivility reported.

To determine if the impact of incivility varied according to job role, the regression analysis detailed in the previous section was run a second time, this time with the datafile split according to job role (veterinary surgeon, veterinary nurse). The results indicate that the pattern of predictors varies for each job role and across dependent variables; specifically, senior colleague incivility was the key significant predictor of lower job satisfaction for veterinary nurses and functioned as a significant predictor of higher turnover intention for veterinary surgeons. Client incivility functioned as a significant predictor of higher levels of burnout for veterinary nurses but not veterinary surgeons (see Table 6).

Comparison of coping strategies (mitigation, assertion, social support) used by veterinary surgeons and veterinary nurses in response to client, co-worker and senior colleague incivility was conducted using a series of independent t -tests. However, none of these comparisons was significant at the $p < 0.005$ level.

Coping strategies

Quantitative

Comparison of the frequency of reported coping strategies (3 × mitigation, assertion, social support) was conducted across each incivility type (3 × client, co-worker, senior colleague) using repeated-measures ANOVAs. The results indicated

TABLE 5 Means (standard deviation) of incivility levels according to job role

Job role	Client incivility	Co-worker incivility	Senior colleague incivility
Veterinary surgeon	22.31 (8.26)	17.32 (6.84)	16.22 (6.41)
Veterinary nurse	22.64 (10.93)	22.20 (8.87)	20.89 (9.76)
Animal care assistant	12.60 (3.97)	23.14 (11.54)	20.42 (14.14)
Client care assistant	25.08 (11.18)	18.08 (6.93)	14.00 (5.26)
Practice manager	22.00 (7.61)	21.50 (6.14)	18.50 (9.85)

TABLE 6 Multiple linear regression analysis, split according to job role (surgeon, nurse) to determine the extent to which incivility types function as predictors of mental health, job satisfaction, turnover intention and burnout

Job role	Variable	<i>B</i>	Standard error	Beta	<i>t</i>	<i>p</i> -Value
Veterinary surgeon	Dependent variable: mental health index ($F(3, 102)$: 10.153, $p < 0.001$, R^2 : 0.23)					
	Client incivility	0.125	0.047	0.232	2.652	0.009
	Co-worker incivility	0.166	0.066	0.243	2.511	0.014
	Senior colleague incivility	0.162	0.069	0.229	2.351	0.021
Veterinary nurse	Dependent variable: mental health index ($F(3, 63)$: 10.895, $p < 0.001$, R^2 : 0.34)					
	Client incivility	0.076	0.043	0.185	1.776	0.081
	Co-worker incivility	0.151	0.059	0.296	2.551	0.013
	Senior colleague incivility	0.136	0.050	0.314	2.708	0.009
Veterinary surgeon	Dependent variable: job satisfaction ($F(3, 108)$: 4.020, $p = 0.009$, R^2 : 0.10)					
	Client incivility	-0.023	0.018	-0.119	-1.294	0.199
	Co-worker incivility	-0.013	0.025	-0.053	-0.516	0.607
	Senior colleague incivility	-0.064	0.026	-0.251	-2.446	0.016
Veterinary nurse	Dependent variable: job satisfaction ($F(3, 67)$: 5.875, $p = 0.001$, R^2 : 0.21)					
	Client incivility	-0.030	0.017	-0.193	-1.747	0.085
	Co-worker incivility	-0.008	0.024	-0.042	0.335	0.739
	Senior colleague incivility	-0.066	0.020	-0.404	-3.250	0.002*
Veterinary surgeon	Dependent variable: turnover intention ($F(3, 103)$: 4.103, $p = 0.009$, R^2 : 0.11)					
	Client incivility	0.004	0.043	0.009	0.093	0.926
	Co-worker incivility	-0.006	0.064	-0.010	-0.098	0.922
	Senior colleague incivility	0.220	0.071	0.334	3.114	0.002*
Veterinary nurse	Dependent variable: turnover intention ($F(3, 64)$: 3.883, $p = 0.013$, R^2 : 0.15) NS					
Veterinary surgeon	Dependent variable: burnout ($F(3, 108)$: 2.927, $p = 0.037$, R^2 : 0.08) NS					
Veterinary nurse	Dependent variable: burnout ($F(3, 67)$: 6.174, $p = 0.001$, R^2 : 0.22)					
	Client incivility	0.047	0.016	0.331	3.002	0.004*
	Co-worker incivility	0.012	0.022	0.068	0.552	0.582
	Senior colleague incivility	0.035	0.019	0.235	1.899	0.062

*Significant at $p < 0.005$ level. NS not significant

a significant main effect for coping strategy ($F(2, 404)$: 97.463, $p < 0.001$), a main effect for source of incivility ($F(2, 404)$: 8.602, $p < 0.001$) and a significant interaction between coping and source ($F(4, 808)$: 4.062, $p = 0.003$, see Figure 1). Pairwise comparisons using the Bonferroni correction indicated that assertion (M : 5.95) was reported significantly less frequently than mitigation (M : 8.45) and social support (M : 9.27) ($p < 0.001$) and that mitigation was, in turn, reported significantly less frequently than social support ($p = 0.004$). Pairwise comparisons also indicated that incivility from clients was associated with a higher overall frequency of coping strategies (M : 8.26) than incivility from senior colleagues (M : 7.66) ($p = 0.001$).

Figure 1 is suggestive of variation in the utilisation of coping strategy across incivility types. This was further assessed through a series of three post hoc repeated-measures ANOVAs, one for each coping strategy (mitigation, social support, confrontation) in response to all three sources of incivility. The results indicated that the frequency of mitigation as a coping strategy varies across incivility sources ($F(2, 414)$: 7.305, $p < 0.001$), with pairwise comparisons using the Bonferroni correction suggesting that mitigation is used more frequently in response to client incivility (M : 8.95) than co-worker (M : 8.22) or senior colleague (M : 8.08) incivility ($p = 0.002$). There was also a significant effect for the utilisation of social support as a coping strategy ($F(2, 418)$: 6.673, $p = 0.001$), with

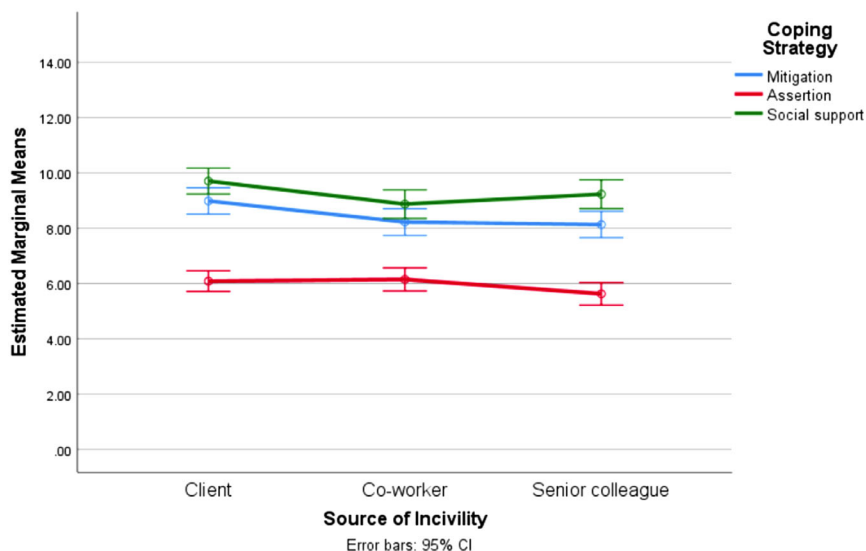


FIGURE 1 Illustration of ANOVA interaction between coping strategy and source of incivility. CI, confidence interval

TABLE 7 Five key themes relevant to coping strategies used in response to incivility experienced in veterinary practice

Theme	Codes/subthemes
<i>Emotion management:</i> Maintaining calm, remaining rational/focusing on the facts. Avoidance of emotion spilling over into work activities/home life.	Keep calm Stay polite/avoid arguing Do not respond immediately Respond rationally/factually Calm person down Compartmentalise Keep home and work life separate
<i>Problem solving:</i> Taking an active role in working towards a solution or exploring the reasons for the incivility.	Highlight common goal Do not view person as enemy Explore reasons for behaviour Work towards a solution Show/state understanding Active listening Explain own point/perspective
<i>Reflection on practice:</i> Viewing incivility as a learning experience, offering the opportunity for reflection and feedback on performance and behaviours.	Self-reflection Provide staff with feedback on behaviours Define desirable/undesirable behaviours for staff and clients Performance/staff management
<i>Strategic defence:</i> Planning ahead when dealing with someone known to be difficult.	Ensure others present when interacting with person Arm self with knowledge/evidence Ensure own work quality is good Explain treatment plan/options
<i>Self-care:</i> The need to have an active life outside work, often encompassing various stress relieving activities.	Own pets as comfort/stress relief Relaxation/mindfulness Positive thinking Regulate breathing Take time out (cuppa) Sports/hobbies

pairwise comparisons using the Bonferroni correction indicating that social support is used significantly more frequently in response to client incivility (M : 9.72) than co-worker (M : 8.93) incivility ($p = 0.001$).

There was no significant effect for the use of assertion across the three incivility sources.

Qualitative

The data presented here were derived from the single open-ended question contained in section 4 of the questionnaire. In the interest of brevity, only key, original (differing from the strategies covered within the coping with harassment questionnaire), themes relevant to coping with incivility will be presented (Table 7).

Emotion management

Participants reported the importance of remaining calm, with emotions managed via a focus on the technical aspects of a situation, or through emphasised politeness:

I have learnt that becoming overly polite helps to keep me from reacting, and often is a way to get clients to pause and think about what they're doing/saying without bringing attention to their behaviour from myself (P81).

Problem solving

Another approach to managing uncivil behaviour was to focus on the issue or problem at hand. The aim of this strategy was to reform a working relationship by restating the shared goal and delving into the reasons for the uncivil behaviour:

Try to solve the problem based on facts and plans which usually make the person a bit calmer as they start to think. Let them speak and wait till they finish if I have the time' (P36).

Reflection on practice

Some participants reported using uncivil interactions as the basis for either self-reflection (often consideration of alternative approaches) or as a mechanism for improving team processes and behaviours:

As a team we are focusing on giving feedback and support for calling out undesirable (consistently poor) behaviour. To support the managers in this we ran a whole team workshop, creating a team values charter with desirable and undesirable behaviours (P35).

Strategic defence

Participants reported planning ahead when going into interactions with staff or clients known to be uncivil. This included ensuring others were present in any interactions, as both buffer and back-up:

I refuse to work with my head nurse without another member of staff present to reduce the outbursts and verbal attacks on me while in the back areas at work (P46).

Alternatively, this pre-planning might involve additional information gathering, seeking second opinions and ensuring confidence in any proposed actions.

Self-care

Participants also discussed methods for reducing adverse effects post-interaction. These studies primarily focused on self-care mechanisms, often based on mindfulness and yoga practices. Most of the participants discussed engaging in these activities outside work, sometimes in a defined attempt to distance themselves from work:

By having plenty of interests and friends outside of work to reduce the relative importance of work and experiences there in my life (P54).

DISCUSSION

The current findings indicate that incivility from clients and colleagues was experienced by, and had the potential to adversely impact, all veterinary staff. The impact of uncivil behaviour varied across job roles. Incivility from senior colleagues predicted increased turnover intention for veterinary surgeons. In comparison, client incivility predicted an increased risk of burnout, and senior colleague incivility predicted reduced job satisfaction for veterinary nurses. Passive coping strategies of mitigation and social support were

reported more frequently than the active strategy of assertion by all veterinary staff, with higher levels of coping responses reported in response to client, as opposed to co-worker or senior colleague, incivility. The qualitative data also highlight strategies focused on calming the situation as opposed to confronting the person about their incivility.

Client incivility

Client incivility appeared to be the most prevalent source of incivility for both veterinary surgeons and nurses in the current sample, a finding that reflects the general literature that indicates customer incivility is frequently experienced by the majority of customer service employees.²² The combined results for the entire sample suggest that the impact of client incivility is primarily on veterinary staff mental health and burnout. Previous research suggests that this could be due to the concept of emotional labour, whereby employees within service industries are generally expected to present predominantly positive emotions to clients (service with a smile²²), partially because of the perceived high status of clients.²³ This suppression of negative emotion and presentation of positive emotions that are not felt can have an adverse impact on employee wellbeing.²⁴ High levels of emotional labour have been linked to emotional exhaustion, a facet of burnout.²²

Colleague incivility

The most impactful incivility from colleagues appeared to be that experienced from senior colleagues, primarily linked with job satisfaction and turnover intention. Research by Porath et al.²⁵ may offer an explanation of this form of impact, whereby workplace incivility may be a form of status challenge as the instigator attempts to elevate themselves and reduce others. Incivility from senior colleagues may therefore be aimed at reducing the self-confidence and perceived value of the target,²⁵ with consequential reductions in sense of achievement and respect, which in turn aligns with the concept of job satisfaction. If the status challenge is successful, the target may engage in avoidant behaviours, potentially explaining the increased turnover intention. Lower status targets (e.g., nurses) may be particularly vulnerable to absenteeism and exit, partially because such targets may not feel that there is any other organisationally sanctioned option available to them.⁸

Coping

The reported focus on passive (mitigation) as opposed to active (assertion) coping responses within the current sample is a common finding across multiple

contexts.^{6,26} Researchers suggest that targets may feel incivility is too mild to report, could fear negative repercussions from confronting the instigator, or may struggle to identify an appropriate reporting mechanism.^{6,12} Interestingly, the selection of coping response did not appear to vary across job roles within the current sample, suggesting a general reluctance to confront incivility. Passive strategies such as avoidance have been linked to increased emotional exhaustion, with a more active approach recommended as a method of gaining situational control.²⁶ However, confrontation could exacerbate the interaction, spiralling into more extreme behaviours.²² The answer for the veterinary context may lie in the alternative active strategies highlighted within the current qualitative section, specifically the problem-solving approach and strategic defence, although additional research is required to evaluate the effectiveness of these methods.

Limitations

The original aim of this study was to compare incivility across a range of veterinary job roles; however, sadly, only the veterinary surgeon and nurse groups were large enough to allow statistical comparison. As such, the data reported here are primarily reflective of those two groups and cannot be generalised to all staff within veterinary practice. In addition, the sample is predominantly female and representative of small animal practice. The survey is based on self-report and as such is subject to social desirability bias, where participants may be less willing to report any aspects of incivility interactions that may cast them in a negative light, or that they feel may be viewed unfavourably by their peers. In addition, the open-ended question was phrased in such a way that participants responded with general coping strategies, as opposed to indicating if the strategy selected varied according to the source of the incivility.

Recommendation

The current study suggests that it is possible to encompass support for dealing with uncivil behaviours at an organisational and procedural level, a suggestion mirrored within an earlier study examining client incivility.¹⁷ An active organisational level approach has also been recommended by Cortina and Magley,⁶ including system changes to prevent incivility and provide dedicated support to targets. Based on the current study, veterinary practices could consider outlining expectations in terms of civil behaviour, provision of additional staff within problematic client consults and reflective team meetings.

CONFLICT OF INTEREST

The authors declare they have no conflicts of interest.

FUNDING INFORMATION

The authors received no specific funding for this work.

AUTHOR CONTRIBUTIONS

All three authors contributed to the development and drafting of this paper, and all three authors approved the final version of this paper. The first and second authors had primary responsibility for the design, conception, data collection and analysis of the study. The third author had primary responsibility for the qualitative analysis.

DATA AVAILABILITY STATEMENT

The data presented within this paper are not available publicly due to ethical and confidentiality constraints. The data will be shared by the corresponding author privately upon request.

ETHICS STATEMENT

This study was approved by the University of Aberdeen Psychology ethics committee.

ORCID

Amy Irwin  <https://orcid.org/0000-0003-2526-4750>

REFERENCES

1. Yao J, Lim S, Guo CY, Ou AY, Ng JWX. Experienced incivility in the workplace: a meta-analytical review of its construct validity and nomological network. *J Appl Psychol.* 2022;107:193–205.
2. Andersson LM, Pearson CM. Tit for tat? The spiralling effect of incivility in the workplace. *Acad Manage Rev.* 1999;24:452–71.
3. Andela M. Burnout, somatic complaints, and suicidal ideations among veterinarians: development and validation of the veterinarians stressors inventory. *J Vet Behav.* 2020;37:48–55.
4. Bartram DJ, Yadegarfar G, Baldwin DS. Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occup Med.* 2009;59:334–41.
5. Griek OH, Clark MA, Witte TK, Nett RJ, Moeller AN, Stabler ME. Development of a taxonomy of practice-related stressors experienced by veterinarians in the United States. *J Am Vet Med Assoc.* 2018;252:227–33.
6. Cortina LM, Magley VJ. Patterns and profiles of response to incivility in the workplace. *J Occup Health Psychol.* 2009;14:272–83.
7. Sliter M, Withrow S, Jex SM. It happened, or you thought it happened? Examining the perception of workplace incivility based on personality characteristics. *Int J Stress Manage.* 2015;22:24–32.
8. Porath CL, Pearson CM. Emotional and behavioral responses to workplace incivility and the impact of hierarchical status. *J Appl Soc Psychol.* 2012;42:E326–57.
9. Kinnison T, Lumbis R, Orpet H, Welsh P, Gregory S, Baillie S. Piloting interprofessional education interventions with veterinary and veterinary nursing students. *J Vet Med Educ.* 2011;38:311–8.
10. Knapp DE, Faley RH, Ekberg SE, Dubois CLZ. Determinant of target responses to sexual harassment: a conceptual framework. *Acad Manage Rev.* 1997;22:687–729.
11. Salin D, Tenhiälä A, Roberge MÉ, Berdahl JL. 'I wish I had...': target reflections on responses to workplace mistreatment. *Human Relat.* 2014;67:1189–211.
12. Cortina LM, Magley VJ. Raising voice, risking retaliation: events following interpersonal mistreatment in the workplace. *J Occup Health Psychol.* 2003;8:247–52.
13. Sogaard AJ, Bjelland I, Tell GS, Roysamb E. A comparison of the CONOR mental health index to the HSCL-10 and HADS. *Norsk Epidemiol.* 2003;13(2):279–84.

14. Dolbier CL, Webster JA, McCalister KT, Mallon MW, Steinhardt MA. Reliability and validity of a single-item measure of job satisfaction. *Am J Health Promot.* 2005;19:194–208.
15. Spence Laschinger HK, Leiter M, Day A, Gilin D. Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. *J Nurs Manag.* 2009;17:302–11.
16. Shanafelt TD, West CP, Sloan JA, Novotny PJ, Poland GA, Menaker R, et al. Career fit and burnout among academic faculty. *Arch Intern Med.* 2009;169:990–1005.
17. Irwin A, Hall D, Ellis H. Ruminating on rudeness: exploring veterinarians' experiences of client incivility. *Vet Rec.* 2022;190:e1078.
18. Chamberlain K. Epistemology and qualitative research. *Qual Res Clin Health Psychol.* 2015;1:9–28.
19. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3:77–101.
20. Clarke V, Braun V. Using thematic analysis in counselling and psychotherapy research: a critical reflection. *Couns Psychother Res.* 2018;18:107–10.
21. George D, Mallery P. SPSS for windows step by step a simple guide and reference 17.0 update. 10th ed. Boston: Pearson; 2010.
22. Sliter M, Jex S, Wolford K, McInnerney J. How rude! Emotional labor as a mediator between customer incivility and employee outcomes. *J Occup Health Psychol.* 2010;15:468–75.
23. Yagil D. Abuse from organizational outsiders: customer aggression and incivility. In: Special topics and particular occupations, professions and sectors. Vol 1. Springer; 2021. p. 109–34.
24. Goldberg LS, Grandey AA. Display rules versus display autonomy: emotion regulation, emotional exhaustion, and task performance in a call center simulation. *J Occup Health Psychol.* 2007;12:301–10.
25. Porath CL, Overbeck JR, Pearson CM. Picking up the gauntlet: how individuals respond to status challenges. *J Appl Soc Psychol.* 2008;38:1945–80.
26. Hershcovis MS, Cameron AF, Gervais L, Bozeman J. The effects of confrontation and avoidance coping in response to workplace incivility. *J Occup Health Psychol.* 2018;23:163–74.

How to cite this article: Irwin A, Silver-MacMahon H, Wilcke S. Consequences and coping: Investigating client, co-worker and senior colleague incivility within veterinary practice. *Vet Rec.* 2022;e2030.
<https://doi.org/10.1002/vetr.2030>