

MALE STUDENTS' EXPERIENCES WITH FACULTY INCIVILITY

by

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DEDICATION

I would like to thank my four children, Kaleb, Jacob, Coral, and Bauer, who are my inspiration to continue with my education and to contribute more to the future of health care with my efforts. I would like to thank my mom and dad for their encouragement and having undoubting faith in my abilities. Lastly, but certainly not least, I would like to thank my husband, Biff, who is the yin to my yang. You kept our home running smoothly for the last two years as well as supported me without reservation. You are the love of my life and I couldn't have succeeded in this endeavor without your love and guidance.

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ABSTRACT

Academic incivility can cause strain in the teaching learning environment. The problem of academic incivility from the male nursing student perspective has not been previously studied. The purpose of this study was to explore male students' perspectives of faculty incivility and compare male nursing students' perspectives to that of non-nursing male students. Twenty-five non-nursing male students and twenty-seven male nursing students completed a questionnaire about faculty incivility. A majority (92 %) of non-nursing students perceived that ineffective teaching is the most disruptive behavior and 56% have experienced or seen this behavior occur in the last 12 months. While 100% of nursing students perceived that making condescending remarks or putdowns is the most disruptive behavior, the top disruptive behavior experienced or seen in the last 12 months was ineffective teaching (67%). The most frequent threatening faculty behavior perceived by nursing students was general taunts or disrespect to other students (33%), whereas the most frequent threatening faculty behaviors perceived by the non-nursing students was challenges to other faculty knowledge or credibility (24%). Additionally, many male nursing students (89%) perceived academic incivility a mild to serious problem, while only 64% of their male non-nursing student colleagues did. Recommendations for nursing education based on the study findings include: faculty development, communication, setting goals and expectations, diversity awareness and change, and the ability for students to report incivility. Recommendations for nursing practice include recognizing the link of incivility in the workplace and the impact on new graduate nurses, particularly in the areas of retention and patient safety. Addressing incivility in academia could afford the opportunity to break the cycle of incivility before it reaches the nursing environment, mitigating the loss of qualified male nurses or deleterious impacts on patient care.

CHAPTER ONE

INTRODUCTION

There is potentially a link between incivility seen in the academic setting and that seen in healthcare (Luparell, 2011). Academic incivility is prevalent across the nation in nursing education (Clark, 2008a) and both faculty and students perceive that incivility exists in education. According to Clark and Springer (2007a), more than 70% of the student and faculty participants felt that academic incivility was a moderate to severe problem. According to Luparell (2011), “if indeed students are exposed to this behavior in the clinical and academic settings with any degree of regularity, the potential exists that they will see this behavior as the norm within healthcare, and especially within nursing” (p. 95). Incivility in the nursing workplace can have considerable consequences for nurses, patients, and healthcare organizations (Luparell, 2011; McNamara, 2012; Townsend, 2012). Potential exists that the cycle of incivility can be broken in the academic environment before it reaches the nurse practice setting and has the ability to cause these detrimental effects (Lasiter, Marchiondo, & Marchiondo, 2012).

Background of the Problem

The problem of incivility is not a new concept and it is genuinely concerning in academia (Clark & Springer, 2010; Gallo, 2012; Lasiter *et al.*, 2012). The teaching-learning environment may be strained when acts of incivility occur. One distressing outcome of academic incivility is “loss of self-esteem and disrupted, stressful student-

faculty relationships” (Marchiondo, Marchiondo, & Lasiter, 2010). According to the literature uncivil faculty behavior, such as demeaning students, is occurring without a clearcut cause or purpose (Marchiondo *et al.*, 2010).

There may be subjectivity in perceptions of incivility, meaning what one person may feel is an uncivil action towards them may not be viewed the same by another, and this makes incivility even more difficult to address (Clark, 2008a). Academic incivility is also not well explored from the student’s perspective or in relation to gender differences (Clark, 2008b). The male nursing student population is statistically underrepresented in current studies conducted on academic incivility.

Significance

There is concern that students subjected to academic incivility will consider this behavior normal once they themselves enter the nursing profession (Clark & Springer, 2007a; Luparell, 2011). The challenge of academic incivility should continue to be researched to address this serious concern. There may be several ramifications of academic incivility on patient safety, society, and the nursing profession.

Patient Safety

At some point in the education process a nursing student will be ready to embark into the clinical setting to provide direct patient care, and safety will be of the utmost priority. Data suggest a direct correlation between a student’s perception of faculty incivility and their ability to provide safe patient care (Clark, 2008a; Clark & Springer, 2010). Increasing stress in the faculty-student learning environment can lead to a negative

impact on clinical performance, increasing the risk to patient safety (Lasiter *et al.*, 2012).

Lasiter *et al.* (2012) found that a student's perception of faculty incivility and intimidation caused errors in the clinical setting.

Incivility in healthcare has been linked to decreased patient safety. In 2012, recognizing the seriousness of the issue, The Joint Commission revised their already implemented standards addressing uncivil behaviors (McNamara, 2012). The new standards "identify behavior or behaviors that undermine a culture of safety and call attention to the fact that behavior that intimidates others can create an environment of hostility and disrespect that affects morale, and increases staff turnover, and can lead to distractions and errors, all of which are detrimental to patient care" (McNamara, 2012).

Societal Implications

Incivility may have a fiscal impact on colleges when nursing students impacted by faculty incivility, have lasting effects that hinder their nursing program satisfaction or lead to withdrawal from their current nursing program (Marchiondo *et al.*, 2010). In a recent study by Marchiondo *et al.* (2010), students described experiences of incivility associated with one or maybe two faculty members; this correlated strongly with dissatisfaction in that nursing program. A student in one study expressed "I will not attend this school for my masters because of her [the faculty member]" (Lasiter *et al.*, 2012). According to Clark (2008a), "Whether academic incivility is intentional or not, it is a growing challenge and minimal research has addressed contributing factors, including its effects on faculty, students, and the campus community." A financial strain

on that university could result from lost monies from tuition, books, and fees, as well as loss in revenue generated to local business throughout the campus community.

A serious effect incivility can have on society is the possibility for violent behavior. Although extreme is the case where incivility leads to violence, it has been known to occur. As reported by Gallo (2012), “the scariest impact that incivility has on nursing education is the potential harm or death to nursing faculty and students, as demonstrated by the 2002 University of Arizona shootings of three nursing faculty by a disgruntled student.” Fatal school violence is an extreme case and, fortunately, a very rare event (Clark *et al.*, 2009). However, in an effort to possibly avoid such tragedies in the future, it “is essential to measure incivility so strategies for prevention and intervention may be established and implemented to avert potential acts of violence” (Clark *et al.*, 2009).

Profession of Nursing

There is the potential for academic incivility to progress from the classroom to the clinical setting of the practicing nurse (Clark, 2008a). In the nursing work force, incivility has been called by many terms, including lateral violence, disruptive behavior, and bullying (McNamara, 2012). As observed by Rowe & Sherlock in 2005, this becomes of particular concern because “nurses who regularly experience verbal abuse may be more stressed, miss more work, and provide substandard quality of care” (Clark, 2008a). A sentinel event was released by the Joint Commission in 2008 as an “alert regarding the consequences of disruptive behavior by healthcare providers and their effects on patient

care, stating that all intimidating and disruptive behaviors are unprofessional and should not be tolerated” (Clark & Springer, 2010).

Incivility in nursing education that progresses from academia to the practice setting warrants further attention and research (Clark, 2008a). According to Townsend (2012), an estimated 60% of new graduate nurses will quit their first job in nursing within six months of being a victim of incivility in the workplace. The average cost of nurse turnover to a hospital is approximately “\$82,000 or more per nurse” (Twibell *et al.*, 2012). Staff productivity loss can have a financial impact on any health system with losses potentially exceeding \$1.2 million annually (Hutton & Gates, 2008). In terms of the future of the nursing profession, a concerning thought is that “one in three new graduate nurses considers quitting nursing altogether because of abusive or humiliating encounters” (Townsend, 2012).

The nursing profession has a certain persona when regarded by society as a whole. According to Townsend (2012), “to the public, the nursing profession exemplifies caring and compassion.” Important to note is the American Nurses’ Association (ANA) Code of Ethics in reference to this fundamental concept. An expectation by all nurses is to show respect, compassion, and caring relationships in all interactions, according to this code (ANA, 2001). Uncivil faculty behavior towards students could be viewed as the direct opposite from a respectful, compassionate, and caring relationship.

Males in the Nursing Profession. Ideally, in order to provide care to diverse populations in healthcare, having diversity in the nursing work force is needed. This premise has been identified in the Institute of Medicine Future of Nursing Report Brief,

which states that “to improve the quality of patient care, a greater emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity” (AAMN, 2011). Statistically, however, per one survey conducted by the U.S. Census Bureau in 2013, only 9.6% of registered nurses are male (AACN, 2014).

One of the main reasons men may not pursue a career in nursing is because of the stereotype that it is a female-dominated profession, and they could face possible mockery or disrespect for their career choice from family or friends from this stigma (AACN, 2014; Pham, 2014). The American Assembly for Men in Nursing (AAMN) is currently working on a nationwide strategy, the Future of Nursing Campaign for Action, in the hope to recruit and retain more males in the profession of nursing (AAMN, 2011).

Male nursing students want to “break the gender barriers in nursing” much like female students needed to in the medical field at one time (Pham, 2014). Certainly faculty incivility in the academic environment could be a potential barrier to the success of the male nursing student completing their degree. One way to recruit more males in nursing will be to investigate and address the potential barriers male nursing students face. According to Pham (2014), “Male students make a very conscious decision to become a nurse, and no one should be criticized for wanting to help others.”

Research Problem and Purpose

The dynamic of the faculty-student relationship can be strained by academic incivility and this can diminish the environment in which teaching and learning is meant to take place (Clark, Farnsworth, & Landrum, 2009). Academic incivility is discussed in

the nursing literature; however, the majority of research that has been conducted has focused on student incivility toward faculty (Marchiondo *et al.*, 2010). In an effort to look at the holistic nursing student-faculty relationship, “it is important to emphasize that uncivil behavior on the part of nursing faculty is also a problem” (Marchiondo *et al.*, 2010). Studies that have been conducted on faculty incivility have a common limitation of underrepresentation of the male nursing students’ perspective. Men may have a unique experience deserving of further research (Lasiter *et al.*, 2012).

The purpose of this research was to explore male, undergraduate, nursing students’ experiences with faculty incivility compared to that of male, undergraduate, non-nursing students. This knowledge can prove beneficial because “further exploration of this topic may lead to increased awareness and formulation of actions to improve the problem” (Lasiter *et al.*, 2012).

Research Questions

Academic incivility exists and the continued research in this area is ever growing to support this. However, the frequency to which it is occurring to male nursing students in particular is lacking in the research. In an effort to bridge this gap, the following questions will be answered in this study:

1. What are male undergraduate students’ experiences with faculty incivility?
2. What are male undergraduate nursing students’ experiences with faculty incivility?

3. How do male undergraduate nursing students' experiences compare to male non-nursing students' experiences with faculty incivility?

Theoretical Framework

The theoretical framework for this research is Jean Watson's Transpersonal Caring Theory, more specifically her Caritas Processes, which encompasses the philosophy that "caring knowledge is considered to represent a trans-disciplinary process, as caring knowledge and caring practice impact all that practice in the disciplines of health, education, and human services" (Bailey, 2009). The environment in which faculty incivility exists "violates the concept of caring, a central concept to the profession of nursing" (Lasiter *et al.*, 2012). According to Jean Watson, based on her 10 Caritas Processes factors, "a caring environment is one that offers the development of potential while allowing the person to choose the best action for him/herself at a given point of time" (Bailey, 2009).

The concept of a caring academic environment has been supported in the literature. As discussed by Gaines & Bladwin in 1996, "there is a theoretical agreement that caring is learned by experiencing caring interactions with faculty in an environment supported by caring faculty-student relationships" (Wade & Kasper, 2006). The prevalence of faculty incivility "does not demonstrate care or concern on the part of the faculty, and paints nursing programs as uncaring environments" (Marchiondo *et al.*, 2010).

Use of Jean Watson's Caritas Processes is focused on the trusting part of the nurse-patient relationship and it can be adapted to promote trust in the faculty-student relationship (Baily, 2009). Jesse (2010) interprets Jean Watson's Caritas Processes to involve the following ten factors:

1. Practice of loving-kindness and equanimity within the context of caring consciousness.
2. Being authentically present and enabling and sustaining the deep belief system and subjective life-world of self and one being cared for.
3. Cultivation of one's own spiritual practices and transpersonal self going beyond the ego self.
4. Developing and sustaining a helping, trusting, authentic, caring relationship.
5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit and self and the one-being-cared for.
6. Creative use of self and all ways of knowing as part of the caring process; to engage in the artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to unity being and meaning, attempting to stay within others' frame of reference.
8. Creating healing environment at all levels (physical as well as nonphysical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated).
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind body spirit, wholeness, and unity of being in all aspects of care.
10. Opening and attending to spiritual-mysterious and existential dimensions of one's own life-death; soul care for self and the one-being-cared for.

Each of the above mentioned factors can be adapted to the learning environment and the faculty-student relationship. For example, Watson's fifth principle of her Caritas Process involving the expression of feelings can be modified in the education environment to promote open communication amongst the nursing student and faculty members (Baily, 2009). Watson's seventh principle of her Caritas Process is directed at

the interpersonal teaching-learning environment and can easily apply to education because of the philosophy of teaching relevance (Bailey, 2009). An alteration of this principle for use in the nursing faculty-student relationship can be described as “engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other’s frame of reference” (Bailey, 2009).

The rationale for using Jean Watson’s Caritas Processes as the theoretical framework for this study is that the promotion of a caring learning environment, in theory, would be the opposite of an uncivil environment, or one that has incivility. The adaptation of Jean Watson’s Caritas Processes used in this research will provide a solid framework for a look at instructor incivility as perceived by male undergraduate nursing students.

If Jean Watson’s Transpersonal Caring Theory is utilized in nursing education, the outcome could be quite favorable for the faculty-student relationship. In 1988, Jean Watson herself stated, “Caring interactions between faculty and students reflect the very nature of the professional-client relationship” (Wade & Kasper, 2006). Nursing education programs can promote a successful learning environment if caring behavior is role-modeled by faculty (Livsey, 2009). Her theory can serve as the foundation to evaluate faculty and set policies to address incivility.

Definitions

For the purpose of this research the following terms will be defined: incivility, academic environment, academic incivility, faculty incivility, faculty, male undergraduate nursing student, and male undergraduate student.

Incivility is “rude or disruptive behaviors which often result in psychological or physiological distress for the involved” (Clark *et al.*, 2009). For the purpose of this study, the terms incivility, disruptive behavior, and threatening behavior are all used interchangeably during the data collection process (as per instrument developer’s approach).

Academic environment is “any location associated with the provision or delivery of education, whether on or off campus, including the live or virtual classroom” (Clark, 2006).

Academic incivility is “any speech or action that disrupts the harmony of the teaching-learning environment” (Clark & Springer, 2007b).

Faculty incivility is defined, by the researcher, as “academic incivility perceived by male undergraduate students to be directed at them from faculty.”

Faculty is defined as “persons who teach and evaluate students and are academically and experientially qualified” (NLNAC, 2008).

Male undergraduate nursing student is defined, by this researcher, as “an undergraduate male student who is currently enrolled in his sophomore or higher year of study and currently enrolled in a designated 200-level or higher nursing course.”

Male undergraduate student is defined, by this researcher, as “an undergraduate male student, in any discipline of study other than nursing, that is in his sophomore, junior, or senior year of study.”

Assumptions

There are several assumptions that can be made in relation to the research questions and the purpose of this research; some of which are supported in the literature. The first assumption would be that the population of young persons in a common location of the university is students meeting the set criteria to participate in this study.

It can also be assumed that all male undergraduate nursing students want a safe learning environment in which they are treated fairly and with respect. According to Clark and Springer (2010), faculty “have a unique role in providing the climate and infrastructure to encourage civil behavior.” Furthermore, faculty is “not only ethically bound to provide a safe teaching-learning environment, but they are also mandated to protect themselves and others” (Clark & Springer, 2010).

An assumption is that there is subjectivity to a male undergraduate nursing student’s perception in their interpretation of their nursing clinical experience of any faculty incivility they may have encountered. This would be interpreted in this study as valid representation of those experiences during their education (Livsey, 2009).

Summary

The effects of incivility in nursing can lead to a “weakened learning environment, poor workforce behaviors, and violence” (Gallo, 2012). The potential exists for students exposed to academic incivility to view this behavior as the standard, creating a continuation of this conduct in the nursing profession (Luparell, 2011). The value obtained from this research data will provide nurse educators with the knowledge as to what level of this incivility exists, specific to the male undergraduate nursing student population, to address concerns of incivility (Gallo, 2012). The possibility of making nursing schools a positive learning environment exists and it is something all involved should strive for. Seeking a mutual place amongst both students and faculty in which civility and respect are the ultimate goals, is a great place to start for any academic organization (Clark & Springer, 2010).

CHAPTER TWO

REVIEW OF THE LITERATURE

The literature review will serve to validate the research problem and describe the current status of knowledge about the problem of incivility in education in relation to male nursing students. The goal of this literature review is to assess the current trends of incivility in the literature in relation to the research questions. Another goal of the literature review is to conclude if there are any gaps in the current research.

Search Method

The databases used for this literature review were the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Educational Research Informational Center (ERIC). Searches for this literature review had the following limiters: journal articles that were peer-reviewed, in the English language, and between the years of 2003-2013. The searches used for this literature review were from key terms and key phrases derived from the research questions: “What are male college students’ experiences with faculty incivility?”, “What are male undergraduate nursing students’ experiences with faculty incivility?”, and “How do male undergraduate nursing students’ experiences compare to non-nursing students experiences with faculty incivility?”.

A university librarian was consulted and key terms relevant to the research questions were identified. The key terms used for this search were: (1) incivility, (2) incivility in education, (3) faculty incivility, (4) male nursing student-faculty relationship,

and (5) male college student-faculty relationship. Since the last two key terms resulted in zero results in both data bases a secondary search was conducted. The secondary search of both databases included the combination of terms (nursing, education), (male), and (conflict); and (education), (male), and (conflict). The number of articles resulted from each individual search is outlined in Table 1 and Table 2 according to which database was used.

Table 1. CINAHL search for research articles

CINAHL-primary search	# of articles
Incivility	80
Incivility in education	21
Faculty incivility	20
Male nursing student-faculty relationship	0
Male college student-faculty relationship	0
Total	121
CINAHL-secondary search	
(education, nursing) and (male) and (conflict)	40
(education) and (male) and (conflict)	357
Total	397
Grand total of articles	518

Table 2. ERIC search for research articles

ERIC-primary search	# of articles
Incivility	41
Incivility in education	6
Faculty incivility	5
Male nursing student-faculty relationship	0
Male college student-faculty relationship	0
Total	52

Table 2 Continued

ERIC-secondary search	
(education, nursing) and (male) and (conflict)	0
(education) and (male) and (conflict)	144
Total	144
Grand total of articles	196

The search resulted in a large number of articles. To determine which articles were applicable to the research questions, all abstracts were reviewed. Articles considered relevant reports of research on the topic of incivility from the student's perspective were read in their entirety. Articles that did not meet the inclusion criteria or that were not relevant to the research questions were excluded from this review. After removal of duplicates, the number of articles relevant was 15, which was a manageable amount for analysis.

Results

The results have been organized into several common topics that emerged from this review, which will be discussed in further detail. The topics discussed are: the types of perceived uncivil faculty behaviors, gender perceptions of faculty incivility, location of faculty incivility, effects of faculty incivility, and the gaps in the literature.

Nursing Students Perceived Faculty Incivility

Common uncivil faculty behaviors as described by nursing students, amongst the articles reviewed are: belittling, feelings of inadequacy, public humiliation, rude,

condescending remarks, power gradient, teaching style, and unprofessionalism. Uncivil faculty behaviors are also perceived amongst non-nursing students at the university level and their effects are discussed.

Belittling

Examples of belittling behavior were: threatening to give students low grades, laughing and mimicking, downward talking, uncaring behaviors, not listening, ignoring, and suggesting a different career path for the nursing students (Lasiter *et al.*, 2012). According to Lasiter *et al.* (2012), in a mixed method descriptive study utilizing the Nursing Education Environment Survey (NEES), 54.3% of students described some type of belittling behavior from their faculty. A narrative described by a student portrays multiple belittling behaviors:

I had a clinical instructor who treated me like a child and would constantly roll his eyes and make me feel stupid and unintelligent. When faculty have demeaning, condescending attitudes, and body language—their facial expressions say a lot. We students understand this language and are very sensitive to it (Clark, 2008d).

Feelings of Inadequacy

Inadequacy was described as feeling incompetent, incapable, dumb, or stupid (Lasiter *et al.*, 2012). During interactions with faculty, 30.8% of nursing students in this descriptive study stated they felt feelings of inadequacy (Lasiter *et al.*, 2012). One nursing student recalled this feeling the moment after she gave her first injection during a clinical experience:

My instructor made me feel beneath dirt, like I was incapable of doing this...Immediately the professor was yelling at me... ‘You didn't do it

right!’ I walked out of there thinking I was completely incompetent and that I should just quit. It was very hard for me to bounce back from that quickly. I really thought I wasn't cut out for that (Del Prato, 2013).

Public Humiliation

The embarrassment from public humiliation has been perceived by students as a form of faculty incivility (Altmiller, 2012; Del Prato, 2013; Lasiter *et al.*, 2012). This fear is founded on the premise that any mistakes could be made public in front of classmates; more worrisome was that this could occur in front of staff nurses and patients in clinical settings (Altmiller, 2012). One student stated “I was trying to process (a drug dosage) and the instructor yells at me in the medication room, in front of other students and nurses, ‘I can't believe how stupid you are! How did you ever pass math? A four year old could do this!’ It was just so demeaning” (Del Prato, 2013).

Other behaviors such as being interrupted, laughed at, yelled at, criticized, and threatened publically were voiced by nursing students in one study (Lasiter *et al.*, 2012). A nursing student witnessed another peer involved in an uncivil encounter with nursing faculty: the faculty member “spoke to a classmate like she was 2 y/o and literally held her hand to show her how to perform the skill” (Lasiter *et al.*, 2012).

Rude Condescending Remarks

Another common theme amongst the literature is the perception of condescending remarks towards nursing students from their faculty. This behavior was identified as the top mentioned faculty behavior in one mixed method descriptive study, n=306, with 81.7% of respondents having experienced it at some point in their nursing education

(Clark, 2008a). A comment made during one clinical experience exemplified this: “you could hear her [the instructor] out at the nurses’ station and somebody would say to her, ‘How’s everything going?’ and she’d say, ‘Oh, I’m just sitting here giving that student enough rope to hang herself’” (Thomas, 2003).

Power Gradient

Rankism. If there is a sense that faculty abuse their higher level of power over the student relationship, because they are in an authoritative role, this can threaten the learning environment in nursing education (Clark, 2008c). One nursing student recollects this abuse of power expressed by a faculty member:

Every nursing program seems to have a “Grand Poobah—a professor who wields her rank and superiority over students. She has the power to do anything she wants. She can even kick you out of the program. It’s a very powerless and helpless feeling. This attitude rolls downhill. It’s kind of like child abuse. If somebody abuses a child, the child might grow up to abuse someone else. When nursing students get abuse heaped on them—if they don’t keep their mind right—they are going to be abusive too. I have sworn to myself that I’ll never be like that—not ever (Clark, 2008c).

Students may continue to struggle with this “sense of powerlessness” and “perceived faculty rankism” throughout their education when faculty uses their authority at the student’s expense (Clark, 2008c).

Intimidation. Nursing students spoke of the overwhelming sense of power that the nursing faculty had over their future within the nursing program causing fear and intimidation (Altmiller, 2012). Some encounters with faculty lead to nursing students being brought to tears, and it was felt that students “who made a negative impression on

an instructor would receive more critical attention, with the ultimate goal to remove the student from the program” (Altmiller, 2012). This fear felt by nursing students was that those who were considered weak by faculty would be “weeded out” of the nursing program (Clark, 2008b). One student remembers her situation that illustrates this example:

After that incident happened, I went home bawling. I wasn’t going to let anybody see me crying, and I definitely wasn’t going to let the instructor see me crying. She would think I was too weak and would try to weed me out. I cried all the way home (Clark, 2008b).

Teaching Style

Class Changes. Some changes to schedules in nursing education are unforeseen and unavoidable. When it becomes habitual, the effects on the daily life of students is a source of frustration that can lead to anger (Thomas, 2003). One teaching style that was considered frustrating and a source of incivility was being unprepared for class with 71.3% of participants in one descriptive study considering this uncivil (Clark, 2008a). The other teaching styles that were thought to be uncivil were deviating from the syllabus, changing assignments, and changing the due date on assignments (Clark, 2008a). One student describes the effects of faculty changes as follows:

Faculty is frequently late, constantly making changes to the schedule, authoritarian, and inflexible. They provide no chance for us to explain why we did whatever we did and questions are looked upon as challenging their authority. Grading is extremely subjective and varies from instructor to instructor. They frequently switch patient assignments at the last minute and then give unsatisfactory grades if a student needs to look up a medication because they didn’t have time to prepare (Clark, 2008d).

Lack of Availability. Lack of availability can be perceived by nursing students as uncivil faculty behavior. In a descriptive study, 74.4% of nursing students responded that being unavailable outside of class was a significant problem in their education (Clark, 2008a). Another area of inaccessibility exists in clinical with large nursing student groups per faculty member and the lack of sufficient support perceived in these situations (Altmiller, 2012).

Flexibility. High expectations placed on students may be set by faculty, which may not be easily obtainable (Clark, 2008d). The second highest occurring theme of student perceptions of faculty uncivil behavior in one descriptive study was “being rigid, defensive, and inflexible” (Clark, 2008d). One particular student in this study remarked that “some faculty have rigid thought processes and refuse to consider another viewpoint. We are treated like children” (Clark, 2008d).

Unprofessionalism

Nursing faculty should conduct themselves in a professional manner as educators to promote an effective learning environment. A faculty member’s demeanor also can reflect on the school in which they are affiliated. Some unprofessional behaviors exhibited by nursing faculty were talking to students about their peers and perceived favoritism toward their peers (Altmiller, 2012).

Non-Nursing Students Perceived Faculty Incivility

Incivility in higher education is not unique to nursing; it can be seen in non-nursing disciplines as well. The student perception of faculty incivility in higher education will also be discussed as discovered in the literature. Social exchange theory suggests the relationship in the classroom between student and faculty can be based on a behavior-reward system (Bray & Del Favero, 2004). An example of this is a faculty expectation of a positive evaluation from a student who earned a good grade in their course (Bray & Del Favero, 2004). Faculty incivility may occur in this case if a positive evaluation is not received because there is a disruption in this reciprocal relationship based on this theory (Bray & Del Favero, 2004). The change in the relationship can lead to faculty behaviors such as “negligent advising, particularistic grading, or uncooperative cynicism” (Bray & Del Favero, 2004).

Gender Perceptions of Faculty Incivility

According to the study by Altmiller (2012), gender bias may also be a contributing factor in faculty incivility. These will be discussed from both the male and female perceptions.

Male Perceptions

In this one exploratory study (n=24), the male nursing students perceived that their clinical patient assignments required more physical demands on their part in comparison to their female classmates (Altmiller, 2012). They also perceived that the

nursing faculty, who were mostly of the female gender, had a different set of higher expectations for the male nursing students (Altmiller, 2012).

In a qualitative phenomenological study (n=7), a male student recalled a faculty member referring to the need for feminine classes for the male students to increase their understanding of nursing (Clark, 2008b). This student felt an obvious level of sexism displayed by this female faculty member (Clark, 2008b). Important to note is that all male participants in this particular study (n=3) “felt discriminated against because of their gender” (Clark, 2008b).

Female Perceptions

Contrary to the male nursing student perspective, female nursing students in this same study shared an observation that faculty were better with their communication toward the male students and showed them favoritism (Altmiller, 2012).

Location of Faculty Incivility

Although academic incivility can occur anywhere an interaction between the nursing faculty and students occurs, the most common places noted in the literature are the clinical area, where direct patient care is provided, and in the classroom (Marchiondo *et al.*, 2010).

Clinical Settings

Nursing clinical rotations, where patient care is provided and students demonstrate their skill and knowledge to their faculty, is generally one of the more

stressful challenges of the education process for nursing students. Students have identified that this stress is a potential trigger for acts of uncivil behavior (Altmiller, 2012). Communication in the clinical setting can be strained by student frustration and an overreaction to the circumstances can occur, leading to an uncivil encounter with faculty (Altmiller, 2012). Students also expressed a fear of their clinical rotations because it was thought to be more of a subjective evaluation compared to the objective evaluation noted in the classroom setting (Altmiller, 2012).

The clinical setting can be an opportunity for a student to feel extra performance pressure not only from the faculty, but from the nursing staff on that particular unit. One student describes an experience in the clinical setting of an uncivil act:

Sandy, a nursing student in her first clinical experience, was yelled at in the nurses' station by her patient's nurse for not giving the medications that were due 2 hours ago-even though that nurse and Sandy's instructor told her students weren't allowed to administer medications (Townsend, 2012).

When this nursing staff behavior is not addressed by nursing faculty it is as though this behavior is being condoned; feeding the cycle of incivility.

Classroom

The classroom is not immune to incidents of faculty incivility. One study reports this occurring more in the classroom (60%) versus the clinical setting (40%) (Marchiondo *et al.*, 2010). In the classroom, nursing students have found frustration if faculty do not respond to student behaviors disruptive to the learning environment (Altmiller, 2012). The classroom can also become the center stage for condescending remarks and public humiliation to occur. One nursing student describes her experience with this during a

discussion in class. Her faculty member commented that “I didn’t know what I was talking about, and in her entire career she’s never seen or heard of such a thing” (Lasiter *et al.*, 2012).

Effects of Faculty Incivility

The effects of incivility can lead to an emotional reaction among students. This reaction can cause withdrawal from the university. There can also be an impact on patient safety.

Emotional Effects of Faculty Incivility

Emotional effects of faculty incivility can have a lasting impression on students even after they have finished their nursing education. One student’s response to her incivility experience states “I cannot go into it anymore. I have tried so hard to repress these memories. It has been 2 years almost and I am still trying to get over it” (Lasiter *et al.*, 2012). The emotional responses of students from the incivility behaviors displayed by their faculty were examined throughout the literature. It is documented that “the emotional impact of the uncivil faculty encounters was so severe that students experienced psychological and physiological symptoms” (Clark, 2008c). Common emotions consistent in the literature are stress, depression/anxiety, insecurity, helplessness, anger, and fear.

Stress. Faculty incivility can take its toll on students who already may face stress in their nursing coursework (Lasiter *et al.*, 2012). Stress lead to one student's descriptive account of their nursing school experience:

I was under a tremendous amount of stress. I heard a rumor that the second year students, what was left of them, were all on antidepressants. I have an unused bottle of Wellbutrin at home. I was under so much stress that I sought out psychological help. I talked to a counselor and he said, "I can't believe some of the words you are using. It sounds so extreme." And I said, "Well that's how I feel. It is extreme. It's do or die" (Clark, 2008b).

Depression/Anxiety. A common emotional response to faculty incivility among nursing students is feelings of depression and/or anxiety. One cross sectional study (n=152) concluded that "35% of students reported having felt anxious, nervous, or depressed in response to incivility by faculty" (Marchiondo *et al.*, 2010).

Insecurity. An emotional response to faculty incivility can be the feeling of insecurity. In particular, uncivil comments directly made from faculty towards students in the educational environment cause the distress and uncertainty of their knowledge and leads to this insecurity (Lasiter *et al.*, 2012).

Helplessness. A feeling of powerlessness or helplessness over their future in the nursing program is a common theme by nursing students surveyed in the literature (Altmiller, 2012, Clark, 2008b). It has also been felt that the faculty has the power to control their future success in the program (Clark, 2008a; Lasiter *et al.*, 2012). The observation of this power can place an incredible amount of pressure on the student and lead to feelings of an inability to "do anything right" (Clark, 2008b). One student recalls

the hostile words of a faculty towards her and her colleagues: “the professor threatened me and she was dead serious. She looked me straight in the face and said “if you don’t do as I tell you, I will fail every one of you” (Clark, 2008b).

Anger. Anger can mount within students as they try to cope with incivility. This anger can come from a feeling of “jumping through hoops” and the sense that one must “play the game” in order to make in through the nursing program (Clark, 2008b). This anger may be pent up until it is unleashed against family, friends, faculty, or the student themselves (Clark, 2008b). The worst result that may come out of this anger is the escalation that can lead to acts of violence from any particular student at any given time (Lasiter *et al.*, 2012).

Fear of Retaliation. Students in an uncivil academic environment actively may choose to not report faculty incivility for fear that the consequence will be worse than the incivility itself. Clark (2008b) found that students feared expulsion for reporting any disgruntlement with faculty. This fear is felt to be a legitimate concern among students currently enrolled in nursing programs (Clark, 2008b, Clark, 2008d).

A respondent in one qualitative phenomenological study (n=7), explains the inability to continue with a faculty complaint after a fellow student was expelled for the same attempt (Clark, 2008b). One student generalized this by commenting “students are often powerless to combat faculty incivility for fear of failing a class and being kicked out of the program” (Clark, 2008d).

University Withdrawal

Incivility has not only the potential to lead to dissatisfaction in the nursing program, but it has the potential to discourage students from continuing in nursing education leading to their withdrawal (Clark, 2008b; Thomas, 2003). There have been instances of students leaving a nursing program to “escape from an abusive faculty member” (Thomas, 2003). One student not only left the nursing program, but he left the major of nursing altogether (Clark, 2008b). For some students however, the thought of leaving was not a feasible option due to the high cost already accrued in their education and difficulty transferring earned credits (Altmiller, 2012).

Patient Safety

The consideration of patient safety should be at the forefront of any nursing education program just as it is for any health care organization. If incivility poses any concern in the area of patient care, interventions should be implemented to ensure that patient safety is not compromised. The Joint Commission (2011) issued a sentinel event to address this concern. One student recalls an incident of perceived incivility that led to an error in clinical judgment during patient care (Lasiter *et al.*, 2012). If the faculty incivility that exists in nursing schools has the ability to sculpt the behavior of students negatively, when they enter into the area of nursing, patient care can be directly affected as a result (Luparell, 2011).

Gaps in the Literature

Several gaps in the literature review exist. One gap is that the majority of the literature on the topic of incivility is from the faculty's perception of student incivility (Clark & Springer, 2007a; Clark & Springer, 2007b; Marchiondo *et al.*, 2010). There is little empirical literature on student perceptions, and even less on the male nursing student's perception, of faculty incivility.

Nursing programs remain predominately female, thus samples in studies that are from the students' view tend to represent mostly the female voice. This leads to the second noticeable gap in the literature which is the lack of representation specific to the male gender. One descriptive study had a sample of four male nursing students, out of a sample size of twenty four students total (Altmiller, 2012).

There were no studies found in the literature that reviewed the comparison of nursing student versus non-nursing student perceptions of nursing faculty incivility. Further research in this area as a comparison between nursing and non-nursing students can add new information to the existing literature about incivility (Clark, 2008b).

Conclusion

In an effort to add new information to the current literature all three gaps evident in this literature review was researched. The following research questions were addressed from the male nursing student perspective on faculty incivility, in comparison with other college disciplines:

1. What are male undergraduate students' experiences with faculty incivility?

2. What are male undergraduate nursing students' experiences with faculty incivility?
3. How do male undergraduate nursing students' experiences compare to non-nursing?

The male nursing students' experiences with faculty incivility will add insight to the existing literature which is not only valuable, but also essential as more males are entering the profession of nursing and efforts to retain them should be utilized.

Incivility is a behavior that may be learned in the educational environment. The profession of nursing needs to understand how this can impact a student's future because "just as civility is a learned behavior that is incorporated through repetition, incivility is a learned behavior that, left unchecked, can become the framework for one's professional relationships" (Altmiller, 2012). Clark (2008c) concludes that "engaging in any practice that demeans or embarrasses students is counterproductive and potentially destructive." If the teaching-learning setting is instead a respectful civil environment, this can facilitate the student's learning abilities (Clark, 2008c).

The studies that are found in the literature are descriptive and tend to have small sample sizes. Having more research in the area of incivility will expand the existing knowledge base and provide academic leaders, including nurse educators, understanding and the tools they need to address the incivility issue (Gallo, 2012; Clark & Springer, 2007a).

CHAPTER THREE

METHODS

The goal of this study was to look at perceptions of incivility from the male nursing student perspective. This was done to address the following three research questions:

- 1) What are male college students' experiences with faculty incivility?
- 2) What are male nursing students' experiences with faculty incivility?
- 3) How do male nursing students' experiences compare to male non-nursing students experiences with faculty incivility?

Design

This study was a cross-sectional, mixed-method, descriptive design. A questionnaire was used to collect both the quantitative and qualitative data.

Sample

A convenience sample of male undergraduate college students from one northwestern university was used. The sample consisted of two separate groups of participants which were the nursing and non-nursing male undergraduate college students.

The male undergraduate nursing students' sample consisted of students enrolled in sophomore-, junior-, and senior-level nursing courses on five different campuses. An

email was sent to the college of nursing undergraduate student services coordinator to determine the accessible population meeting these criteria.

The non-nursing students were accessed during a single day at the student union, a common area of congregation at the main university campus. According to the university website for 2013-2014, the undergraduate male student enrollment of sophomores, juniors, and seniors was 4481 total. This amount does not include the male nursing students.

Inclusion and Exclusion Criteria

All currently matriculated, male, undergraduate students enrolled in sophomore-, junior-, or senior-level classes were eligible to participate in the study. Additionally, participants must be able to read and write English.

Instrument

The instrument that was used for this research is the Incivility in Nursing Education (INE) survey developed by Cynthia Clark (Clark *et al.*, 2009). The INE is a survey comprised of three sections including demographics, extent and frequency of incivility questions, and open-ended questions. The tool consists of 18 questions: 14 quantitative questions and 4 open-ended, qualitative questions. This tool measures perceptions of incivility from the student and faculty perspective. For the purpose of this research, only the students' perspectives were studied. The INE tool, once altered, specifically measured "student perceptions of uncivil, disruptive, and threatening

behaviors and the perceived frequency of these behaviors” (Clark *et al.*, 2009) (Appendix A).

Example questions from the INE survey are:

- 1) To what extent do you think incivility in the nursing academic environment is a problem?
 No problem at all
 Mild problem
 Moderate problem
 Serious problem
 I don’t know/can’t answer
- 2) In your opinion, WHAT FACTORS contribute to faculty incivility within the academic environment?
- 3) In your opinion, HOW do FACULTY contribute to incivility within the academic environment? (Clark, 2010.)

Validity and Reliability

The validity of the INE survey has been established. A panel comprised of nursing and non-nursing university professors, nursing students, and a statistician agreed that all items “highly reflected academic incivility” (Clark *et al.*, 2009). The INE survey items are described as having “content validity” (Clark *et al.*, 2009). Cronbach’s alpha for the faculty behavior ranged from 0.918 to 0.955, indicating a “very good inter-item reliability” (Clark *et al.*, 2009).

Permission and Alterations

Permission to use and alter the INE survey was granted from its creator, Dr. Cynthia Clark, by personal communication on October 11, 2013 (Appendix B). For the purpose of this research, she issued a licensing agreement for a single-user, multi-site

license and waived the licensing fee in exchange for the de-identified data for the purpose of testing her tool (C. Clark, personal communication, October 11, 2013). The licensing agreement was reviewed and signed by the technology transfer office at the university in which this study was conducted (Appendix C).

Alterations were made to the INE survey for the purpose of this research. The demographics were changed and all questions to faculty, including perceptions of uncivil student behavior, were removed. These alterations changed the total number of questions to 13. The estimated time to complete this survey was 15 minutes. A copy of the tool with the alterations was submitted to the IRB board for approval prior to the data collection for this research.

Data Collection

The data collection process differed between the nursing students and the non-nursing students. Not only was the survey conducted at different times, but also in different locations.

Nursing Students

Permission was obtained from the dean of the nursing program from the university to conduct this research, allowing the researcher to contact male nursing students currently enrolled in their program (H. M., personal communication, October 9, 2013).

Nursing students, who met the previously defined criteria, had the survey with consent form delivered by the administrative assistants to their personal mailbox

(Appendix D). A self-addressed stamped envelope was supplied with the survey to each nursing student so they could mail the survey back to this researcher. One follow-up reminder email was sent to the participants via the administrative assistants on each campus at 10 days after the survey was first sent out (Appendix E). The total length of time this survey was open was 26 days.

Non-Nursing Students

The data collection process for the non-nursing students differed from the nursing students. Data were collected for one day only at one location, in the student union. Authorities at the student union building granted permission to conduct research there (S. Jay, personal communication, October 8, 2103). The researcher set up a table on the designated day at the agreed upon location in this building. A convenience sample of participants meeting the inclusion criteria were invited to voluntarily participate as they walked by. The participants were given the paper survey to complete and the consent form (Appendix F). After reviewing the consent form, which was supplied to each participant, completion of the survey implied consent. An incentive of a candy bar was given upon completion of the survey. This was advertised on a poster hanging on the table.

Cost

The cost incurred from this research came from the price of the Survey Monkey program to organize the data, traveling costs to conduct the research at the university, and postage for surveys mailed.

Data Analysis

Data from the completed surveys were hand-transferred directly into Survey Monkey. This data-entry technique provided “more controlled and precise data” (Norwood, 2010). Descriptive statistical analysis was then conducted. Perceptions of the faculty disruptive-behavior questions have the following answers of “always,” “usually,” “sometimes,” and “never.” Responses for these items were reported as percentages. Frequency in which these behaviors have occurred in the last 12 months are answered as “often,” “sometimes,” “rarely,” or “ never.” These responses were reported as percentages. The questions from this survey that are in yes/no format were reported in frequency percentages. The open ended responses were categorized into themes.

Discussion of Rights of Human Subjects and Consent Process

Prior to any data collection for this research, approval was obtained from the university Institutional Review Board (IRB) (Appendix G). The surveys were collected in person from the researcher and also received by mail sent directly to the researcher. All information from the surveys was entered into the Survey Monkey software. No identifying information was collected and the questionnaires were anonymous. All results from this program were kept on a single flash drive accessible only by the researcher. This flash drive is kept in a locked file cabinet when not in use.

Informed consent for the administration of the INE survey was obtained to maintain the rights of the subjects in this research. Consent was implied when participants completed the INE survey either in person or by returning it by mail.

Students were informed of the purpose of the study, that it was voluntary and non-compensatory prior to participating. The potential for emotional distress from recalling an event of previous incivility could have resulted from this survey. However, the benefits from the results of this research outweighed the potential risk of this occurring.

Summary

This cross-sectional, descriptive study was conducted to explore male students' experiences with faculty incivility. Permission was obtained to use the Incivility in Nursing Education survey, which could gather the necessary data to "provide prevention and intervention" in the area of academic incivility (Clark *et al.*, 2009). The information gathered from this research will fill a gap in the existing literature in relation to the possible gender differences and potentially lead to hopeful interventions. These interventions could lead to "positive changes that can occur when faculty, students, and academic leaders come together to foster a culture of civility and change" (Clark, 2011).

CHAPTER FOUR

RESULTS

The purpose of this research was to explore male undergraduate students' experiences of uncivil treatment from their faculty in the academic environment. Both male nursing and non-nursing undergraduate college students were surveyed.

Non-Nursing Student Demographics

The non-nursing convenience sample (n=25) was comprised of men (100%), most of whom identified as Caucasian (88%) and between the ages of 19 and 24 years (72%). This sample represents 0.6% of the total male, non-nursing student population that is sophomore level or higher enrolled at this university. Senior students (40%) were most well represented and most were enrolled in either the College of Letters and Sciences (36%) or the College of Engineering (32%).

Nursing Student Demographics

Questionnaires were distributed to all 76 male nursing students in the university's College of Nursing, meeting the criteria for the study; this was 8.4% of the total number of the undergraduate nursing student population or 0.6% of the entire student population (Quick facts, 2014). Twenty-seven questionnaires were returned completed, yielding a 35.5% response rate. The nursing student sample was comprised of men (100%), the

majority of whom identified as Caucasian (96%) between the ages of 20 and 34 years (78%). Junior nursing students (56%) were the most well represented. See Table 3.

Table 3. Demographics of male non-nursing and nursing students

	Non-nursing	Nursing
	n=25	n=27
Age (mean)	24	31
Academic standing (n)		
Sophomore	7	3
Junior	8	15
Senior	10	9
Ethnicity (n)		
Black African American	2	0
Asian	0	0
Caucasian	21	26
Native American	1	1
Pacific Islands	0	0
Spanish/Hispanic/Latino/Mexican	1	1
Other	1	0
College (n)		
Agriculture	1	0
Architecture	3	0
Business	2	0
Education/Health/Human Development	1	0
Engineering	8	0
Letters and Science	9	0
Nursing	0	27
Other-Religious studies	1	0

Total student numbers in ethnicity is greater than n totals due to multiple responses

Level of Disruptive Behavior

Non-Nursing Students

Students were queried about whether they found specific behaviors to be “always,” “usually,” “sometimes,” or “never” disruptive. Answers were reviewed and categorized by the most commonly perceived. The behaviors most commonly perceived as “always” or “usually” disruptive were: ineffective teaching style/methods (92%), being distant and cold towards others (92%), making condescending remarks or put-downs (88%), being unprepared for scheduled activities (88%), and punishing the entire class for one student's misbehavior (88%) (Table 4).

Nursing Students

The nursing students were also queried about whether they found specific behaviors to be “always,” “usually,” “sometimes,” or “never” disruptive. The behaviors most commonly perceived as “always” or “usually” disruptive were: making condescending remarks or put-downs (100%), making rude gestures or behaviors towards others (96%), being inflexible, rigid, and authoritarian (93%), refusing or reluctant to answer questions (93%), and punishing the entire class for one student's misbehavior (89%) (Table 4).

Table 4. Students’ perceptions of what faculty behaviors are considered disruptive

	Always		Usually		Sometimes		Never	
	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27
Arriving late for scheduled activities	24%	22%	24%	41%	44%	37%	8%	0%

Table 4 Continued

Leaving scheduled activities early	16%	7%	12%	22%	40%	52%	32%	19%
Canceling scheduled activities without warning	36%	55%	40%	15%	12%	26%	12%	4%
Being unprepared for scheduled activities	52%	55%	36%	30%	4%	15%	8%	0%
Not allowing open discussion	16%	26%	12%	30%	60%	44%	12%	0%
Refusing to allow make-up exams, extensions, or grade changes	20%	30%	44%	19%	36%	44%	0%	7%
Ineffective teaching style/methods	64%	59%	28%	26%	8%	7%	0%	0%
Deviating from the course syllabus/changing assignments/test dates	20%	22%	20%	15%	48%	63%	12%	0%
Being inflexible, rigid and authoritarian	24%	48%	40%	44%	36%	7%	0%	0%
Punishing the entire class for one student's misbehavior	72%	74%	16%	15%	8%	7%	4%	4%
Making statements about being disinterested in the subject matter	32%	30%	28%	44%	32%	22%	8%	4%
Being distant and cold towards others	40%	70%	52%	15%	4%	15%	4%	0%
Refusing or reluctant to answer questions	52%	70%	24%	22%	20%	7%	4%	0%
Subjective grading	44%	63%	32%	7%	24%	26%	0%	4%
Making condescending remarks or put downs	68%	81%	20%	19%	8%	0%	4%	0%
Exerting superiority or rank over others	40%	41%	16%	41%	32%	18%	12%	0%
Threatening to fail student for not complying to faculty's demands	36%	52%	40%	22%	12%	26%	12%	0%
Making rude gestures or behaviors toward others	56%	70%	28%	26%	12%	4%	4%	0%
Ignoring disruptive student behaviors,	48%	37%	36%	37%	16%	22%	0%	4%
Being unavailable outside of class	52%	55%	32%	30%	12%	11%	4%	0%

Percentages rounded to whole numbers; not all percentages = 100% due to some missing or unclear responses.

Frequency of Disruptive Behavior

Non-Nursing Students

Students were subsequently asked about the frequency of faculty disruptive behavior. The non-nursing students were asked “how often have you experienced or seen this behavior in the past 12 months?” This was answered as “often,” “sometimes,” “rarely,” or “never.” The faculty behaviors most frequently experienced in the last 12 months as “often” and “sometimes” were: ineffective teaching style/methods (56%), subjective grading (52%), deviating from the course syllabus/changing assignments/test dates (48%), arriving late for scheduled activities (44%), refusing to allow make-up exams, extensions, or grade changes (44%), and ignoring disruptive student behaviors (44%) (Table 5).

Nursing Students

The nursing students were subsequently asked about the frequency of faculty disruptive behavior. The nursing students were asked “how often have you experienced or seen this in the past 12 months?” This was answered as “often,” “sometimes,” “rarely,” or “never.” The faculty behaviors most frequently experienced in the last 12 months as “often” and “sometimes” were: ineffective teaching style/methods (67%), deviating from the course syllabus/changing assignments/test date (56%), being inflexible/rigid/authoritarian (44%), being unavailable outside of class (44%), arriving late for scheduled activities (37%), refusing to allow make-up exams, extensions or grade changes (37%), and subjective grading (37%) (Table 5).

Table 5. Students' perceptions of frequency of disruptive behavior

	Often		Sometimes		Rarely		Never	
	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27
Arriving late for scheduled activities	16%	7%	28%	30%	44%	52%	12%	11%
Leaving scheduled activities early	4%	0%	28%	15%	48%	70%	20%	15%
Canceling scheduled activities without warning	4%	0%	16%	15%	44%	55%	36%	26%
Being unprepared for scheduled activities	4%	7%	12%	7%	44%	52%	40%	33%
Not allowing open discussion	8%	4%	32%	15%	32%	67%	28%	15%
Refusing to allow make-up exams, extensions, or grade changes	24%	15%	20%	22%	28%	30%	28%	33%
Ineffective teaching style/methods	4%	19%	52%	48%	36%	26%	8%	7%
Deviating from the course syllabus/changing assignments/test dates	8%	15%	40%	41%	48%	37%	4%	7%
Being inflexible, rigid and authoritarian	0%	7%	28%	37%	64%	33%	8%	22%
Punishing the entire class for one student's misbehavior	0%	4%	4%	0%	28%	37%	68%	59%
Making statements about being disinterested in the subject matter	0%	4%	8%	0%	44%	52%	48%	44%
Being distant and cold towards others	4%	4%	4%	30%	48%	52%	44%	15%
Refusing or reluctant to answer questions	4%	7%	12%	19%	28%	44%	56%	30%
Subjective grading	8%	7%	44%	30%	32%	41%	16%	22%
Making condescending remarks or put down	4%	7%	4%	19%	28%	33%	64%	41%
Exerting superiority or rank over other	0%	7%	12%	19%	48%	37%	40%	33%

Table 5 Continued

Threatening to fail student for not complying to faculty's demands	0%	4%	4%	0%	12%	30%	84%	63%
Making rude gestures or behaviors toward others	0%	7%	4%	7%	16%	22%	80%	59%
Ignoring disruptive student behaviors,	4%	4%	40%	11%	40%	48%	16%	33%
Being unavailable outside of class	8%	7%	12%	37%	36%	22%	40%	30%

Percentages rounded to whole numbers; not all percentages = 100% due to some missing or unclear responses

Threatening Behaviors

The next question posed in the survey, to all students, was whether certain threatening faculty behaviors occurred in the academic environment in the last 12 months, either personally to them or another male student they know. They answered this question “yes” or “no” as to whether or not this had occurred. The most common response answered “yes” by non-nursing students was challenges to faculty knowledge or credibility (24%). The most common response answered “yes” by nursing students was general taunts or disrespect to other students (33%) (Table 6).

Table 6. Students' perceptions of faculty threatening behaviors

	Yes		No	
	Non-nursing N=25	Nursing N=27	Non-nursing N=25	Nursing N=27
General taunts or disrespect to other students	16%	33%	84%	67%
General taunts or disrespect to faculty	20%	11%	80%	89%
Challenges to faculty knowledge or credibility	24%	22%	76%	74%

Table 6 Continued

Harassing comments (racial, ethnic, gender) directed at students	8%	15%	92%	85%
Harassing comments (racial, ethnic, gender) directed at faculty	0%	4%	100%	92%
Vulgarity directed at students	12%	11%	88%	85%
Vulgarity directed at faculty	8%	11%	92%	85%
Inappropriate e-mails to other students	8%	7%	92%	89%
Inappropriate e-mails to faculty	4%	0%	96%	96%
Threats of physical harm against other students	4%	0%	96%	96%
Threats of physical harm against faculty	0%	0%	100%	96%
Property damage	4%	0%	96%	92%
Statements about having access to weapons	4%	0%	96%	89%

Percentages rounded to whole numbers; not all percentages = 100% due to some missing or unclear responses.

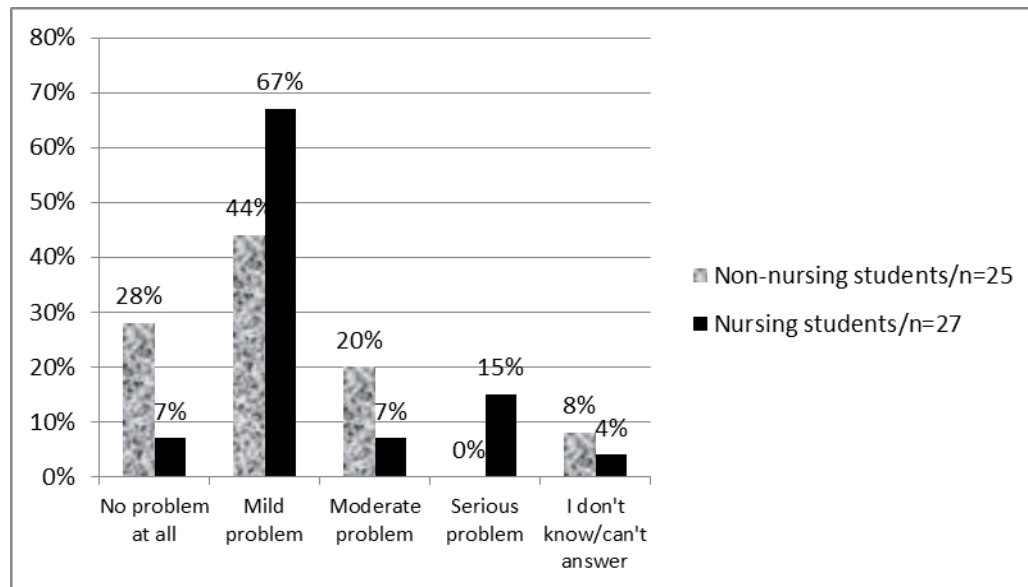
Incivility in the Academic Environment

Extent of Incivility

All students were asked the extent to which incivility exists in the academic environment and 64% of the non-nursing students acknowledged it was problematic in various degrees. No non-nursing students perceived incivility to be a “severe problem,” although 20% perceived it to be a “moderate problem.” Nursing students also were asked the extent to which incivility exists in the academic environment. A higher percentage of nursing students (89%) indicated that incivility exists in various degrees, with 15% perceiving it to be a “serious problem.” So, 72% of non-nursing students versus 74% of nursing students felt that incivility in the academic environment was “not a problem at

all” or a “mild problem,” while 64% of non-nursing students versus 89% of nursing students found it to be a “mild to serious problem” (Table 7).

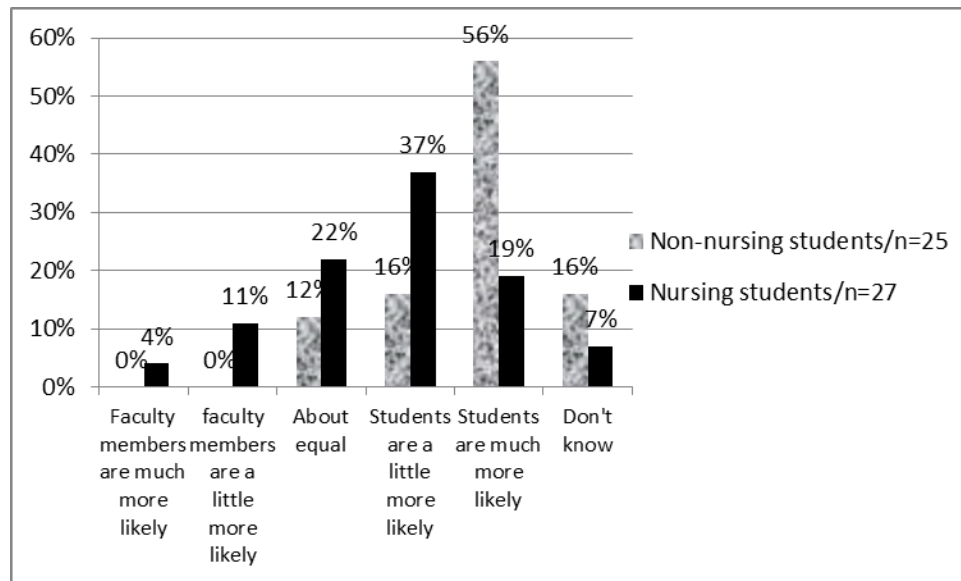
Table 7. Extent of which incivility is perceived in the academic environment



Student Versus Faculty as Perpetrators of Incivility

Students were asked about whether they felt students or faculty are more likely to engage in uncivil behavior. The majority of non-nursing students (72%) indicated students were more likely to engage in uncivil behavior than faculty. In contrast, 56% of the nursing students shared that same perception; 22% found equal accountability and 15% indicated faculty were more likely than students to engage in uncivil behavior. So, 0% of non-nursing students versus 15% of nursing students felt that faculty members are more likely to engage in uncivil behaviors (Table 8).

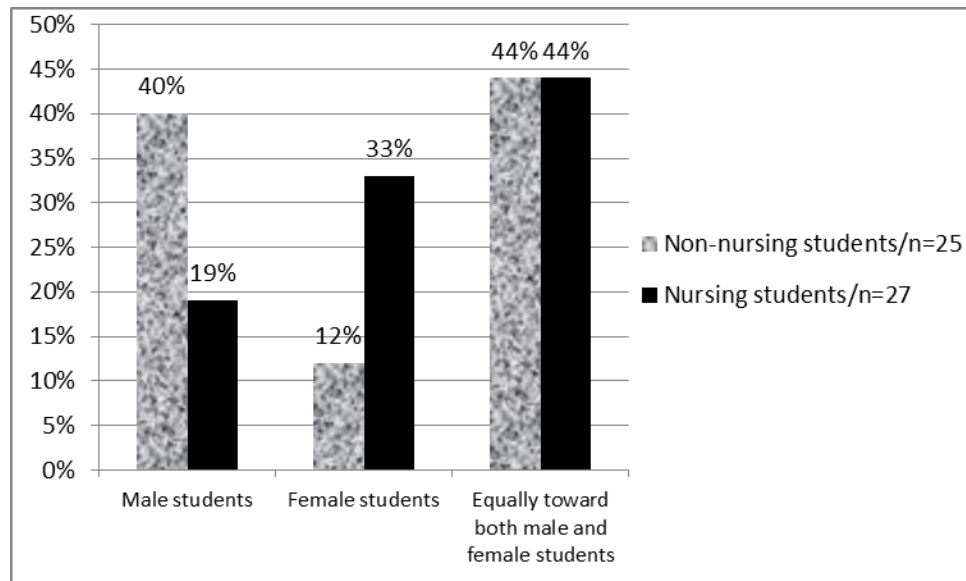
Table 8. Students' perceptions of student versus faculty perpetrators of uncivil behaviors



Male Versus Female Recipients

Students were asked if faculty were more likely to engage in uncivil behavior toward either male or female students, or equally towards them both. The majority of both groups of students responded that faculty would engage in uncivil behaviors equally towards both the male and female students (44%). The second most common response was the non-nursing students stating that faculty would engage in uncivil behavior more towards male students (40%) and the nursing students stating they would engage in uncivil behavior more towards the female students (33%) (Table 9).

Table 9. Students' perceptions of recipients of faculty incivility



Numbers do not = 100% due to unclear answers or skipped answers.

Qualitative Findings

The INE tool had four open-ended items at the end designed to allow respondents to express their opinions of, and experiences with, academic incivility. These comments were categorized into themes.

Factors Contributing to Incivility

Non-Nursing Students

Students were asked what factors contribute to faculty incivility within the academic environment. The most common theme was that there is class disruption from the students towards faculty, as one student remarked, "It's loud and obnoxious students who disrupt class." Another theme that emerged was having disinterested students as

exemplified by these student comments of “having students who don't want to learn or don't care” and “lack of student interest on some subjects.” One student commented, “I have not experienced any faculty incivility; neither have my male friends.”

Nursing Students

The most common theme noted by the nursing students was that a faculty power gradient contributed to incivility. Comments like faculty “show students who is in control” and are “trying to establish superiority over students” exemplify this. Another nursing student responded that the “amount of stress the faculty is under” was a contributor. Also commented upon by multiple students was: “faculty bias toward certain student characteristics, such as age and gender, contributes to faculty incivility; when faculty are uncomfortable with students who don't fit their preconceived notions of who is a “typical” nursing student, bias and incivility come through,” and “in nursing, men are an outlier, making them more susceptible to certain behavior from females.”

Faculty Contribution to Incivility

Non-Nursing Students

Students were asked, “In your opinion, how do faculty contribute to incivility within the academic environment?” A common theme in the non-nursing student responses was faculty personality traits. These were described as “snobbish, rigid, aggressive, having an attitude, being indirect, and/or being closed-minded.” Another theme was that faculty does NOT contribute to incivility in the academic environment at all stating, “They don't make a huge contribution.” Students also seemed to indicate not

addressing other students' disruptive behaviors or problems in the class as a contribution to incivility, as noted by this participant, "Allowing rude comments and disruptive behaviors detracts from the rest of the students' learning experience."

Nursing Students

Common themes mentioned by nursing students, when asked the same questions, were demeaning or intimidating faculty behavior contributing to incivility. These faculty behaviors were described as "rude, condescending comments," "usually condescending comments trying to frighten or intimidate students," "regarding student as stupid," "being too harsh on students," and "treating the students as kids." Another student commented that faculty "not willing to listen" also contributes to incivility. Not answering students' questions was also a theme mentioned by nursing students as one remarked:

My experience of incivility is primarily through faculty comments directed at students who are "nontraditional" in terms of age and gender in the classroom setting. The comments focus on what sets this minority of students apart from the rest. They are negative in nature and make all the students uncomfortable.

Addressing Incivility

Non-Nursing Students

Students were asked to describe how students, faculty, and the university/college should address incivility in the academic environment. The most common theme in the non-nursing students responses was nothing, because incivility was not considered a problem: "haven't seen enough problems on campus," "it doesn't seem to be a major issue for most people I know," "I don't know because I have not experienced it." Some students

commented that formal reporting or review described as “filing a formal report with formal review by faculty,” “peer/disciplinary board,” and “human resources evaluations” are needed.

Nursing Students

In contrast the nursing students’ responses claim there needs to be an easier way for students to report incivility. Nursing student commented, “This would be an informal process, without any punitive authority, always anonymous” and “being able to call it out without fear of retaliation.” Another theme was a “no tolerance policy” for academic incivility as perceived by one student as “it should not be tolerated and should be promptly addressed.” Leadership was also mentioned as several nursing students mentioned “students really have no recourse, lack of leadership that will stand up and take students best interest” and “the administration at each campus should appoint an ombudsman who is a neutral faculty member to be available for students or faculty to air concerns about incivility.”

Additional Comments

Non-Nursing Students

Students were offered the chance to offer any other comments about incivility. Incivility was not perceived as prevalent by several non-nursing students that made the following comments: “In general, I have had a very good experience with faculty,” “this seems to be either a non-issue or just a not very well documented one,” and “almost all professors I have had at this university have been very professional.” A different

participant commented that “incivility is a broad issue not just present in the academic environment and any steps away from current trends is a good thing.”

Nursing Students

No common themes were present among the nursing students’ responses. One participant commented, “While I have not witnessed or experienced any form of academic incivility on part of my professors in the past 12 months, I have been privy to this behavior in my academic experience.” Another participant remarked, “I’ve seen more incivility in the nursing program than ever before in my schooling. It makes me think about medical school options every day.” A different participant stated:

I know there is a demand for males in the nursing profession and that maturity and life experience are valued assets. However, I feel that faculty perception of this demand sometimes lags behind the reality of the workforce needs in the nursing profession. Males and older students don't look and act the same as younger female students and I think this makes some faculty uneasy. They don't know quite what to make of us. Their discomfort comes out as awkward, uncomfortable comments, which I feel disrupt learning. I don't think the behavior is malicious or intentional, but I believe the faculty should examine their feelings and learn to relate to all students.

Summary

The results of this research suggest that male nursing students perceive more academic incivility (89%) compared to their male, non-nursing student colleagues (64%). Some nursing students (15%) report this incivility as a serious problem compared to none of the non-nursing students sharing in this perception. Some faculty contributions, commented on by both non-nursing and nursing students, that may lead to academic

incivility are personality traits and intimidation. A formal review process for reporting, made easier with anonymity, is one common approach shared by both the non-nursing and nursing students to address academic incivility.

CHAPTER FIVE

DISCUSSION

Introduction

This cross sectional, mixed-method, descriptive study describes male students' perceptions of faculty incivility in the academic environment at one northwestern university. Data were collected from 25 non-nursing students and 27 nursing students. General comparisons of male nursing students to non-nursing students' perceptions of faculty incivility were done to identify potential differences in perceptions. The purpose of this research was to bridge a gender gap in the existing literature on student experiences with incivility and add new knowledge to help address academic incivility. Study limitations, results in relation to the research questions, the relationship to Watson's Caring theory, comparison to the literature, recommendations for future research, and future practice are discussed in this chapter.

Research Question One: Male Non-Nursing Students' Experiences with Faculty Incivility

More than half of the non-nursing students (64%) described faculty incivility as a mild to moderate problem in academia. In this research none of the non-nursing students found that incivility in the academic environment was a serious problem. Additionally, 28% of non-nursing students found that academic incivility was not a problem at all.

Some of the most frequently perceived uncivil faculty behaviors experienced by non-nursing students were ineffective teaching style/methods (56%), subjective grading (52%), deviating from the course syllabus/changing assignments or test dates (48%), arriving late for scheduled activities (44%), refusing to allow make-up exams, extensions, or grade changes (44%), and ignoring disruptive student behaviors (44%).

Those non-nursing students that perceived that incivility was prevalent in academia provided examples of their experiences. One student remarked that “they don't give students a chance to fix a grade; even when it's the teacher's fault. They still take their mistakes out on the student instead of owning up to their mistakes and re-administering a test or homework assignment.” Another student stated that faculty contribution to incivility is “allowing rude comments and disruptive behaviors detracts from the rest of the students' learning experience.” Incivility on a more global scale was exemplified by one student as:

This is personal conjecture, but I believe the root of such incivility is an absence of warmth of humanity. We don't have education or academic environments we have job training. Children take out loans to attend over-filled classes to prepare for standardized exams to get licenses to start careers with stagnant wages and chase an ever-fleeting, retirement while left to wonder why life has passed them by. We all want to enjoy our time on this planet; we just can't afford to. Incivility is, and to be expected.

Research Question Two: Male Nursing Students' Experiences with Faculty Incivility

Of the nursing student respondents, 74% state that faculty incivility is a mild to moderate problem in academia. In this study, 15 % of the nursing students perceive that

incivility in the academic environment is a serious problem, while only 7% of the nursing students found that academic incivility was not a problem at all.

The uncivil faculty behaviors experienced most frequently by nursing students were: ineffective teaching style/methods (67%), deviating from the course syllabus/changing assignments or test dates (56%), being unavailable outside of class/not returning calls or emails, not maintaining office hours (44%), being inflexible, rigid, and authoritarian (44%), arriving late for scheduled activities (37%), refusing to allow make-up exams, extensions, or grade changes (37%), and subjective grading (37%).

Nursing students also shared their experiences with faculty incivility in the academic environment. One student remarked, “Nursing professors think they are perfect and struggle with admitting fault or a deficit, good luck changing them,” while another states that faculty “try to put you in your place with awful tests, cannot even give you rationale for answers they say are right, not listening to students because they ‘know’ everything and are ‘smarter’ than student.”

Specific comments in relation to gender were made in this study. One student exclaims that “faculty bias toward certain student characteristics, such as age and gender, contributes to faculty incivility,” and another student remarked, “In nursing, men are an outlier, making them more susceptible to certain behavior from females.” One student specified that “when faculty are uncomfortable with students who don't fit their preconceived notions of who is a ‘typical’ nursing student, bias and incivility come through.” Another student explains:

My experience of incivility is primarily through faculty comments directed at students who are "nontraditional in terms of age and gender in

the classroom setting. The comments focus on what sets this minority of students apart from the rest. They are negative in nature and make all the students uncomfortable.

This is consistent with a common theme described by Thomas (2003) as a potential cause for student anger, which is the “perceptions of faculty unfairness, rigidity, or discrimination on the basis of gender, ethnicity, race or other characteristics.”

Research Question Three: Male Nursing Students Compared to Male Non-Nursing Students

The majority of participants in this study found that incivility in the academic environment was a mild to moderate problem. However, more nursing students (74%) than non-nursing students (64%) appeared to share this perception. Also, 15% of the nursing students reported faculty incivility as a serious problem whereas the non-nursing students did not find this to be a serious concern. The non-nursing students reported that incivility was not a problem four times more often than the nursing students (28% versus 7%).

The majority of the non-nursing students (72%) felt that students were likely to engage in uncivil behavior and some (12%) felt there was an equal chance for faculty or students to engage in this behavior. In contrast, the majority of nursing students (56%) felt students were likely to engage in uncivil behavior and (22%) felt there was an equal chance of this behavior from faculty or students. Also, some nursing students (15%) reported that just faculty were likely to engage in uncivil behavior whereas none of non-nursing students report this finding.

The majority of non-nursing students (44%) felt as though faculty were likely to be uncivil equally towards male and female students or (40%) towards male students only. Nursing students shared this perception as far as faculty incivility equally toward both genders (44%); however (33%) felt as though faculty would be uncivil towards female students only. One nursing student commented about this, “I have not directly been treated uncivil by a faculty member, but I have witnessed it happen to other students most of which are female, but it has occurred to the males as well.”

One of the most frequent faculty threatening behaviors experienced in the last 12 months by participants, or someone male they know, was faculty challenges to other faculty knowledge or credibility. This was a similarly expressed experience by both non-nursing students (24%) and nursing students (22%). While this behavior was the most frequent behavior noted by non-nursing students, general taunts or disrespect to other students was the most frequently experienced faculty behavior by the nursing students (33%). In contrast, only 16% of non-nursing students reported experiencing this behavior. Vulgarity directed at students was found to be almost equally experienced in the last 12 months by both non-nursing students (12%) and nursing students (11%). Another behavior, harassing comments (racial, ethnic, gender) directed at students was experienced more by the nursing students (33%), then the non-nursing students (16%).

Factors contributing to academic incivility were described by a nursing student as “possible burn out and a manner to show students who is in control” whereas a non-nursing student felt that faculty have “discontent with job or position, lack of freedom in research, and students who don't want to learn or don't care, disrespect from students.” As

far as faculty's contribution to academic incivility, one nursing student remarked, "not listening, not being available to answer questions, sneer when you ask questions, regard you as stupid, unfair testing, and papers where they nit pick your work and don't give clear directions" and one non-nursing student said faculty "take comments the wrong way, or personally."

Some non-nursing students had a societal theme expressed for the reasoning behind academic incivility. One student claims that "social issues in the academic environment stem from home conditioning and popular ideas of respect; we must preach tolerance, acceptance, open-mindedness to diversity, glorify individuality and uniqueness." Yet another student remarked:

Solutions won't be found within any environment. How we view people, interaction, education, jobs, what we attribute to success or to failure causes these problems. As it stands, currently, we have been intrinsically taught that we are disposable, that we are cogs in a wheel-easily replaced, and that our neighbors and our peers are our competition. Who would expect anything other than incivility, academic environments or otherwise?

This societal theme has been expressed in the literature by Clark (2008a) as "incivility and rudeness are seeping into the American culture and into our nation's institutions of higher learning."

Nursing students varied in their themes related to what perceptions they may have as to the rationale of academic incivility. For example, one student stated, "I believe lack of communication and or clarity of communication are some of the largest contributing factors," while another suggested that the "amount of stress the faculty is under, the amount of time they have to spend on their students, the relationship they have with the

students, the teaching style they use, and the type of personality they have” are contributing factors. Other comments, such as “they [faculty] are female” and “any time you get a group of females together it gets messy, they gossip,” suggests a connection to gender of faculty as a contributor.

Watson’s Theory Of Caring

Some nursing students experienced interactions by their faculty that they perceived to be uncivil. Given that nursing is considered the caring profession, it is natural to assess these experiences in terms of a caring framework. Students were asked in this study which threatening faculty behavior they or another male student experienced in the last 12 months. The most common, non-nursing student response (24%) was challenges to faculty knowledge or credibility, a finding mirrored by 22% of nursing students. However, the most common nursing students’ response (33%) was general taunts or disrespect to other students.

Almost 1 in 4 of all students had experienced faculty challenging the knowledge and credibility of other faculty. Based on Watson’s Theory of Caring, interactions with coworkers should have interconnectedness and appreciation (Sitzman, 2007). The relationship that one has with peers can correlate to the relationship with patients (clients) in the clinical setting. According to Sitzman (2007), “it is difficult to engage in holistic care with clients unless coworker interactions are consciously and deliberately enacted with attention to basic human caring needs and respect for/acknowledgement of the importance of interconnection and collaboration.”

Some nursing students (33%) had the perception that faculty display uncivil behaviors of general taunts or disrespect to other students. Nursing students made comments about these behaviors, such as faculty use “condescending comments trying to frighten or intimidate students,” are being “too harsh on students, not being open to new ideas,” and “faculty are rude to people.” These perceived faculty behaviors are contradictory to Jean Watson’s Caritas Process number one: “practice of loving-kindness and equanimity within the context of caring consciousness,” number four: “developing and sustaining a helping, trusting, authentic, caring relationship,” and number seven: “engaging in genuine teaching-learning experience that attends to unity being and meaning, attempting to stay within others’ frame of reference.”

To taunt and be disrespectful to others could be seen as the direct opposite of caring or being civil to others. As Sitzman (2007) remarks, “Watson’s theory is about mindful, deliberate caring for self and other.” It can be assumed that students expect a level of respect and civility from faculty when entering the education setting. This also correlates with the ANA code of ethics that “the nurse maintains a commitment to fair treatment of individuals, to integrity-preserving compromise, and resolving conflict,” as well as the nurse “treats students with respect and compassion” (ANA, 2001). On the very basic level of humanity, according to Watson’s theory, “humans cannot be treated as objects and humans cannot be separated from self, other, nature, and the larger universe” (Jesse, 2010).

Results Compared to Clark's Research

Since the majority of the previous research on incivility has been by Dr. Cynthia Clark, and her INE tool was used in this study, a comparison will be made with some of her previous studies. For example Clark & Springer (2007a) found that 69% of nursing students (primarily women) found academic incivility was a moderate to serious problem. However, in this study, 22% of the male nursing students reported it was a moderate to serious problem. It may be possible that women react more negatively to incivility, and thus see incivility as more of a moderate to serious problem, or that the male perception differs inherently. Also, as in the Clark and Springer (2007a) study, nursing students in this study identified general taunts or disrespect to other students and challenges to faculty knowledge or credibility as the top two faculty threatening behaviors experienced by them or someone they know in the last 12 months.

In previous studies in which Clark's INE tool was used with student samples the population were mostly female nursing students. Since this is the first study from the male nursing student perspective there is no direct comparison in the literature. However, the nursing students' responses that faculty incivility is likely to occur towards male and female students equally (44%) or female students only (33%) is inconsistent with what Clark (2008b) noted in a qualitative study (n=7), in which all the male participants (n=3) felt obvious sexism in comparison with their female colleagues. Since it can be complimentary to use both qualitative and quantitative research methods to understand an incidence such as incivility, it is important to have both methods (Al-Busaidi, 2008). With the small number of male participants in both this study (n=27) and Clark's study

(n=3), there is room for bias in both studies, and it is hard to make a true case for what the generalized male nursing student's opinion is in relation to whether their female colleagues are treated with more incivility than them. Continued research with a larger sample of male nursing students is needed to make this correlation.

Compared to Clark's (2008a) study (n=306) of primarily female students, the male nursing students in this study reported that uncivil faculty behaviors experienced most frequently were: ineffective teaching style/methods (CC 57.5% versus 67%), deviating from the course syllabus/changing assignments or test dates (CC 40.9% versus 56%), being unavailable outside of class/not returning calls or emails, not maintaining office hours (CC 36.3% versus 44%), being inflexible, rigid, and authoritarian (CC 41% versus 44%), arriving late for scheduled activities (CC 34% versus 37%), refusing to allow make-up exams, extensions, or grade changes (CC 38.1% versus 37%), and subjective grading (CC 35.3% versus 37%). The majority of the percentages in this study are approximately 1% to 15% higher than Clark (2008a) found in her sample of primarily female nursing students. However, Clark's study (2008a) had respondents from 41 states whereas this study was from one university sample; so Clark's findings may be a better reflection of student experiences.

Recommendations

The findings from this study provide the foundation for recommendations in nursing education and nursing practice. In nursing education there are several areas that are ripe for improvement.

Nursing Education

The possible association between academics and what can occur later in the nursing profession is best stated by Luparell (2011) as “today’s students are tomorrow’s colleagues.” According to an interview with Clark & Ahten:

It is essential for students to clearly identify uncivil, unacceptable behaviors, especially the more subtle, corrosive behaviors on the left side of the incivility continuum, which have been labeled and tolerated for years with the cliché of nurses eating their young. (Stokowski, 2011).

Faculty Development. According to the National League for Nursing (NLN) there is a dire need for nurse educators with adequate preparation for this role (NLN, 2002). College nursing faculty may be experts in a discipline, but are not necessarily trained as educators. The NLN (2002) position states “It is critical that all nurse educators know about teaching, learning, and evaluation; and nurse educators who practice in academic settings also must have knowledge and skill in curriculum development, assessment of program outcomes, and being an effective member of an academic community.” Not only did students in this study perceive ineffective teaching to be disruptive, a large majority of the nursing students (67%) experienced ineffective teaching with some frequency.

One way to improve students experiences with incivility is to remove experiences they perceive to be uncivil. According to one nursing student:

Insecurities of the faculty and perception of disrespect, which can include faculty feeling the student does not take their subject seriously. These are fairly common social behaviors. I highlight these behaviors because the faculty is in a position where they can retaliate by using their position of authority to threaten the student's academic progress.

It would behoove administration and nurse leaders to devote time and energy to developing faculty teaching skills in both the clinical and the classroom setting. Some suggestions of ways to accomplish this, as stated by the NLN (2002) are:

1. Faculty should promote careers in nursing education through the early identification of talented neophytes and the encouragement of experienced nurses who have demonstrated nurse educator skills.
2. Senior faculty who, themselves, are expert educators should mentor novices and foster their professional growth in the role.
3. Faculty should partner with colleagues in other disciplines to explore the implementation and implications of a heightened focus on educational excellence, pedagogical research, and innovative program design.

Communication. Communication in the academic setting can contribute to acts of incivility. One nursing student remarked on faculty's contribution to incivility, "I believe lack of communication and or clarity of communication are some of the largest contributing factors." Another student commented on a way to remedy faculty incivility, and this was to "make messages and announcements easy to understand and simple, and many problems would vanish." Having proper communication techniques become part of the nursing curricula may improve the teaching-learning environment (Boschma *et al.*, 2010). Through the use of role-play, videotaped scenarios, and learning activities, communication can become a mandatory part of nursing education (Boschma *et al.*, 2010). The benefits from teaching communication could be learning conflict resolution, preserving cultural safety, and achieving written and verbal skills as a way to effectively deliver health care (Boschma *et al.*, 2010).

Goals and Expectations. Setting forward specific standards for both faculty and students to follow would be a way to govern behaviors (Stokowski, 2011). One nursing student found that:

Clinical experience is where this is most apparent. There is so much variety between instructors related to expectation, care plans, grading. All care plans for each class, regardless of clinical instructor should be standardized for the class, not the clinical instructor.

Another student commented that faculty should “work more closely with individual student issues” and students should “be more accepting of faculty rules/regulations.”

According to an interview with Clark & Ahten, having grading rubrics, teaching philosophies, and performance expectations that are clear both in writing and in dialect with students are ways faculty can create a teaching environment of civility (Stokowski, 2011).

Diversity in Education. To improve the recruitment and retention of males in the nursing profession, success needs to start with completion of their education. Faculty are routinely socialized to be aware of the challenges facing, and the diverse learning styles of, students from ethnic or racial minority groups. However, gender represents another form of diversity in nursing education, and faculty should also consider challenges faced by male students in a predominately female profession, as well as innate differences in learning styles. Examples of ways to improve this are encouraging faculty awareness of male nursing students’ challenges, faculty development on subtle forms of gender bias, and promoting a curriculum that is culturally diverse (AAMN, 2013). Recognition of males in nursing textbooks, printed media materials, and the importance of teaching

men's health as well as women's health are all ways to promote affirmation (AAMN, 2013). Also, continual reference to a nurse being a "her" can be considered a way to exclude male students. Using gender neutral comments will allow for a sense of inclusion by the male students (AAMN, 2013). Faculty should be culturally sensitive to assignments that continue to be barriers to male nursing students, such as obstetrics. However, exclusion of these assignments should never happen because of "negative assumptions by the educator or placement coordinator" (AAMN, 2013). Curriculums and educators should approach caring as individualized to each nursing student and not unique to only the female students. This assumption "that women are naturally suited for nursing due to feminine perspectives on caring has resulted in the historical exclusion of men from nursing or the relegation of men to high-tech/ low-touch roles" (AAMN, 2013). Another way to support male students in education is to allow male students to work with male nurses in clinical when possible, and possibly have male faculty as advisors (AAMN, 2013).

Investigating Incivility in Academia. The ability to be able to report and investigate incivility was the most common theme expressed qualitatively by the male nursing students (76%) as the way the university should address incivility. One student remarked:

Being able to call it out without fear of retaliation. An instructor code of conduct should be included in the syllabi, so infractions can be codified-easier identification by students (when it has a label, it would be easier to report). Also some type of official mechanism for reporting like a web page link.

One nursing student commented that an investigation should occur if there is “gender bias directed against male students” and another student stated, “Make it easier to report faculty incivility to others, faculty are “team” and do not listen to such things.” Rather than viewing this as a negative feature, administrators and faculty could look at this information to assess their current awareness of cultural diversity with their male students. According to the AAMN (2013), “anonymous surveys or focus groups facilitated by male faculty or external facilitators can provide valuable feedback for meaningful change.”

Regarding whether or not to report incivility, as stated in an interview with Clark and Ahten, “staying silent or ignoring the rude behaviors may reinforce them” (Stokowski, 2011). Teaching students to admit they are being treated uncivil and to be willing to take action with a report is a first step this university can take (Stokowski, 2011). One way to report incivility is to have a no tolerance policy, which was described by 10% of the nursing students in this study. Nursing administration would need to have this in writing so it is clear to both faculty and students that a no tolerance policy exists within the university system (Townsend, 2012).

Another way to address this, as suggested by one nursing student, is “whether a student, faculty or the college, there needs to be an informal way to report incivility. It should be a part of our class/professor reviews.”

Nursing Practice

The link between incivility in the academic environment and the nursing profession has been discussed in the literature. According to an interview with Clark and Ahten:

Much attention is being paid to uncivil behaviors in practice, but the less discussed reality is that these types of interactions may occur from the beginning of a nursing student's education, and extend beyond the classroom, into the student clinical setting and to the first nursing position after graduation (Stokowski, 2011).

Addressing incivility while in the academic environment would be beneficial in the hope of preventing the spread to the clinical environment.

Link to Incivility in Nursing. The link between incivility in academia and workplace incivility may exist (Luparell, 2011). Students exposed to incivility in the academic and clinical settings can see this behavior as a norm and, ultimately, this can extend over into the nursing environment after graduation (Luparell, 2011). Socialization of these students, early in the educational process, to the fact that incivility is not the norm and should not be tolerated could help to break the cycle before they enter the nursing profession.

Students may encounter incivility from not only their faculty but also by seasoned nursing staff during their clinical practicum experiences (Townsend, 2012). Public humiliation by these veteran nurses towards nursing students in the clinical setting suggests that this lateral violence tends to be directed at students who will one day be new graduates. A student may need the faculty member as their voice against the uncivil treatment from the staff. One student remarked that “when a professor is your lifeline in

the hospital, the impact of an uncivil comment can have even more effect.” The need for a faculty member to be supportive and address incivility in the clinical setting could eventually start to break this cycle among nursing staff.

Nursing Retention. There may be a correlation between lateral violence and nursing turnover in the clinical setting (Luparell, 2011). The rate of turnover roughly ten years ago among seasoned practicing nurses was 33–37%, while in new registered nurses this number increased to 55–61%; some leaving within six months of their first position (Griffin, 2004). The main contributing factor why nearly 60% of these newly registered nurses left, was some form of lateral violence, often from their preceptor (Griffin, 2004). It was found most recently that these statistics are nearly unchanged: new nurses have job dissatisfaction around 4–6 months, with a turnover rate of 30% the first year and 57% the second year (Twibell *et al.*, 2012). These new nurses state one of the reasons they leave is because of relationships that are strained between themselves and their peers, managers, and colleagues (Twibell *et al.*, 2012). Other considerations, such as decreased job satisfaction, physiological effects, and strained work relationships related to incivility, have caused nurses to leave their jobs (Hunt & Marini, 2012; Luparell, 2011). One male nursing student commented “I’ve seen more incivility in the nursing program than ever before in my schooling. It makes me think about medical school options every day.”

Nursing Shortage. With the ever changing arena of health care, including the Affordable Health Care Act, the demand for nurses is evident. With the baby boomers retiring, an estimated shortage of 260,000 nurses may occur by 2025 (Twibell *et al.*,

2012). According to Hunt and Marini (2012), with factors such as the aging nursing work force contributing to a nursing shortage, civility can be a driver for change. Helping to create environments that are civil can not only help with the retention of male nurses in the work place, which will help with the nurse shortage, it may lead to retaining nurse educators.

Patient Safety. One potential outcome of workplace incivility is a decrease in quality patient care and the risk to patient safety (Hunt & Marini, 2012; Luparell, 2011, Townsend, 2012). An interference with the collaboration, teamwork, and communication among staff can lead to medical errors resulting in a fatal patient consequence (Townsend, 2012). One nursing student commented that faculty behaviors such as “condescending comments trying to frighten or intimidate students” were perceived. These types of behaviors in the clinical settings can lead to emotional distress and distraction for the student and could also breach patient safety.

Limitations

Sample

Several sampling issues limit the generalizability of the study results. First, all the participants of this study are from one northwestern university. Additionally, the non-nursing student sample size was only 25, or 0.6%, of the non-nursing male students at the sophomore, junior, or senior level at this university. Thus, it is not likely representative of the entire population of male non-nursing students on campus. And, although the response rate for nursing students was 37%, the final n of 27 falls short of the sample size

needed to achieve a 90% confidence interval and 5 % margin of error. Finally, the participating students are still currently enrolled in their academic programs. Although all attempts were made to keep study responses anonymous and confidential, there may have been reluctance to answer truthfully while the students are still within the university system.

Time

The time frame for collecting the non-nursing student surveys was limited to one day on the campus of a northwestern university for eight hours. The nursing students had a deadline by which to complete the survey. The survey was distributed before a school holiday break which may have hindered the return process.

Location

The location for conducting this research for the non-nursing students was at the student union, which is a common area of congregation at the main university campus. Although this is a common area, a limitation to the surveys collected there is that there is no way to ensure all of the male non-nursing student population does in fact assemble there on any given day. The nursing students received the surveys in their individual mailboxes. Although surveys are anonymous, could be filled out anywhere, and were mailed back to the researcher, a limitation may be that students felt intimidated and did not respond due to the location in which they received the survey. Also, the delivery of the survey to the two different student groups by different methods, one in person and one by mailbox and returned in the mail, could be considered a limitation in this study.

Future Research

Sample

This is the first known study addressing academic incivility from a gender specific student perspective. However, it was conducted at only one university and the sample size was small. Replication of this study on a larger scale, at more than one university, could be more representative of the male nursing student population. Furthermore, comparisons with other colleges of study could be made with the entire nursing student population, both male and female participants, in a larger study.

Improved Methods

The incentive for filling out the survey for the non-nursing students was a candy bar. This was advertised on a poster displayed in front of the table where the survey was distributed. Unbeknownst to the researcher, the ability to dispense candy was not allowed in this area of the university due to conflicting sales with vending machines. Once the incentive for completing the survey was removed, there were no further surveys completed. The assumption can be made that more surveys would have been filled out had this incentive remained in place. There was no incentive for the nursing students to complete their survey. Their survey was in their mail box on each individual campus and returned to the researcher via mail. Also, having a longer amount of time to conduct this entire research may have increased the overall response rate.

Summary

This study, from the male nursing student perspective, is consistent with the existing research about the existence of academic incivility. However, male nursing students in this study perceived incivility at a lower rate of severity in academia compared to the existing literature which has a predominately female sampling. Despite limitations in this study, it does provide for some recommendations for nursing education, practice, and future research.

In an effort to promote civility in the nursing academic setting, nursing administration and faculty should make efforts to address incivility from the beginning of the education process which includes awareness of the challenges faced by male nursing students. The link incivility has to the nursing shortage, nursing retention, and ultimately patient safety, should have all nurse educators thinking of what can be done in academia. According to Clark (2011), “incivility in nursing education can take a tremendous toll on us, our colleagues, students, and ultimately the people entrusted to our care.”

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APPENDICES

APPENDIX A

INCIVILITY IN NURSING EDUCATION TOOL

Incivility in education is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009). The academic environment is defined as any location associated with the provision or delivery of education, whether on or off campus including the "live" or virtual classroom (Clark, 2006).

1. In what year were you born?

2. Your ethnic/racial background is:

- ☐ Black, African-American
- ☐ Asian
- ☐ Caucasian (white)
- ☐ Native American
- ☐ Pacific Islands
- ☐ Spanish/Hispanic/Latino/Mexican
- ☐ Other (Name) _____

3. Please indicate your current level of study:

- ☐ Sophomore
- ☐ Junior
- ☐ Senior

4. Please indicate in which college you are enrolled:

- ☐ Agriculture
- ☐ Architecture
- ☐ Business
- ☐ Education, Health, Human Development
- ☐ Engineering
- ☐ Letters & Sciences
- ☐ Nursing
- ☐ Other _____

5. Listed are some **FACULTY** behaviors you may have experienced or seen in the academic environment. Please fill in the bubble regarding the level of "disruption" and how often each behavior occurred over the past 12 months.

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Arriving late for schedule activities	☐	☐	☐	☐	☐	☐	☐	☐
Leaving scheduled activities early	☐	☐	☐	☐	☐	☐	☐	☐
Canceling scheduled activities without warning	☐	☐	☐	☐	☐	☐	☐	☐
Being unprepared for scheduled activities	☐	☐	☐	☐	☐	☐	☐	☐
Not allowing open discussion	☐	☐	☐	☐	☐	☐	☐	☐
Refusing to allow make-up exams, extensions, or grade changes	☐	☐	☐	☐	☐	☐	☐	☐
Ineffective teaching style/methods	☐	☐	☐	☐	☐	☐	☐	☐
Deviating from the course syllabus, changing assignments or test dates	☐	☐	☐	☐	☐	☐	☐	☐
Being inflexible, rigid and authoritarian	☐	☐	☐	☐	☐	☐	☐	☐
Punishing the entire class for one student's misbehavior	☐	☐	☐	☐	☐	☐	☐	☐
Making statements about being disinterested in the subject matter	☐	☐	☐	☐	☐	☐	☐	☐
Being distant and cold towards others (unapproachable, reject students opinions)	☐	☐	☐	☐	☐	☐	☐	☐
Refusing or reluctant to answer questions	☐	☐	☐	☐	☐	☐	☐	☐
Subjective grading	☐	☐	☐	☐	☐	☐	☐	☐
Making condescending remarks or put downs	☐	☐	☐	☐	☐	☐	☐	☐
Exerting superiority or rank over others	☐	☐	☐	☐	☐	☐	☐	☐

Threatening to fail student for not complying to faculty's demands	☐	☐	☐	☐	☐	☐	☐	☐	☐
Making rude gestures or behaviors toward others	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ignoring disruptive student behaviors	☐	☐	☐	☐	☐	☐	☐	☐	☐
Being unavailable outside of class (not returning calls or e-mails, not maintaining office hours)	☐	☐	☐	☐	☐	☐	☐	☐	☐

6. Listed below are some **FACULTY** behaviors that may be considered threatening. Please indicate whether this behavior has happened to you or another MALE student you know within the academic environment in the past 12 months. If you are unsure, please leave the item blank.

Faculty ...	Has this happened to you or someone you know in the past 12 months?	
	Yes	No
General taunts or disrespect to other students	☐	☐
General taunts or disrespect to faculty	☐	☐
Challenges to faculty knowledge or credibility	☐	☐
Harassing comments (racial, ethnic, gender) directed at students	☐	☐
Harassing comments (racial, ethnic, gender) directed at faculty	☐	☐
Vulgarity directed at students	☐	☐
Vulgarity directed at faculty	☐	☐
Inappropriate e-mails to other students	☐	☐
Inappropriate e-mails to faculty	☐	☐
Threats of physical harm against other students	☐	☐
Threats of physical harm against faculty	☐	☐
Property damage	☐	☐
Statements about having access to weapons	☐	☐

7. To what extent do you think incivility in the academic environment is a problem?

- ☐ No problem at all
- ☐ Mild problem
- ☐ Moderate problem
- ☐ Serious problem
- ☐ I don't know/can't answer

8. Based on your experiences or perceptions, do you think that students or faculty are more likely to engage in uncivil behavior in the academic environment?

- ☐ Faculty members are much more likely

- ☐ Faculty members are a little more likely
 - ☐ About equal
 - ☐ Students are a little more likely
 - ☐ Students are much more likely
 - ☐ Don't know
- 9. Do you think faculty are more likely to engage in uncivil behavior toward male or female students?
 - ☐ Male students
 - ☐ Female students
 - ☐ Equally toward both male and female students
- 10. In your opinion, **WHAT FACTORS** contribute to **FACULTY** incivility within the academic environment?
- 11. In your opinion, **HOW** do **FACULTY** contribute to incivility within the academic environment?
- 12. Please describe how students, faculty, and the university/college should address incivility in the academic environment.
- 13. Is there anything else you would like to add?

Thank you very much for your time and thoughtful consideration!

APPENDIX B

PERMISSION TO USE INE TOOL

Dear Amy, of course I remember you –it's wonderful to hear from you and to know that your interest in civility continues to be a focus for you. And working with Susan Luparell must be a true delight for you!

Yes, it is acceptable to modify the INE Survey to remove the student items, and be advised that the demographic items may also be modified to 'fit' your study. There is a licensing fee for using the INE [reduced significantly for graduate students] – however, I will waive the fee since we agreed to do so before the fee structure was put in place. I have copied Lyn Moore from the Boise State Office of Technology Transfer on this e-mail who will assist you in acquiring a licensing agreement to use the INE Survey at no cost and in exchange for a file of the de-identified data. Once the licensing agreement is in place, I will send you the INE Survey and a link to show you how it looks in an online system.

I wish you every success with your study, and please give my best to Dr. Luparell.

Sincerely,

Dr. Cindy Clark
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<http://www.nursingknowledge.org/creating-sustaining-civility-in-nursing-education-1.html>

APPENDIX C

LICENSING AGREEMENT FOR THE INE TOOL

COPYRIGHT LICENSE AGREEMENT

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WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Nursing Education (INE) Survey, hereafter called the "Licensed Works," and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

NOW THEREFORE, in consideration of the payment of the License fee and the other mutual promises and benefits contained herein, the parties hereto agree as follows:

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LICENSOR

Boise State University
Attn: Office of
Technology Transfer
1910 University Drive
Boise, ID 83725-1135

LICENSEE

Montana State University
PO Box 172460
Bozeman, MT 59717

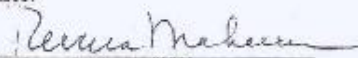
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In witness whereof, the parties hereto have executed this License on the day and year first above written.

Licensee:

By: 

Rebecca Mahurin, PhD
Director, Technology Transfer Office

Date:

Licensor:

By: 

Katy Ritter, Director
Office of Technology Transfer

Date: 10/31/13

APPENDIX D

NURSING STUDENTS CONSENT FORM

Dear Fellow Nursing Student,

This study is being conducted as part of my thesis requirement in the graduate nursing curriculum at Montana State University. Thank you for your interest and participation in this very important research project to examine male student perceptions of academic incivility. Incivility is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009). This survey takes approximately 10 minutes to complete depending on the length of your narrative comments and has been approved by the Institutional Review Board at Montana State University. The anonymous collection of information ensures your confidentiality since there is no link between the data collected and you. There are no direct benefits to you. Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time. You are free to decide not to participate in the study without adversely affecting your relationship with the investigators or Montana State University.

The survey is printed on both sides of the paper. Please be sure to check that you have answered all the questions. Once you have completed the survey, please return it to me in the enclosed pre-stamped envelope.

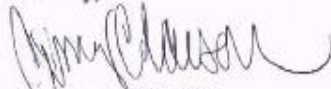
I truly appreciate your participation in this important survey research. Your completed questionnaire will serve as consent to participate and verifies that:

- You are at least 18 years of age
- You understand the purpose of the research project
- You freely and voluntarily choose to participate in this research project

If, at any time, you have questions about the study, you may contact me at (406) 231-4357 or my thesis chair, Dr. Susan Luparell at (406) 771-4459 or luparell@montana.edu. Additional questions about the rights of human subjects can be answered by the Chairman of the Institutional Review Board at Montana State University, Mark Quinn, (406) 994-5721.

Thank you in advance for your time.

Sincerely,



Amy Larson, RN, BSN
 Graduate Nurse Student
 Phone: (406) 231-4357
 Email: amy.larson4@msu.montana.edu

APPENDIX E

NURSING STUDENTS FOLLOW-UP EMAIL REMINDER

Dear Future Colleague,

In the last week or so, you should have received a survey in your school mail folder inviting you to participate in my thesis study exploring the experiences of male college students. I am specifically looking at whether male college students experience incivility from faculty members, and if so, in what ways. I am very interested in learning about your perspectives. Your submission remains completely anonymous and results are returned directly to me, a fellow student. If you have not already returned your survey to me and would like to participate in this study, please return it by December 21.

Thank you in advance for your participation.

Amy Larson RN, BSN

Graduate Nurse Student

Montana State University

APPENDIX F

NON-NURSING STUDENTS CONSENT FORM

This study is being conducted as part of my thesis requirement in the graduate nursing curriculum at Montana State University. Thank you for your interest and participation in this very important research project to examine male student perceptions of academic incivility. Incivility is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009). This survey takes approximately 10 minutes to complete depending on the length of your narrative comments and has been approved by the Institutional Review Board at Montana State University. The anonymous collection of information ensures your confidentiality since there is no link between the data collected and you. There are no direct benefits to you. Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time. You are free to decide not to participate in the study without adversely affecting your relationship with the investigators or Montana State University.

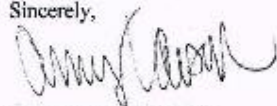
I truly appreciate your participation in this important survey research. Your completed questionnaire will serve as consent to participate and verify that:

- You are at least 18 years of age
- You understand the purpose of the research project
- You freely and voluntarily choose to participate in this research project

If, at any time, you have questions about the study, you may contact me at (406) 231-4357 or my thesis chair, Dr. Susan Luparell at (406) 771-4459 or luparell@montana.edu. Additional questions about the rights of human subjects can be answered by the Chairman of the Institutional Review Board at Montana State University, Mark Quinn, (406) 994-5721.

Thank you in advance for your time.

Sincerely,



Amy Larson, RN, BSN
 Graduate Nurse Student
 Phone: (406) 231-4357
 Email: amy.larson4@msu.montana.edu

APPENDIX G

IRB



INSTITUTIONAL REVIEW BOARD
For the Protection of Human Subjects
FWA 00000165

950 Technology Blvd, Room 127
 c/o Immunology & Infectious Diseases
 Montana State University
 Bozeman, MT 59718
 Telephone: 406-994-6783
 FAX: 406-994-4303
 E-mail: cherylj@montana.edu

Chair: Mark Quinn
 406-994-5721
 mquinn@montana.edu
Administrator:
 Cheryl Johnson
 406-994-6783
 cherylj@montana.edu

MEMORANDUM

TO: Amy Larson and Susan Luparell
FROM: Mark Quinn, Chair *Mark Quinn CJ*
DATE: November 12, 2013
RE: "Incivility in Nursing Education: The Male Students' Perspective" [AL111213-EX]

The above research, described in your submission of November 12, 2013, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal regulations, Part 46, section 101. The specific paragraph which applies to your research is:

- ☐ (b) (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- ☒ (b) (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.
- ☐ (b) (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
- ☐ (b) (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.
- ☐ (b) (5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.
- ☐ (b) (6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.