

Manipulation of Nursing Faculty by Nursing Students

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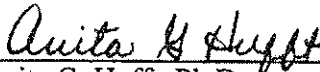
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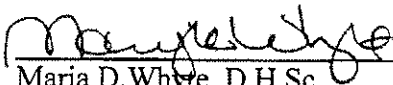
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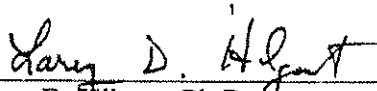
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## ABSTRACT

Manipulation in nursing education has not been widely studied; however, the concepts of incivility and entitlement have been extensively researched and reported within the context of nursing education. All three concepts have descriptors in common, providing a foundation for the exploration of manipulation in this educational setting.

While manipulation has not been studied extensively in nursing education settings, it has been researched and discussed in clinical nursing literature and in forensic nursing literature. Manipulation has been noted to have characteristics similar to incivility discussed in nursing education literature. The Strickland Nursing Faculty Survey on Manipulation (SNFSM) was used to measure the experience of manipulation in nursing education. The SNFSM was sent electronically, with a link to Survey Monkey™ to 148 nursing faculty members in 10 counties in the southern United States. Eighty nursing faculty members responded to the survey.

Results of the survey indicate that nursing faculty experience manipulation in a variety of settings including but not limited to meetings with students, in person after-hours, and during test debriefing. Nursing faculty reported gossiping, twisting facts, lying, undermining authority, and defiance as manipulative characteristics observed in nursing students. The most common motivation attributed by faculty for student manipulation is the avoidance of accepting responsibility.

Recommendations from this study beyond development of the instrumentation, include replicating this study in other settings and populations of nurse faculty, and include students in the study of their perceptions of manipulation in nursing academic settings.

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## Chapter I

### INTRODUCTION

Manipulation in nursing education is a topic not widely explored in nursing literature; however, the issue of incivility has been discussed and descriptions of this concept include characteristics that may indicate manipulation as a category of behavior included in incivility. According to psychiatric nursing literature, manipulation is a term used to identify difficult behavior seen in personality disordered patients (Bowers, 2003a, p. 323). In other nursing literature, manipulation has been defined as the act of deliberately influencing or controlling the behavior of others to ones' own advantage by using charm, persuasion, seduction, deceit, guilt induction, or coercion (Hamilton, Decker, & Rumbaut, 1986, p. 191).

The occurrence of manipulation in the nursing educational setting has the potential to negatively impact both the quality of education and the experience of nurse educators, allowing the manipulator to achieve academic outcomes or experiences to which they are not entitled. How nursing faculty perceive and respond to manipulation may facilitate manipulation, allowing the faculty to maintain the integrity of the academic experience and advance nursing educational goals. The quality of nursing education is dependent upon the accurate and consistent evaluation of student competencies. It is imperative that assessments of student achievements and recognition of student progress are fair and truthful, and not the result of manipulation by the student. Whether in the classroom, online, or in a clinical or laboratory setting, the occurrence of manipulation

can have serious consequences related to the verification of satisfactory completion of program requirements and readiness to obtain a nursing license among nursing program graduates.

In addition to consequences related to the measurement of student competencies, manipulation has the potential to have deleterious effects on work satisfaction among nursing faculty. If nursing faculty feel they have no control over the integrity of their instructional efforts, they may not be able to sustain a positive nurse faculty self-concept, and may respond to this stress by leaving nursing education. The critical shortage of nurses in the United States is compounded in the shortage of nursing faculty, particularly those credentialed to teach in baccalaureate programs. Reducing the incidence and impact of manipulation may be one strategy to improve the work environment of nurse educators, increase work satisfaction, and extend the working life of nurse educators.

#### Statement of Problem

Although manipulation is not widely researched in nursing education, it can be a deterrent to effective learning. Understanding how nursing faculty perceive the experience of manipulation and the effectiveness of their responses to manipulation would clarify how manipulation occurs in the academic setting and provide a basis for the identification of specific predictors and possible mediators of manipulation.

Manipulation, incivility, and entitlement, as described in the literature, share common characteristics, yet refer to distinctly different events, and different roles related to student behaviors. "Incivility in nursing education is defined as rude or disrespectful behaviors which often result in psychological or physiological distress for the people involved, and if left unaddressed, may become a threatening situation" (Clark,

Farnsworth, & Landrum, 2009, p. 7). Examples of incivility as perceived by faculty include such behaviors as students carrying on their own side conversations during class, making rude comments to interrupt the instructor, or laughing at another student's opinions (Clark, Farnsworth, & Landrum, 2009, p. 11). Altmiller (2007) noted that the most frequent recurring symptom among faculty who experience incivility was lack of sleep. Participants stated that they would awake or lie awake for hours worrying about the incivility.

Entitlement is described as a "self-centered temperament that is characterized by an indifferent disposition for traditional faculty relationship restrictions and authority" (Lippmann, Bulanda, & Wagenaar, 2009, p. 198). An example of entitlement would be a student demanding numerous hours of faculty's time and energy as a substitute for the student's effort. Students who have a sense of entitlement perceive a right to services from faculty that faculty feel are the responsibility of the student.

The relationships between manipulation, incivility, and entitlement are vague. Perhaps it is that manipulation may be one form of incivility (or vice versa). The sense of entitlement may be an antecedent for manipulation – which may be a basis for the selection of manipulation as an acceptable behavior. The ability of nursing faculty to identify characteristics and behaviors associated with manipulation and to redirect these behaviors may reduce manipulation or reduce their negative effects. An understanding of how manipulation takes place may provide nursing instructors with the tools to isolate and recognize signs of manipulative behavior and better develop policies and procedures to decrease the occurrence of this behavior.

### Statement of Purpose

The purpose of this study is to describe the perceptions among nursing faculty of how manipulation is perceived. This study utilized accredited associate degree and baccalaureate degree nursing programs located in the southeastern United States. The intent of this study was to identify characteristics of manipulation, methods of manipulation, responses to manipulation, and outcomes of manipulation as experienced by nursing educators in relation to their nursing students. The results of this study will be used to develop intervention strategies and techniques, which would prevent or reduce the negative consequences of manipulation in academic settings. Determining how manipulation is defined in nursing education and extinguishing it before it begins will assist in improving the quality of nursing education.

### Background and Significance

Student-faculty relationships are taking an increasingly prominent role in education. The current emphasis on student/learner-centered education focuses on the importance of adjusting and refining the relationships between faculty and students in order to support student assertiveness, active participation, and ownership of the learning process. Students have a need for the opportunity to present ideas and have the support of an open, supportive, safe, and respected environment. “In order to successfully recruit and retain qualified nursing faculty, the faculty have the right to be in a safe, collegial, and empowering working environment. This type of work environment must be non-threatening and is dependent upon mutual respect, the ability to challenge ideas of others, and to experience an enjoyable interpersonal environment” (Anderson & Carta-Falsa,

2002). It would follow therefore, that a teaching/learning environment in which manipulation exists does not promote student-centered education or faculty retention.

The education and role socialization of nursing has traditionally included competencies related to building relationships, and the nurse-student relationship is viewed as the major context for therapeutic nursing intervention. Focusing on different types of relationships and their impact on education, and therefore the characteristics and competencies of graduates of education programs, is critical to the development and sustainability of effective nursing education. Manipulation alters relationships by creating coercive power, trust, and allocating rewards and attention that are not deserved. Manipulation of faculty by nursing students presents a potential threat to nursing education in invalidating the integrity of nursing outcomes and demoralizing nursing faculty. Outcomes of negative relationships have the potential to decrease learning, decrease interpersonal energy, and rob nursing of the fundamental basis of practice – the therapeutic nurse-patient interpersonal relationship, safe-patient handling, and how to implement evidence-based practice and use it at the bedside.

The experience of manipulation among nurse educators happens when students want to avoid responsibility for their own learning. The student becomes so overwhelmed that she/he decides, consciously, that it is the nursing faculty member's responsibility to provide the correct answers. The student will approach the nursing faculty with excuses such as, "I have looked everywhere and cannot find the answer" or "I just do not understand this, can you tell me what it means?" The nursing faculty may try to ask the student to explain what they do understand and the student replies "I just do not understand this." The student then begins to tell the nursing faculty that their family

life is not well, mom and dad are having problems, or that he or she has always had a hard time understanding things, etc. This is an example of one type of manipulation. Student takes actions that will influence the nursing faculty to give the student which she/he is not entitled – a better grade, easy answers, or more time. Students may attempt to manipulate the nursing faculty into giving an answer without the nursing faculty's awareness. Because the student's reason or excuse is so believable, the nursing faculty knows this could be possible. Therefore, the nursing faculty may assist the student with the question, using rationalizing by self-talk such as, "what is the harm in helping this student understand this material just this once?"

Buss (1987) states that manipulation deals with tactics that individuals use intentionally to alter, shape, exploit, or change the social environments they inhabit. As a normal, adaptive means, manipulation is used to acquire status and respect, enhance status, strengthen self-concept, resist and rebel (a way of resisting the system), and to capitalize on a particular or specific situation. Nursing students perceive the required work as redundant, arbitrary, or not needed; however, the academic achievement of nursing school is a means to their livelihood. The means to academic success may include manipulation in order for the student to be successful.

According to Davidhizar and Giger (1992), manipulation can be constructive or destructive. Constructive manipulation is used in order to satisfy the needs of everyone involved, not just the manipulator. This is an alternative view of manipulation as opposed to how this study is focusing on manipulation. For example, a chairperson is praising a nursing faculty member for their craftiness of engaging the students in active learning in the class. The chairperson then gives the instructor a new assignment of creating modules

for active learning in all her classes. Even though it will be quite a task, the praise from the chairperson encourages and motivates the faculty into doing a superb job. This is an example of constructive manipulation, in that the chairperson needed something done that she did not want to do; therefore, praising the work of a nursing faculty member gets the job done for her. On the other hand, manipulation can be destructive. Destructive manipulation is used to fulfill personal needs of the manipulator, regardless of the needs of others (Davidhizar & Giger, 1992, p. 35). For example, a person who manipulates a coworker into doing all the lab experiments while he is surfing the Internet looking for gifts for family members. This student pretends that he is unable to understand the assignment and “just does not get what the faculty member wants.” He repeatedly acts as if he does not understand the assignment and the lab partner gets aggravated and does the assignment by himself. Another example of destructive manipulation is pretending to be hurt or unable to move objects that are heavy in order to make someone else do the job. This person is using lying to deceive their coworker and attain sympathy and willingness of the coworker to help out a friend. This person has achieved his goal in attaining assistance that was not deserved.

Nurse educators are responsible for fostering care and setting forth examples of professional behavior. Students need to have an understanding of what constitutes professional behavior, including the nature of unacceptable behaviors such as manipulation. The definition of professional behavior set forth by the American Association of Colleges of Nursing (AACN) – is a resource for the establishment of virtues reflective of professional behavior (2003). AACN (2008) notes that the term “professional” indicates that the nurse has the formation of a professional identity and

accountability for one's own image. Nurses should have a wealth of knowledge, strong critical reasoning, and clinical judgment, communication, and assessment skills. A professional nurse is also required to have developed a set of values that are ethical and appropriate for the workplace (p. 9).

The following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

*Altruism* is a concern for the welfare and well-being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

*Autonomy* is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

*Human Dignity* is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

*Integrity* is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

*Social Justice* is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation (AACN, 2008, pp. 27-28).

The Essentials of Baccalaureate Nursing Education (AACN, 2008) identifies characteristics of nursing that are essential for professional practice such as sensitivity, respect for persons, honesty, and accountability. The American Nurses Association (ANA) noted that students should be held accountable for their behavior. In order for nurse educators to enforce student accountability, they must have a plan in place (ANA, 2001). For example, nursing programs should have policies and procedures in place and available in the syllabi outlining what is considered inappropriate behavior.

#### Statement of Research Questions

This study will address the following research questions from the nursing faculty member's perspective:

1. What are the characteristics and relative frequency of manipulation as experienced by nursing faculty?
2. What are the expected outcomes of manipulation for the student as perceived by nursing faculty?
3. What is the impact of manipulation on faculty as perceived by nursing faculty?
4. What faculty characteristics are associated with the perceived experience of manipulation by students?

### Theoretical Definition

For the purpose of this study, manipulation will be defined as “the act of deliberately influencing or controlling the behavior of others to ones’ own advantage by using charm, persuasion, seductions, deceit, guilt induction or coercion” (Hamilton et al., 1986, p. 191).

### Operational Definition

Manipulation will be measured using the Strickland Nursing Faculty Survey on Student Manipulation (SNFSM), a questionnaire adapted from concurrent research on forensic nurses and their patients (A. G. Hufft, personal communication, January 12, 2012). The measurement of manipulation will be obtained on the items identifying characteristics of manipulation derived from the research on manipulation experienced by forensic nurses.

### Theoretical Framework

Albert Bandura proposed the Social Learning Theory (SLT) to explain how individuals behave. SLT is based on the social elements that affect learning. SLT is a three-way, dynamic, reciprocal model in which environmental influences, cognitive factors, and personal behaviors interact with one another, and determine how a person learns, imitates, and/or models others (McEwen & Wills, 2002, p. 332). A basic premise of SLT is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions. Three basic propositions provide the foundation of SLT:

People learn through observation. Individuals act based on what they observe in others. In developing SLT, Bandura used a Bobo doll experiment with children. The

Bobo doll was placed in a room with a child who was acting out or being violent. He also had the child to verbalize feelings of anger toward the doll. He then put the observing child in the room with the doll and the observing child began to imitate the aggressive and verbal behaviors that were previously observed. As it relates to manipulation, this first proposition proclaims that individuals use manipulation as a behavior attained by observing others. If a student sees another student gain advantage through manipulation, they are able to embrace that behavior.

In describing the second proposition, Bandura noted that mental states are important to learning. There is an intrinsic reinforcement that involves internal rewards, such as satisfaction, pride, and a sense of accomplishment. Also included among intrinsic rewards are awareness of power, social status, or personal advancement, which are often the outcomes of manipulation.

Reciprocal determinism is the interaction between the personal, behavioral, and environmental aspects of a person's world of experience. Individual experience, including anxiety and stress states, the need for success or power, along with behavioral responses learned by observing others manipulate within the environmental context of professional socialization (nursing school), may interact to promote the act of manipulation as a social construct to control others.

The third proposition of SLT asserts that learning does not necessarily lead to a change in behavior. In other words, just because a person learns a new behavior does not mean that they will demonstrate it (Bandura, 1977). Individuals bring meaning to the observed behavior by cognitively processing the observation, which is influenced by culture, previous experience, mood, state of consciousness, and identity. Nursing

students may not adopt all of the behaviors exhibited by one faculty member; however, the students may take the attributes of many faculty members and adopt from them their own behaviors. Students will observe, from their teaching/learning environments, and decide which behavior to adapt and model based on their own perceptions of how that behavior will relate to them and their goals. For example, a student learns how to insert an intravenous (IV) access during nursing school from a qualified nursing faculty member. This student then goes to the clinical facility for their clinical practicum and is assigned to work with a floor nurse. The floor nurse has to start an IV on one of her patients, and the student is there to observe. The student takes what has been observed from both the nursing faculty member and the floor nurse and adapts the pieces that are more effective and adapts it to their practice. This rationale for encouraging students to choose a mentor the student feels will lead them in becoming a more caring nurse. Thus, making positive role models among nursing faculty is essential in this time of social change; allowing faculty to model accountability and responsibility during patient care. Nursing students should see faculty modeling accountability and responsibility when caring for patients.

Central to SLT is the concept of self-efficacy (Bandura, 1977). Efficacy as described by Bandura is a cognitive mechanism. Social learning theorists assume that individuals operate from within a conceptual system (Harvey, 1970).

A conceptual system is the ongoing cognitive process by which belief systems are created, organized, and maintained. Conceptual systems are the basis for the representational maps we create of our lived experience. They have such an overwhelming power that they actually determine the

understanding we create of our self-environment interactions. Humans operate through their conceptual systems so that everything they perceive, do, or say is determined not by the actual environments but by personal conceptual systems (Stensrud & Stensrud, 1982, p. 378).

Intentional expectancies are conscious and deliberate; they are the result of decision making and specific planning (Stensrud & Stensrud, 1982). Bandura (1977) also stated “from the social learning perspective, psychological functioning is a continuous reciprocal interaction between personal, behavioral, and environmental determinants” (p. 194). Responses are measured by varying situations. “The data are then analyzed to determine how much of the variation in behavior is due to personal characteristics, how much to situational conditions, and how much to their joint effect” (p. 194). Students who have witnessed successful and unsuccessful experiences are more prone to placing a greater value on their personal mastery (Rosenstock, Strecher, & Becker, 1988, p. 180). Students who may have experienced manipulation as a successful strategy in their everyday lives may bring it to the educational setting. “Psychological functioning involves a continuous reciprocal interaction between behavioral, cognitive, and environmental influences” (Bandura, 1978, p. 344).

Manipulation is the act of consciously attempting to control another by acts or persuasions.

SLT approaches the explanation of human behavior in terms of a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants. Within the process of reciprocal determinism lies the opportunity for people to influence their destiny as well as the

limits of self-direction. Both people and their environments are reciprocal determinants of each other (Bandura, 1977, p. vii).

Figure 1, in Appendix C, represents how personal characteristics, observations of others, and reciprocal determinism can funnel into manipulation, a conscious behavior learned through social interaction.

### Limitations

Limitations of the study are those characteristics of a research design or methodology that may impact the application or interpretation of the results of the study. They are the constraints on generalizability and utility of findings that are the result of the ways in which one designs the study or the methods used to establish external validity. Limitations to this study include the length of the questionnaire and the inability of the questionnaire to allow the respondent to stop and complete the survey in more than one sitting. Faculty members who are very busy may not complete their survey and the responses may be overrepresented by responses from those faculty members who are not as busy. Selection of participants from one section of a southern state is a limitation due to the fact that the sample may not be representative of the entire state or region.

### Summary

Manipulation occurs in the classroom, online, or clinical settings daily. Nursing faculty may be able to teach students how to become self-sufficient and learn to deal with the everyday trials in life without manipulation. Nursing faculty are able to display the characteristics of concerned people and can do so by acknowledging when a student has a concern or is confused about a topic. Faculty can model positive ways to deal with uncomfortable issues, and in doing so, teach students how to avoid manipulative

practices. The results of this study will identify variables that contribute to manipulation in nursing education and help determine more effective methods of eliminating or minimizing these behaviors by students. The researcher hopes to identify and clarify what manipulation is and how faculty can effectively manage manipulative behaviors presented by their students. The researcher also hopes to provide options for faculty to model appropriate behavior in order to minimize manipulation so that students adapt the behaviors modeled and use them in their practice. This knowledge will allow the faculty to demonstrate appropriate behaviors while teaching students, regardless of instructional setting.

## Chapter II

### REVIEW OF LITERATURE

Manipulation happens in all aspects of everyday life. One may experience manipulation at work, school, and even at home. Manipulation is a conscious act in order to get someone else to do something the manipulator does not want to do. Manipulation in nursing education is not as widely a studied topic of concern as incivility and entitlement have been. The purpose of this study is to describe the perceptions among faculty of how manipulation is perceived. This study investigated perceptions in accredited associate degree and baccalaureate degree nursing programs located in the southeastern United States. The intent of this study was to identify characteristics of manipulation, methods of manipulation, responses to manipulation, and outcomes of manipulation as experienced by nursing educators in their interactions with their nursing students. The results of this study will be used to develop intervention strategies and techniques, which would prevent or reduce the negative consequences of manipulation in academic settings. Determining how manipulation is defined in nursing education and extinguishing it before it begins will assist in improving the quality of nursing education.

Manipulation has been studied by other disciplinary areas. Unacceptable behavior among nursing students has been described by using terms such as manipulation, incivility, and entitlement. Manipulation is generally considered a negative concept particularly in relation to the nurse faculty-student relationship. However, there is not a consistent definition or explanation of manipulation within the context of the nurse

faculty-student relationship. Neither is there a definitive body of evidence to establish what conditions lead to manipulation or what consequences follow manipulation. It is unclear how manipulation occurs in the context of the nursing faculty-student relationship. Whether the unacceptable behavior is termed manipulation, incivility, persuasion, coercion, or deceit, nurse educators must have a way to respond effectively in order to preserve integrity in the education process.

The profession of nursing is dedicated to professional role expectations based on standards, guidelines, and principals. The nursing professional organization, ANA, works “hard to elevate the nursing profession by defining the values and priorities for registered nurses across the nation.” Nursing Education Programs “provide direction to nurses across the nation, influence legislation, and implement a framework to objectively evaluate nursing excellence” (ANA, 2012, Retrieved from <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards>). Critical to this excellence is the ability to demonstrate trust, respect, and truthfulness as the foundation for nursing practice. In order to educate professional nurses to implement practice standards, interactions with students must reflect mutual trust, respect, and truthfulness. An examination of the concept of manipulation, considered the antithesis of the above, would clarify a specific aspect of the teacher-student relationship that could be critical to successful role socialization in nursing, and provide direction to creating learning environments that discourage or eliminate manipulation and its potential negative consequences.

This review of literature will: 1) identify the scope of definitions and assumptions related to the concept of psychosocial manipulation; 2) describe the antecedents, process

and consequences of manipulation as discussed in the literature; 3) identify and describe concepts related to manipulation specifically documented in nursing education literature; 4) summarize research conducted on psychosocial manipulation and the related concept of incivility; and 5) and identify gaps in knowledge related to the concept of manipulation as experienced between nursing faculty and nursing students.

Ordinary use of the term manipulation in a neutral sense is to manage artfully, and in a positive sense, to treat with the hands, in a skillful way (Hamilton, Decker, & Rumbaut, 1986, p. 190). According to psychiatric literature, manipulation is a term that is used to identify the difficult-to-manage behavior seen in personality disorder patients (Bowers, 2003a, p. 323). In psychiatry, the client's use of manipulation is often negative, for example, to control by unfair means or to one's own advantage. The term manipulation is considered to sometimes be used too loosely, to be overused, or to be misused (Hamilton et al., 1986, p. 190). Hamilton et al. further defined manipulation "as deliberately influencing or controlling the behavior of others to one's own advantage by using charm, persuasion, deceit, guilt, induction, or coercion." This concept of manipulation is best applied to conscious, intentional behavior (p. 191).

According to the Oxford English Dictionary (2011, Retrieved from [www.oed.com](http://www.oed.com)) the definition of manipulation is the "action or an act of managing or directing a person, in a skillful manner; the exercise of subtle, underhand, or devious influence or control over a person or organization." Table 1 lists the conscious attributes, who defines the attribute, and the theoretical framework. This psychosocial conceptualization of manipulation emphasizes the act of deception and defines manipulation as 'taking advantage of others' (Stuart & Laraia, 1998; Hepworth, 1993).

Bowers (2003a) builds on this description of manipulation as ‘deception used for personal gain, without concern for victims’ (p. 324). Different techniques use to manipulate include intimidation through threats, subtle tactics, acting helpless to gain favor, and going against society’s norms (Davidhizar & Giger, 1992).

Characteristics of manipulation have been described in terms of actions which systemically ignore the needs of others. In these descriptions, manipulation is viewed as totally focusing on the needs of the manipulator and potentially destructive to the person being manipulated (Bowers, 2003b; Hepworth, 1993; Muñoz, Khan, & Cordwell, 2010). Bowers (2003a) identified six different types of labels describing individuals who manipulate. Bowers (2003a) also indicated that these “behaviors were used by patients against each other as well as against any member of the multidisciplinary team” (p. 324).

#### Constructive Manipulation

Psychological literature proposes manipulation as unconsciously motivated behavior. In this theoretical model, manipulation is used to control others as an unconscious defense mechanism and some (Kernberg, 1984) ([Hofer, as cited in Bowers, 2003b]) believed that manipulation should be identified as a defense mechanism in its own right. Manipulation as a defense mechanism is used to protect self-esteem and to decrease anxiety (Varcarolis, 2010). Freud’s concept of ego defense mechanism applies when an unconscious superego seeks to protect our psyches from conflict (Varcarolis, 2010). The idea here is that some of our thoughts are too repulsive for us to recognize, and that some knowledge and experience is too upsetting and stressful to manage as a conscious process. Thus, the mind attempts to protect itself by creating a number of barriers in order to help it manage stress and to help create ‘distance.’ Recognizing ego

defense mechanisms is often very easy when speaking to someone who lacks self-awareness, but at the same time it can be very useful for assessing our own motivations and recognizing our more personal threats and issues. Anger and hostility could be “methods of manipulating other people who are perceived as powerful and sadistic (Bowers, 2003b, p. 331).

Table 1

*Definitions of Labels of Manipulative Behavior*

Labels	Definition
Bullying	The use of threats, constant and persistent challenges and requests, nonverbal intimidation and actual physical violence, directed at securing compliance with the aggressor’s wishes (Bowers, 2003a, p. 324).
Corrupting	Bribery and other allied forms of persuasion through the offering or apparent offering reward (Bowers, 2003a, p. 324).
Conditioning	The building of a special relationship, through sympathy, flattery, intimacy, etc., which is then persuasively used to secure compliance (Bowers, 2003a, p. 324).
Capitalizing	The use of alternative hierarchies or authorities in order to undermine the position of those currently withholding access to desired items or services (Bowers, 2003a, p. 324).
Conning	Direct lying, exploiting the natural trust and belief of others (Bowers, 2003a, p. 324).
Dividing	The creation of conflict within a group by telling of lies or exaggerations of different sorts to different persons often built upon existing differences of opinion within that group (Bowers, 2003a, p. 324).

Among different theorists, manipulation can be viewed as constructive or destructive. Constructive manipulation is an action that pleases the manipulator, and also the person who is the target of the manipulative technique. In a healthy sense,

manipulation refers to purposeful behavior directed at meeting mutual needs.

Manipulative techniques can promote strengths and capabilities (Hepworth, 1993; Bowers, 2003b; Davidhizar & Giger, 1999).

Destructive manipulations fulfill personal needs without regard for others and at the expense of the needs of others. Generally, destructive manipulators are viewed as selfish, callous, irresponsible, impulsive acts in an effort to “control others as ‘things,’” perhaps in certain self-defeating ways (Davidhizar & Giger, 1999, p. 35). “Integration of the idea of emotional regulation at work with basic strategic and adaptive functions of emotion, offering a new way of understanding how emotions can be harnessed for task achievement and personal development represents a conscious and often positive product of manipulation” (Hayward & Tuckey, 2011, p. 1501). Hamilton et al. (1986) defined manipulation “as deliberately influencing or controlling the behavior of others to one’s own advantage by using charm, persuasion, seduction, deceit, guilt induction, and coercion” (Potter, 2006; Gunderson, 1984; Hepworth, 1993; Bowers, 2003b).

Manipulation has been described as both conscious and unconscious. It can be used to gain respect and acquire status (a constructive application). Manipulation is also used as a way of resisting the requirement in a system and winning small gains, compromising extensions to rules, and obtaining forbidden goods or extra resources (Bowers, 2003b; Potter, 2006). The motivation behind manipulation may determine the style of the manipulation. If trying to change beliefs, attitudes, behaviors, or behavioral intentions, the manipulator will use persuasive communication in order to achieve this goal (Davidhizar & Giger, 1999, p. 42).

Unconscious manipulation, on the other hand, will be used to win small gains, and will do so regardless of the harm it causes to anyone. Unconscious manipulators, in attempts to reduce internal tension, ignore the needs of others in deference to meeting their own needs; therefore, the needs of others are ignored and exploited (Bowers, 2003b). For those individuals whose anxiety is grounded in feelings of powerlessness, the motivation for manipulation may be one of seeking power over other individuals through manipulation. Unconscious manipulation based on emotional dynamics is therefore a means to decrease anxiety.

Whether conscious or unconscious, manipulation has been viewed as an unwanted behavior that has negative outcomes. The manipulator will con someone else into doing things for them that otherwise they are capable of doing. Increasing the other person's anxiety and decreasing the manipulator's anxiety is reinforced by the gain of goods, respect, compromises, or extra resources or time (Bowers, 2003b). Potential consequences of being manipulated have been reported in terms of emotional responses such as are hurt pride, feelings, belittlement, and loss of self-confidence.

The review of literature related to management of manipulation in clinical settings indicates considerable attention to the use of limit setting and effective team work as effective means of stopping or decreasing manipulation (Stuart & Laraia, 1998). Limit setting is defined as setting firm and explicit limits of what the clinician will and will not do or tolerated (Hamilton et al., 1986, p. 198). Teamwork among nurses and other health care providers is defined as "function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care" (Quality and Safety Education for Nurses (QSEN), 2012).

Limit setting and teamwork appear to be most helpful when nurses interact with persons who are bullying (using threats or challenges), conditioning (trying to build special relationships with staff), dividing (creating conflict among staff), or corrupting (using persuasions) (Bowers, 2003a). Hamilton et al. (1986) stated that “the best management is to set firm and explicit (but not angry) limits of what the clinician will not do or tolerate...” (p. 198). Helping the person find an alternative response to manipulation is considered helpful in decreasing the manipulating actions of clients in the psychiatric setting (Bowers, 2003a).

Bullying and conning have been found to be productive in relating to others; therefore, manipulation might be reinforced at an unconscious level (results in the reduction of anxiety) or at the conscious level (anticipated gain or reward). Bullying is defined by Bowers (2003a, p. 324) as the “use of threats, constant and persistent challenges and requests, non-verbal intimidation, and actual physical violence, directed at securing compliance with the aggressor’s wishes;” Bowers defined conning as “direct lying, exploiting the natural trust and belief of others.”

Manipulation has been reported as a subjective interpretation of the behaviors of others. Psychosocial theory suggests that there is a relationship between what is observed in others, how that behavior observed in others is interpreted by the observer, and subsequent behavior in the observer. Dijksterhuis, Bargh, Miedema, Bless, and Forgas (2000), in their study of men and mackerels, concluded “the subjective experience of behavior by others can spontaneously influence our own actions in social situations” (p. 37). Moderators, such as focal attention and motivation, can influence the impact of perception on behavior. In the case of manipulation, individuals may interpret the

behavior of others as justification for their manipulative actions; based on the subjective experience of feeling the behavior was insulting, disrespectful, or demeaning. Recipients of behavior that is perceived as manipulation may be influenced by their tendency to focus on behaviors or actions in others that may be ego-threatening or misinterpreted behavior because the cues or symbolic behaviors communicated through behavior have a different meaning for the recipient than the person alleged to have manipulated (Dijksterhuis, Bargh, Miedema, Bless, & Forgas, 2000; Blumer, 1969; Goffman, 1958).

While dealing with the manipulation, maintaining control of the relationship and the helping process is critical. During this helping process if the manipulative behavior is yielded to then the behavior is reinforced (Hepworth, 1993, p. 677). For example, when a student is giving flattering remarks to a nursing faculty member, the faculty member should redirect the student back to the reason for the meeting. Davidhizar and Giger (1999) noted that using persuasive communication is necessary to alter beliefs, attitudes, behavioral intentions, or behaviors (p. 42).

Rawlins and Heacock (1993) viewed manipulation as a “learned behavior and a means of expressing unconscious angry feelings.” Manipulation can be unconscious if learned through positive reinforcement (Bowers, 2003b). Positive reinforcement is one form of operant conditioning, and according to Skinner (1938) it means changing of behavior by the use of rewards given after a desired response. The major influence on human behavior is learning from our environment.

If the manipulation is a response to a cognitive distortion, “the intent is not to manipulate but is a reaction to a threat” (Bowers, 2003b, p. 333). It may be the nurse (the receiver of manipulation) who defines the act, rather than the act itself. Manipulation may

have been learned through positive reinforcement which is outside a person's direct awareness. So what happens to those who manipulate? "For example, bullying and conning others may have been found to be a productive means of relating to others, without conscious planning. The behavior, although is manipulative, it is deployed automatically without conscious intent" (Bowers, 2003b, p. 333). This is one viewpoint according to Bowers but is not confirmed by any other sources located for this review of literature.

Literature on responses to manipulation in clinical settings suggests strategies for mediating the unacceptable behavior. Lashley and Meneses (2001) noted some consequences of disruptive behavior ranged from no action, informal handling by the affected instructor through verbal warning, or through written warning, probation, suspension, and separation from the class. "The clinical setting is a place where nursing students and nursing programs are represented to the society served and represents the ultimate mission of nursing. When students show inappropriate behaviors in the clinical setting, it shows a disregard for professional behavior" (p. 84). The use of adaptive or facilitative responses helps the instructor buy time to make a thoughtful, reasoned response to the perceived or real manipulation. Instructors need to be able to hold the clinical frame, meaning the instructor must be able to continually reinforce all policies and procedures outlined in the syllabi, and must maintain clinical boundaries (Couling et al., 2011). Maladaptive responses to manipulation such as rescuing the client can increase vulnerability to manipulation (Couling et al., 2009). The fear among some nursing faculty of possible reprisal, poor student evaluations, and non-advancement through

promotion/tenure serves as reinforcement of maladaptive responses to manipulation (Lashley & De Meneses, 2001).

### Learning Theory

SLT was based on the concept of reciprocal determinism and concerned with the social influences that affect learning (e.g., groups, culture, and ethnicity). In SLT, environment, cognitive factors, and behavior interact with one another. SLT focuses on how people learn from one and internalize through observational learning, imitation, and modeling (McEwen & Wills, 2002, p. 332). Bandura (1977) suggested exposure to a modeled behavior does not ensure that the learner will adopt and use the skill.

Bandura (1977) purposed three principles. The first principle is the “highest level of observational learning is achieved by first organizing and then enacting in overtly” (p. 29). This simply means that the role model should encourage the learner to model what they have observed. It is important to rehearse the actions with the role model. The role model and the learner should set a time to talk about modeled experiences. The second principle is that “individuals are more likely to adopt a modeled behavior if it results in outcomes they value” (p. 29). Perry (2009) questions “is not the imparting of professional nursing values a component of the socialization process of new nurses and students?” (p. 43). As nursing faculty begin teaching new students, it is important that professional behavior is modeled, including the selection of preferred behaviors to attaining outcomes to which the student is entitled and necessary for competence in professional nursing. This principle can be interpreted as the foundation for role socialization in nursing. Faculty can model professionalism and hopefully deter manipulation through modeling early in a student’s academic career. The third principle

is that “individuals are more likely to adopt a modeled behavior if the model is similar to the observer and has admired status” (p. 30). Students should be encouraged to choose role models whom they hold admirable.

### Social Framework

“Manipulation in the social environment occurs when a person high on the need for control reinforces dependent behavior in others” (Buss, 1987, p. 1215). While the need for power may be unconscious, the act of manipulation as a means to subjugate others and exploit their dependent tendencies may be a very conscious and deliberate act intended to attain specific outcomes that have meaning for the manipulator. Meaning of behavior, experiences, and interpretation of preferred outcomes is dependent upon an individual’s social frame of reference, which is informed by one’s knowledge and one’s interactions (de Vignemont, 2007). One’s knowledge and interactions, in turn, are impacted by many variables, not the least of which is generational affiliation, the degree to which individual’s identity with their chronological and experiential peers (Nesbit, 2010). Generational characteristics may contribute to the differences in attitudes, behaviors, role expectations, and moral considerations observed in nursing education. Generational characteristics have been cited as a source of the many misconceptions of expectations in academia today (Suplee, Lachman, Siebert, & Anselmi, 2008). Table 2 provides an overview of a typology of generations and specific traits that may predispose the methods in which they tend to define problems and how they solve them.

Table 2

*Definitions of Generational Differences*

Generation	Time Frame	Description
Millennial	Born after 1981	The most racially and ethnically diverse generation in the U.S. history and most civic minded. They are technologically savvy.
Generation X	Born between 1965 and 1979	The non-traditional student that is returning to college and is seen as an independent problem solver, and is able to multitask.
Generation Y	Born after 1980	Goes to college immediately after high school, technologically savvy, and questions and challenges authority.
Baby Boomer	Born between 1946 and 1964	May pursue a second career, traditional values, and not technologically savvy.

Several studies have been conducted studying incivility and entitlement and how faculties and students feel about attempts to influence the others' behaviors (Altmiller, 2012; Carbone, 1999; Clark & Springer, 2007a; Lippmann et al., 2009; Luparell, 2005). Within this context, incivility would be considered a type of manipulation that is based on a sense of entitlement. Entitlement is the right to a specific object, service, or benefit through social mandate or legal right. Psychologically and sociologically, a sense of entitlement refers more often to the perception of a right rather than an actual right, and may be a function of an error in thinking, narcissistic personality, or disregard for the rights of others (Feather, 2008; Lippmann et al., 2009).

Lippmann et al. (2009) stated that advanced technology shape student's social relationships, study habits, and interpersonal communication. The expansion of social media as the means of human interaction provides a type of anonymity or physical distance from others that provides the opportunity to behave in ways that would not occur

in person, expanding and obscuring the traditional social boundaries for expected roles and responsibilities. Entitlement behaviors also disregard boundaries and authorities and may be more prevalent among those individuals more active in the use of social media. There is a “consumer mentality” in the college setting that is accompanied by a change in traditional roles, where students migrate from a subordinate student role to an empowered consumer role, focused on demanding the expected outcomes for which compensation has been provided. Decreased funding, particularly among public colleges and universities, requires that most colleges yield to consumer-driven student demands. Students, who feel that they are entitled to better grades, more time on assignments, or a reduction in workload, may take up much of a nursing faculty member’s time and energy. A sense of entitlement may contribute to a nursing faculty member’s difficulty thinking through to better solutions; and, therefore, not responding effectively to student’s manipulation tactics (Lippmann et al. 2009).

The context or environment for transactions between nurse educators and students in which manipulation takes place is subject to norms or rules. Boundaries for behaviors and roles provide direction and limitations on how individuals will interact with one another. When clear boundaries and expectations are not set in the academic setting, there is the potential for behavior such as manipulation, due to the fact that student perceives the behavior as acceptable or at least not out of bounds. Many conditions determine whether or not boundaries are observed. Students who are of different ethnic and cultural backgrounds may have problems adhering to rules due to lack of knowledge or understanding. Yoder (1996) conducted a study focusing on ethnically diverse nursing students in order to identify what issues and problems impact teaching ethnic students

(p. 315). The findings of this study confirmed cultural awareness and responsiveness to be factors contributing to cultural biases among faculty and students, thereby contributing to a negative environment. The negative learning environment is characterized by unacceptable behaviors such as manipulation. Yoder (1996) also found that nursing faculty who seem either approachable or non-approachable regarding cultural issues will affect student likelihood of approaching that nursing faculty with concerns.

#### Incivility as a Type of Manipulation: Regulatory Sources Related to Professional Behavior

Clark (2012) defined civility as authentic respect for others requiring time, presence, engagement, and intention to seek common ground. Behaviors inconsistent with civility, including manipulation, have been identified as unacceptable to the profession, and subject to sanction in some instances. Lateral violence is any act or behavior that is harmful or directed toward another person, and based upon aforementioned standards set forth, such violence is prohibited (Roy, 2007). Students have stressors just as instructors have stressors, whether it is emotional or psychological. Depending upon how it is managed, stress-related behaviors have positive or negative impact on academia. Instructors that show positive role-modeling, stress management, and foster communication with students will transfer these skills to students, who, in turn, will be less likely to use manipulation as a response to stress (Clark, 2012).

Defined within the context of education, incivility occurs when students and/or teachers break the rules of conduct. Incivility is also defined as “speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior” (Clark & Springer, 2007b). Incivility is any action that interferes with

the harmonious and cooperative learning atmosphere. Incivility may also be filtered through one's culture. Osinski (2003) identified two types of misconduct: academic and disciplinary misconduct. Academic misconduct is based on behavior in the classroom and clinical settings and disciplinary misconduct is based on behavior in conflict with a code of conduct set forth by a faculty member or institution that may occur in a variety of settings.

Viewed as a problem in nursing education, incivility has caused fear and panic among nursing faculty (Lashley & de Meneses, 2001; Clark & Springer, 2007b; Luparell, 2003; Clark et al., 2012). Students also have their unique perception of incivility. Altmiller (2012) conducted an exploratory study on student perceptions of incivility. Students ranged in age from 18 to 45 years. Nine themes were identified as follows:

- unprofessional behavior (lack of professionalism, talking negatively about other students, retaliation, and nurses modeling incivility);
- poor communication techniques (belittlement, talking down to students, feeling disrespected);
- power gradient (targeting, fear of being failed, less than adequate, embarrassment);
- inequality (favoritism, adhere to rules, different standards for faculty/students, racial/ethical/gender bias);
- loss of control over one's world (help/hopelessness, questioning faculty);
- stressful clinical environment (stress, not getting help, school size);

- authority failure (faculty allow students to give them attitude and fail to control situation);
- difficult peer behaviors (side conversations in class, inattentiveness, cheating, lateness, competition among peers, and intimidation);
- and student's views of faculty perceptions (pp. 16-18).

Communication is the most frequent vehicle for incivility. Incivility as well as civility can be learned. If left unrestrained, incivility may lead to escalated levels of aggression and poor professionalism among students. Nurse educator shortages may be, in part, related to incivility (Altmiller, 2012).

Faculty can implement many strategies to decrease conflict and improve faculty-student relationships. Altmiller (2012) suggests that nurse educators place emphasis on professional behavior in classroom and clinical settings. In order to do this, the nurse educator must use clear communication. Faculty members need to communicate to students behaviors that are considered to be uncivil and establish clear boundaries through course requirements and course syllabi. Nurse educators have a tremendous responsibility and must maintain high standards while creating a positive learning environment. While maintaining these standards, students will be able to learn and can thus avoid humiliation and mistakes. Faculty members should be open to questions from students and answer appropriately. Providing constructive criticism may convey an uncaring attitude to the student. Educators should ensure strategies to help students grow and not feel inferior while correcting the performance, not the student.

Students need to know what constitutes professional behavior. One source to familiarize students with the definition of professional behavior is AACN. AACN states

that “membership in the profession requires the development and acquisition of an appropriate set of values and an ethical framework.” Establishing these skills that are required to fulfill the nursing profession, students must have the ‘ability to form partnerships with team members, work in collaboration with other professionals, assume accountability for practice, and be able to communicate and negotiate” (AACN, 2003; Luparell, 2007; Robertson, 2012). These aforementioned strategies are based on the application of the AACN standards. Previous literature has also revealed that fellow students are sometimes major barriers to learning and that a positive correlation exists, which links unethical behaviors in the classroom to clinical settings (Carbone, 1999 cited in Luparell, 2005; Altmiller, 2012).

Factors that appear to precede or impact the experience of manipulation include the characteristics of the manipulator, characteristics of the individual who is manipulated, and other situational factors such as the environmental context of the interpersonal transaction in which manipulation occurs. The characteristics of manipulation that may have been seen in academia are “rudeness, disrespect, and general disdain for colleagues” (Luparell, 2011, p. 92).

Faculty endures tardy, inattentive, and unprepared students in the classroom who make rude, disrespectful, and sarcastic comments. More than a small number of nursing faculties have reported being yelled at by students, threatened with injury, stalked, or physically assaulted. Readers will recall the 2002 murders of 3 University of Arizona nursing professors at the hands of a disgruntled student” (Luparell, 2011, p. 93).

“In response to unpleasant interactions with students, faculty have reported physical and emotional distress, a loss of self-esteem, and a decreased desire to maintain high educational standards” (Luparell, 2011, p. 93). Psychological disposition or personality traits of the manipulator that impact empathy toward others may be a critical factor impacting manipulation and must be measured in order to understand who is most likely to manipulate.

Luparell (2007) studied the effects of student incivility on nursing faculty and found that incivility had caused short-term and long-term consequences, including physical and emotional stress and negative effects on the education process. Findings of the study noted that faculty members reported loss of sleep or interrupted sleep patterns; and injury to self-esteem and confidence by thinking that they were not sufficiently adequate to be nursing faculty. Other findings were emotional toll, reliving the incident, and having “flashback” feelings, and increased time required for follow up meetings and documentation. Also, financial costs might include attorney fees and/or placing alarm systems in the home to feel “safe.” Lastly, the cost to the educational process was noted to decrease faculty motivation, and minimize grading criteria to reduce conflict. Faculty members may be leaving the teaching profession due to the incivility and moving to other forms of employment in nursing (Luparell, 2007; Clark & Springer, 2007a). A descriptive study of student incivility in the People’s Republic of China by Clark et al., (2010) noted incivility to be a problem and educators play a critical role in developing and creating tactics to decrease the incivility. Faculty members not only must teach the appropriate behavior, they must also model the behavior.

Incivility in nursing education occurs with both students and faculty. “The Incivility in Nursing Education (INE) survey was administered to 28 faculty members and 482 students. The result of the study found that more students than faculty members perceived incivility to be a moderate to severe problem” (Joint Commission, 2008). “Clearly, the level of student incivility in nursing education has increased” (Clark & Springer, 2007a). The authors conducted a study using the INE survey to investigate the problem of incivility in nursing education from both the student and faculty perspectives. They concluded that “uncivil encounters have a negative effect on the academic setting and disrupt the teaching-learning environment. Faculty, students, and administrators must engage in sustained and deliberate dialogue about the problems associated with incivility and develop strategies to improve the academic milieu” (p. 14).

#### Responding to Unacceptable Behavior

Couling et al. (2011) concluded that it is not beneficial to respond to the emotions immediately following the experience of being manipulated. It is best to first understand manipulation in terms of motivation and inner emotional dynamic; and how the manipulation relieves perceived responsibility of the one who manipulates (Couling Freilich, Cutler, Flint, Rogers, Taylor, Faulkner, & Wilkes, 2011). Assessing the situation brings up questions such as, how are boundaries tested? Can you determine if you are being manipulated? What are the signs of being manipulated? Personal boundaries are important when completing an assessment and risk assessment (Couling et al., 2011).

Creating effective teaching/learning in nursing education has been determined to be easiest at the beginning of a class. Bandura (1977) stated that if the role model, i.e., the nurse educator, demonstrates professional behavior in the classroom and clinical

setting, the learner may pick up on the higher standards of professional behavior and adapt them. It is also important for nursing students to be encouraged to find a role model that they feel will impact their lives, not only as nurses but also as a person.

Wells and Dellinger (2011) conducted a study sampling opinions of graduate nursing students in three different areas of a nursing research course. The three groups were: (a) a compressed video remote-site (students located in a classroom at a distant site who view and interact with faculty and students located in a classroom on a main campus via an interactive video system), (b) compressed video host-site (faculty and students located in a classroom on the main campus who view and interact with students located at a distant site via an interactive video system, (c) and Internet only (p. 407). The overall objective was to examine the effect of type of learning environment on perceived learning among the graduate nursing students. Findings suggested that regardless of the type of environment or different interactions between the student and nursing faculty there was no impact on the final grade. The type of learning environment had no effect on feelings of connectedness or learner-nursing faculty, learner-learner, or learner-system interactions. The findings revealed that the quality of instruction is more important than the medium by which it is delivered. "In today's complicated health care environment new nursing graduates must be equipped with the proper skills to provide adequate care under strenuous conditions. Because of the nursing shortage, new graduates are expected to be capable of mastering new nursing skills in a timely manner (Norman, 2012).

## Chapter III

### METHODS

The research problem under study involving manipulation of nursing faculty by nursing students is important due to the fact that faculty need to understand manipulation in order to maximize and improve nursing education. Faculty need to be able to identify the causative factors of manipulation and the different outcomes or consequences as a result of the manipulation.

A review of literature conducted on the concept of manipulation revealed psychological, sociological and cultural references defining and exploring the nature of manipulation. As a construct of SLT, manipulation is viewed as a learned, culturally-informed behavior that is impacted by perceived consequences and involves cognition (Bandura, 2006). While manipulation in nursing education is not well researched, research on the related concept of incivility among nursing students and nursing faculty is considerable and a review of the literature suggested that manipulation may be a category of incivility, or a mediator of incivility. An understanding of how manipulation is perceived and experienced among nursing faculty and students may inform the prevention or the reduction in negative outcomes of manipulation in academic settings.

The objective of this study is to describe the experience of manipulation as perceived by nursing faculty. This study will address four research questions:

1. What are the characteristics and relative frequency of manipulation as experienced by nursing faculty?

2. What are the expected outcomes of manipulation for the student, as perceived by nursing faculty?
3. What is the impact of manipulation as perceived by nursing faculty?
4. What faculty characteristics are associated with the perceived experience of manipulation by students?

This study examined the occurrence and relationships among characteristics of manipulators (students), characteristics of those manipulated (nursing faculty), and other contextual factors such as where and when the manipulation occurs. In addition, this study will attempt to categorize characteristics of manipulation into precursors or predictor variables and consequences or outcomes variables.

### Design

A cross-sectional descriptive correlational design was used to describe nursing faculty perceptions of the experience of being manipulated by nursing students. The purpose of descriptive correlational research is to clarify or describe the relationship between (or among) different variables. This study involved the collection of data during one period of time, and described the phenomenon of manipulation in nursing education. This study did not test an intervention. Descriptive correlational studies are used to describe relationships rather than to comprehend causal pathways. The aim of descriptive correlational research is to describe the relationships among variables rather than to infer cause-and-effect relationships (Polit & Beck, 2008, pp. 274-275).

Cross-sectional design involves the collection of data at one point in time: the phenomena under study are captured during one period of data collection. Cross-sectional studies are appropriate for describing the status

of phenomena or for describing relationships among phenomena at a fixed point in time. Cross-sectional data can most appropriately be used to infer a time sequence under two circumstances: (1) when there is evidence or logical reasoning indicating that one variable preceded the other and (2) when a cogent theoretical rationale guides the analysis. Cross-sectional studies can also be designed to permit inferences about processes evolving over time, such as when measurements capture a process at different point in its evolution with different people. The main advantage of cross-sectional designs is that they are relatively economical. There are, however, problems inferring changes over time using a cross-sectional design (Polit & Beck, 2008, pp. 206-208).

“The advantage of such a study is that subjects are not deliberately exposed, treated, or not treated and hence there are seldom ethical difficulties” (Mann, 2003, p. 59). Disadvantages of this design include the inability to differentiate cause and effect from simple association (Mann, 2003, p. 60). Another disadvantage of cross-sectional studies is that they are confined to one point in time, and with the ever changing population characteristics, the cross-sectional study may not reflect the actual situation (Babbie, 2010). The purpose of descriptive research is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development. “...the aim of descriptive correlational research is to describe the relationships among variables rather than to infer cause-and-effect relationships” (Polit & Beck, 2008, pp. 274-275). The researcher hoped to establish a basis for understanding how manipulation occurs in the academic setting,

and to generate conclusions that explain which variables contribute to the occurrence of manipulation in nursing education.

### Limitations

This study is limited to the collection of data at one point in time in one geographical area of the southeastern United States. This study focused only on the perceptions of faculty experiences with manipulation, not on actual interactions of observed manipulation between faculty and student. The concept of manipulation was explored through the documentation of characteristics and behaviors originating from research in forensic settings, which may not translate to the nursing academic setting.

This study examined the experience of manipulation and the events associated with manipulation and the characteristics of the nursing faculty and nursing students. “One of the most common and well-known study designs is the cross-sectional study design. In this type of research study, either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer research questions of interest. It is called cross-sectional because the information about X and Y that is gathered represents what is going on at only one point in time” (Olsen & St. George, 2004, p. 7). Cross-sectional studies do not involve the manipulation of variables, but allows the researcher to study multiple items at the same time, such as demographics, and is useful in looking examining whether there is the prevalence of a phenomenon in a particular population, (i.e., nursing).

### Definition of Manipulation

Theoretical Definition: For the purpose of this study, manipulation is defined as the act of deliberately influencing or controlling the behavior of others to ones' own advantage by using charm, persuasion, seductions, deceit, guilt induction, or coercion.

Operational Definition: The experience of manipulation was measured using the SNFSM questionnaire that was developed and adapted from concurrent research on forensic nurses and their patients (A. G. Hufft, personal communication, January 12, 2012). The measurement of manipulation is the scores obtained on the items identifying characteristics of manipulation derived from the research on forensic nurses and a literature the review on the subject of manipulation. The questionnaire consists of 74 questions, and 12 demographic questions pertaining to:

- type of student they are in contact with,
- number of years taught,
- courses taught,
- type of program currently involved in,
- reporting general characteristics of the nursing faculty respondents and
- asking no questions that will lead the researcher to the identity of the faculty.

Other questions described respondents in terms of their perceived experience of manipulation including to what degree the faculty have been manipulated by nursing students. Each faculty member was asked to answer questions about the purpose for which nursing students used manipulation in terms of getting more time to complete assignments, influence positive evaluations, avoid responsibility, gain personal favor,

gain respect, gain power or influence, control of the class or clinical practicum, or to entertain themselves due to boredom.

A subset of questions asked nursing faculty to identify the specific strategies used when nursing students manipulate by: lying, gossiping, defiance or arguing, introducing of irrelevant issues, challenging faculty, committing boundary violations, threatening, posing as victims to elicit sympathy or special consideration, twisting facts, or making deals (bargaining). Other strategies from which faculty can select responses include student behaviors such as: making sexual advancements, exploiting the weakness of others, doing favors for faculty, bullying, corrupting, undermining authority, conning, and/or providing flattery.

A third subset of questions measured the experience of how faculty responded to having been manipulated by getting angry, ignoring the student, confronting the student, feeling helpless, debriefing with family, or giving the students what they wanted.

A fourth subset of questions measured perceived outcomes of manipulation by nursing students. These questions focused on how faculty tended to respond or react to manipulation. Responses to manipulation included in the questionnaire are developing feelings of anger, ignoring the event, confronting the student, reporting the incident to a supervisor, discussing with colleagues and/or family/friends, taking on feelings of being conned, helpless, cornered, wanting to quit teaching, avoiding the student, and/or changing a grade or other evaluation.

In addition, faculty respondents were asked to consider the outcome of the manipulation. Did the manipulation achieve the perceived objective of the student? Did the faculty experience sustained work-related stress? Did students respond with increased

hostility or anger, or poor evaluations of faculty performance? Did students respond with presenting danger to self, boundary violations, or uncertainty? Faculty also had a subset of questions regarding the setting of where the manipulation took place. Did manipulation take place in the classroom, clinic or laboratory; during examinations; on the phone; or during face to face encounters? All questions on the survey aimed at determining the degree to which respondents (faculty members) have experienced each style of manipulation.

#### Criteria and Limitations of the Cross-sectional Descriptive Design

A cross-sectional study is the simplest variety of descriptive or observational epidemiology that can be conducted on representative samples of a population. Simply put, it is a study that aims to describe the relationship between nursing faculty, manipulation, and other factors of interest as they exist in a specified population at one particular time, without regard for what may have preceded or precipitated the observation at the time of the study.

Cross-sectional studies must be done on representative samples of the population. These studies gather information about existing conditions, but they cannot distinguish between newly occurring and long-established conditions. All they can do is measure the frequency (prevalence) of observations and demonstrate associations. They cannot identify cause-and-effect relationships, though they do identify the existence of existing issues (Bordens & Abbott, 2011; Babbie, 2010)

#### Setting

The setting for this study is the southeastern United States. South Georgia schools of nursing faculty that have contact with students regardless of instructional setting were

accessed through the Internet for participation in the study. Associate degree or baccalaureate degree programs have been included in this study. The researcher distributed electronic surveys to schools of nursing in the South Georgia area. Participants were full-time nursing faculty members. A power analysis was conducted and concluded that a sample size of at least 75 was needed and this sample size was obtained from 10 nursing schools in South Georgia.

### Sampling Design

A convenience sample was recruited by sending out the survey via Survey Monkey™ (Survey Monkey, 2012) to individual nursing faculty through each school's directory Web sites. "Convenience sampling entails using the most conveniently available people as study participants. The problem with convenience sampling is that available subjects might be atypical of the population of interest with regard to critical values" (Polit & Beck 2008, p. 341). Convenience sampling is easy to implement. The cost and time required are small and enables the researcher to achieve the sample size in a relatively fast and inexpensive way. There are hundreds of schools of nursing in and around the United States and it would be burdensome and expensive to survey faculty in all nursing schools. Disadvantages of convenience sampling include sampling bias that exists as an under-representation or over-representation of particular groups or characteristics within the sample (Bordens & Abbott, 2011; Babbie, 2010).

The criteria for participating in the survey were: 1) being employed as a full-time faculty member in a nursing program in South Georgia, and 2) having contact with students, regardless of the instructional setting. The faculty member must also have access to e-mail/Internet in order to answer the survey. A sample size of no less than 75

participants was desired for this study. Based on a review of each of the 10 schools of nursing, there were approximately 148 faculty members available for participation in this study. A power analysis of at least 75 faculty members will be representative of the nursing faculty in South Georgia.

Electronic submission of the survey was conducted using the proprietary Survey Monkey™. Statistical Package for the Social Sciences (SPSS® , Version 21, IBM Corp, Armonk, NY) was used to perform statistical analysis. Survey Monkey™ has the capabilities to perform basic analysis of this data. For individual closed-ended questions this online survey software program will tabulate the number and percentage of respondents who clicked each response option. This program also allowed the researcher to perform comparisons on how different groups of respondents answer survey questions (Survey Analysis Guidelines, 2009, p. 37).

The researcher sent a letter via e-mail to each dean of the schools of nursing asking them to encourage cooperation among their faculty, explaining to them the rationale for the study. The researcher then sent the survey directly to faculty members to answer the survey. The survey took about ten minutes to complete. Survey Monkey™ then compiled the data for input into SPSS. The researcher sent a reminder e-mail message approximately two weeks and three weeks after the initial e-mail encouraging faculties to respond to the request.

### Instrumentation

The SNFSM survey was adapted from a survey that was used in a study on manipulation among forensic nurses. The instrument was reviewed by the committee members and other forensic psychiatric and correctional nurses. Face validity was

established through consultation with a researcher working on the concept of manipulation among forensic populations and a review of manipulation and related concepts such as incivility in the literature. The SNSFM survey included descriptors identified from the review of literature on manipulation. There were no narrative responses for this survey. Participants were asked to send a separate e-mail message to the researcher requesting a copy of the results of this study.

The SNFSM survey consists of scales that investigated the general experience of manipulation, manipulation motives, manipulation methods, reactions to manipulation, personal outcomes, the setting of where manipulation took place, and lastly, demographics. During the administration of the survey, the scales and questions within each scale were viewed at random within Survey Monkey™. A major limitation and threat to internal validity is the fact that there are no measures of content validity, criterion validity, concurrent validity, or construct validity. In order for the researcher to report with accuracy the results of a study, reliability and validity are necessary (Burton & Mazerolle, 2011, p. 28). “Validity is a more complex concept that broadly concerns the *soundness* of the study’s evidence – that is, whether the findings are unbiased, cogent, and well grounded” (Polit & Beck, 2008, p. 196). “Validity is the degree to which an instrument measures what it is supposed to measure” (Polit & Beck, 2008, p. 457). “Face validity refers to whether the instrument *looks* as though it is measuring the appropriate construct” (Polit & Beck, 2008, p. 458).

“Reliability refers to the accuracy and consistency of information obtained in a study” (Polit & Beck, 2008, p. 196). Reliability was a major limitation due to the fact that this instrument is newly developed and has yet to be used. “An instrument’s reliability is

the consistency with which it measures the target attribute. The less variation an instrument produces in repeated measurements, the higher its reliability. Thus, reliability can be equated with a measure's stability, consistency, or dependability" (Polit & Beck, 2008, p. 452).

Each item on the SNFSM survey was measured on a scale of 0-3, indicating the frequency with which the event or response occurred: measurements on the tool consist of 3 = frequently, 2 = occasionally, 1 = seldom and 0 = never. The researcher correlated responses to determine if there were relationships among variables of manipulator characteristics, victim characteristics, and contextual characteristics. Another limitation of this study relates to the purpose of the SNFSM survey; this tool was not measuring the actual occurrence of manipulation, but the way faculty perceives that they have been manipulated.

### Procedures

Data was collected after approval from the Institutional Review Board was obtained (see Appendix A). E-mail messages with a link to Survey Monkey™ were sent to deans of ten targeted nursing programs in South Georgia in order to solicit support. Three days after the initial contact with the deans, the survey was sent electronically to each faculty member in those nursing programs.

Results will be tabulated after a minimum of 75 surveys were received. When at least 75 surveys were answered, data was analyzed using SPSS. Survey Monkey™ was used to randomly place the sections and questions into SPSS so that there was no bias based upon how the questions were arranged. The survey did not ask for the faculty member's name or other personal identification data and therefore anonymity and

confidentiality were assured. This was done in order to pose no harm to respondents and to encourage honest responses.

### Data Analysis

Demographic data (see Appendix B) and SNFSM survey results were analyzed using descriptive statistics. Variables of age of respondent, number of years teaching, and number of years at the present institution were summarized through analysis of ratio level data, means, and standard deviation. "Ratio level data is the highest level of measurement and ratio scales have a rational, meaningful zero" (Polit & Beck, 2008, p. 558).

Demographic variables of highest degree earned, type of basic nursing education, type of graduate nursing education, rank, tenure status, race/ethnicity, gender, specialty area, and courses taught were analyzed using non-parametric statistics for nominal and ordinal data. Frequency distributions, mode, median, and range were calculated.

Responses to each of the items in the questionnaire were analyzed using both descriptive and non-parametric inferential statistics appropriate for ranked data. Measurements were ranked on a scale of 0-3 where 3 = frequently, 2 = occasionally, 1 = seldom and 0 = never. The researcher then inferred from the data gathered the degree to which each respondent, and the total sample collectively, experiences manipulation. A frequency table was generated to summarize the total number of responses to each question and indicate the number and percentage of respondents who answered each question. Correlations established how demographic data and other variables are related to the survey questions and helped to identify possible causative variables which could be the basis for model construction in future research.

The faculties were given two weeks to answer the survey. After the two weeks, a reminder was sent to all individuals sampled, reminding them of the survey and inviting them to participate, and then after three weeks. After 75 subjects have been recruited, or at the completion of the three months, whichever comes first, Survey Monkey<sup>TM</sup> then incorporated data into SPSS and the researcher was then able to apply further analysis, if indicated and interpret the results.

## Chapter IV

### RESULTS

Nursing faculty respondents from the southeastern United States were invited to participate in a study of manipulation in nursing education. Eighty (54%) of the 148 faculty members responded to an online survey. Sixty-nine (88%) were female and 9 (12%) were male. The age of the respondents ranged from 31 to 66 years with a mean age of 47. Two respondents did not indicate their gender. Fifty-two (67%) had masters degrees and 25 (33%) had doctorate degrees. Sixteen (20%) taught in associate degree programs, 43 (54%) taught in bachelor degree programs, 13 (17%) taught in master's degree programs and 7 (9%) taught in doctoral degree programs. Twelve (15%), of the respondents taught traditional-aged students, 37 (47%) taught traditional-aged and older students, and 29 (37%) taught traditional-aged and non-traditional students.

#### Research Questions

This study addressed the following research questions from the nursing faculty member's perspective:

1. What are the characteristics and relative frequency of manipulation as experienced by nursing faculty?
2. What are the expected outcomes of manipulation for the student as perceived by nursing faculty?
3. What is the impact of manipulation on faculty as perceived by nursing faculty?

4. What faculty characteristics are associated with the perceived experience of manipulation by students?

#### Faculty Members Perceptions of Manipulation

The first four questions in the survey explored how often respondents experienced manipulation. Subsequent survey items measured more detailed information regarding types of manipulative behavior, faculty responses to manipulative behavior, and outcomes of manipulation (see Table 3). A majority of the respondents perceived student behavior to be manipulative. One hundred percent of the respondents considered nursing student behaviors to be manipulative. In response to the statement of “how often do you consider behavior of nursing students to be manipulative,” 37.5% (30) responded frequently and 52.5% (42) responded occasionally. Thirty-three (41.3%) of the respondents frequently discussed the issue of manipulation with their colleagues. In response to the statement of “how often have you ever experienced manipulation by nursing students in the setting in which you teach,” 32.5% (26) responded frequently and 53.8% (43) responded occasionally. Lying was perceived as manipulative by more than 70% of the respondents.

Table 3

*Faculty Perceptions of Manipulation by Nursing Students*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
How often do you consider behavior of nursing students to be manipulative?	0	5(6.3%)	47(58.8%)	28(35%)	2.3	.58
How often have you discussed the issue of student manipulation with colleagues?	2(2.5%)	17(21.3%)	30(37.5%)	31(38.8%)	2.1	.66
How often have you ever experienced manipulation by nursing students in the setting in which you teach?	0	13(16.3%)	44(55%)	23(28.7%)	2.1	.83
How often do you experience students lying to you in order to gain advantage in a course?	2(2.5%)	19(23.8%)	43(53.8%)	16(20%)	1.9	.73

*Note n = 80*

Setting of Manipulation

In Table 4, the responses identify where the experienced manipulation mostly likely occurred. Faculty (30) reported having dealt with manipulation most while in meetings with students (41.1%). The next most occasional setting where manipulation was encountered was classroom during lecture, clinical setting, laboratory setting, and during test debriefing. The least likely places faculty encountered manipulation from students were in halls or offices (public places), during examinations, and on the phone during after-hours contact.

Table 4

*Nursing Faculty Perception of Settings in which Manipulation Among Nursing Students Occurs*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
In meetings with faculty*	4(5.5%)	13(17.8%)	26(35.6%)	30(41.1%)	2.1	.90
Classroom during lecture or demonstration	4(5.4%)	15(20.3%)	47(63.5%)	8(10.8%)	2.0	.70
Clinical setting	6(8.1%)	16(21.6%)	47(63.5%)	5(6.8%)	1.7	.72
Laboratory setting*	9(12.2%)	14(18.9%)	46(62.2%)	5(6.8%)	1.6	.80
During test debriefing	12(16.2%)	18(24.3%)	36(48.6%)	8(10.8%)	1.5	.90
In person after-hours contacts	14(18.9%)	22(29.7%)	27(36.5%)	11(14.9%)	1.5	.10
In public places such as the halls or office*	11(15.1%)	31(42.5%)	24(32.9%)	7(9.6%)	1.4	.90
During examinations	16(21.6%)	29(39.2%)	25(33.8%)	4(5.4%)	1.2	.90
On phone in after-hours contacts*	19(26%)	26(35.6%)	23(31.5%)	5(6.8%)	1.2	.91

*Notes. n = 74, \*n = 73*

Faculty Member's Experiences With Student Manipulation

The first research question was to determine the characteristics and relative frequency of manipulation as experienced by nursing faculty. To identify the faculty members' experiences with student manipulation, statements were constructed (see Table 5). Faculty occasionally experienced all of the items in the survey. The faculty had more experience with students frequently focusing on irrelevant issues and lying.

Table 5

*Experiences with Student Manipulation*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D
Spreading gossip	2(2.5%)	18(22.5%)	45(56.3%)	15(18.8%)	2.2	.80
Focusing on irrelevant issues*	1(1.3%)	14(17.5%)	30(37.5%)	35(43.8%)	2.1	.72
Lying	3(3.8%)	11(13.8%)	40(50%)	26(32.5%)	2.0	.81
Being defiant and arguing	6(7.6%)	29(36.7%)	35(44.3%)	9(11.4%)	2.0	.71
Presenting as victims or oppressed	7(8.8%)	21(26.6%)	42(53.2%)	9(11.4%)	2.0	.80
Challenge you by displaying minor infractions of rules and policies on a consistent basis	5(6.3%)	18(22.5%)	39(48.8%)	18(22.5%)	1.7	.80
Inappropriate dialogue	17(21.3%)	26(32.5%)	33(41.3%)	4(5%)	1.6	.90
Threatening to have information damaging to other*	5(6.3%)	21(26.6%)	43(54.4%)	10(12.7%)	1.1	.90

Note:  $n = 78$ , \*  $n = 77$

Characteristics of Students' Manipulations

To understand why nursing students utilize manipulation tactics statements characterizing manipulation were assessed (see Table 6). Faculty reported having frequent experiences with students who played on the weaknesses of faculty members or other students, shared inappropriate information about others, or sought biased or preferential treatment. Faculty also reported occasionally having dealt with all of the listed items at least 33.8% of the time and no faculty member reported experience with offering rewards or undermining authority. Faculty members reported that they seldomly

experienced bullying, conning, offering rewards, bribery and making social overtures to faculty members.

Table 6

*Statements Characterizing Student Manipulation*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D
“Twisting the facts” to suit their situation*	3(3.8%)	20(25%)	43(53.8%)	14(17.5%)	2.1	.80
Trying to “make deals”	10(12.5%)	28(35%)	32(40%)	10(12.5%)	2.0	.80
Playing on the weaknesses of faculty members or other students to gain advantage*	2(2.5%)	20(25%)	33(42.3%)	23(29.5%)	2.0	.80
Sharing inappropriate personal information about others*	1(1.3%)	14(17.9%)	35(44.9%)	28(35.9%)	2.0	.90
Undermining authority**	21(27.3%)	35(45.5%)	16(20.8%)	5(6.3%)	2.0	.82
Dividing others; turning others against one another*	3(3.9%)	13(16.9%)	37(48.1%)	24(31.2%)	2.0	.81
Creating conflict within groups of students or faculty*	6(7.7%)	20(25.6%)	43(55.1%)	9(11.5%)	2.0	.80
Seeking and receiving biased or preferential treatment by faculty members or other students	1(1.3%)	1(1.3%)	40(51.9%)	22(28.6%)	1.4	.80
Building special relationships with faculty members through flattery, sympathy, or intimacy*	5(6.3%)	26(33.8%)	36(46.8%)	10(12.5%)	1.4	.84
Doing favors for faculty members or other students*	1(1.3%)	20(25%)	42(53.8%)	1(19.2%)	1.3	.80
Bullying others	5(6.3%)	24(30.8%)	37(47.4%)	12(15.4%)	1.3	.90
Undue attention to faculty member mood or disposition	8(10.4%)	31(40.3%)	28(36.4%)	10(12.5%)	1.3	.80
Conning others into giving them undeserved goods, grades or services*	2(2.5%)	24(30.8%)	35(44.9%)	17(21.8%)	1.1	.73
Offering or appearing to offer rewards for favors	46(59%)	27(34.6%)	5(6.3%)	0	1.1	.80
Corrupting other students or faculty through bribery or coercion**	8(10.3%)	26(33.3%)	33(42.3%)	11(13.8%)	.90	.80
Making social or romantic overtures to faculty members	9(11.3%)	29(36.3%)	27(33.8%)	15(18.8%)	.50	.62

Note: n = 78, \*n = 77, \*\*n = 76

Faculty member's reported frequently and occasionally having experienced students trying to gain respect or admiration from others. Almost half of the faculty reported to have experienced students avoid accepting responsibility for performance that is not acceptable. According to the results of this study, most faculties have had some type of experience with students finding reasons for manipulative tactics.

Table 7  
*Students' Reasons for Manipulation Tactics*

N = 80	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
Gain personal favor or alliance any faculty member?	11(14.3%)	34(44.2%)	29(37.7%)	3(3.9%)	1.3	.80
Control the clinical or classroom setting?	8(10.3%)	35(44.9%)	30(38.5%)	5(6.3%)	1.4	.76
Be excused from an assignment or expectation that is unpleasant or undesirable to them?	17(22.1%)	29(37.7%)	25(32.5%)	6(7.8%)	1.3	.90
Enter into a social relationship with you or another faculty member?	27(35.5%)	31(40.8%)	18(23.7%)	0	.90	.80
Gain respect or admiration from others?	4(4.3%)	19(25%)	36(47.4%)	17(22.4%)	1.9	.82
Entertain themselves because they are bored in the educational setting?	16(20.8%)	42(54.5%)	17(22.1%)	2(2.6%)	1.1	.73
Place themselves in positions of power and influence?	6(7.8%)	25(32.5%)	36(45%)	10(13%)	1.6	.81
Avoid accepting responsibility for performance that is not acceptable?	3(3.9%)	19(24.7%)	37(48.1%)	18(24.4%)	2.0	.80
Have their work evaluated positively?	18(23.1%)	37(47.4%)	22(28.2%)	1(1.3%)	1.1	.80
Be granted more time in which to complete assignments?	9(11.8%)	38(50%)	20(26.3%)	9(11.3%)	1.4	.84
Avoid accepting responsibility for actions that are unethical?	11(14.3%)	35(45.5%)	26(33.8%)	5(6.5%)	1.3	.80

Faculty Members Responses to Student Manipulation

Table 8 lists faculty responses to student manipulation. Faculty members frequently and occasionally discussed the issue of manipulation with colleagues, informed supervisor/department head, and got angry. Some of the faculty reported that they never deferred a student (50.7%) to avoid conflict, felt helpless (41.3%), and never debriefed with family and friends (25.7%).

Table 8

*Faculty Responses to Student Manipulation*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
Discuss with colleagues	2(2.6%)	6(7.5%)	30(39.5%)	38(50%)	2.4	.75
Confront the student immediately	3(3.9%)	15(19.7%)	27(35.5%)	31(40.8%)	2.1	.90
Inform your supervisor	2(2.6%)	18(23.7%)	41(53.9%)	15(19.7%)	2.0	.73
Get angry	9(11.8%)	25(32.9%)	39(51.3%)	3(3.9%)	1.5	.80
Try to ignore the event	16(21.1%)	24(31.6%)	24(31.6%)	12(15.8%)	1.4	1.0
Debrief with family and friends**	19(25.7%)	21(28.4%)	19(25.7%)	15(20.3%)	1.4	1.1
Find getting conned	10(13.2%)	51(67.1%)	14(18.4%)	1(1.3%)	1.1	.61
Defer the student to avoid conflict*	38(50.7%)	23(30.7%)	13(17.3%)	1(1.3%)	.70	.80
Feel helpless*	31(41.3%)	22(29.3%)	20(26.7%)	2(2.5%)	.70	.80
Discuss with other students*	57(76%)	15(20%)	2(2.7%)	1(1.3%)	.30	.60

*Note. n = 76, \*n = 75, \*\* n = 74*

Table 9 depicts additional responses from faculty and notably 44% of faculty occasionally felt stressed or fatigued from student manipulation. Another 47.4% of the faculty occasionally imposed additional structure in the educational setting. Almost 58%

of faculty reported that they never avoided or ignored the student and 76.3% of the faculty reported that they never inflated grades for students.

Table 9

*Additional Faculty Responses to Student Manipulation*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
Experience stress/fatigue*	9(12%)	12(16%)	33(44%)	21(28%)	2.0	1.0
Impose add'l structure	6(7.5%)	11(14.5%)	36(47.4%)	23(30.3%)	2.0	.90
Think about quitting teaching*	21(28%)	22(29.3%)	21(28%)	11(14.7%)	1.3	1.0
Re-evaluate the student	19(25%)	41(53.9%)	13(17.1%)	3(3.9%)	1.0	.76
Feel cornered*	26(34.7%)	23(30.7%)	24(32%)	2(2.7%)	.90	.88
Change test scores	35(46.1%)	31(40.8%)	9(11.8%)	1(1.3%)	.70	.73
Give the student what they want	31(40%)	7(48.7%)	8(10.5%)	0	.70	.70
Avoid the student	39(51.3%)	26(34.2%)	10(13.2%)	1(1.3%)	.64	.80
Ignore the student	48(63.2%)	20(26.3%)	6(7.9%)	2(2.6%)	.50	.76
Inflate grades	58(76.3%)	15(19.7%)	3(3.9%)	0	.30	.53

*Note. n = 76, \*n = 75*

Outcomes to Student Manipulation

To identify the outcomes to students' manipulation tactics, nine statements were constructed (see Table 10. Faculty occasionally had an increase in stress (44.6%), decreased or eliminated the occurrence of manipulation (44.6%), and possibly had a boundary violation (40.3%). Only 8.1% of faculty reported having never experienced stress from student manipulation.

Table 10

*Outcomes to Student Manipulation*

	Never 0	Seldom 1	Occasionally 2	Frequently 3	M	S.D.
Increases your stress	6(8.1%)	16(21.6%)	33(44.6%)	19(25.7%)	1.9	.90
Are uncertain	5(6.8%)	25(34.2%)	26(35.6%)	17(23.3%)	1.8	.90
Decreases or eliminates the occurrence of manipulation	3(4.2%)	24(33.3%)	32(44.4%)	13(18.1%)	1.8	.80
Results in students being more angry or disappointed in your performance	3(4.1%)	33(44.6%)	29(39.2%)	9(12.2%)	1.6	.80
Usually has no effect	6(8.1%)	35(47.3%)	26(35.1%)	7(9.5%)	1.5	.80
Results in a possible boundary violation**	15(20.8%)	25(34.7%)	29(40.3%)	3(4.2%)	1.3	.84
Sometimes results in increased vulnerability in your job*	23(31.5%)	25(34.2%)	21(28.8%)	4(5.5%)	1.1	.90
Puts you in danger	34(45.9%)	26(35.1%)	12(16.2%)	2(2.5%)	.80	.82
Results in students being satisfied with your performance*	33(45.2%)	30(41.1%)	10(13.7%)	0	.70	.70

*Note.*  $n = 74$ , \* $n = 73$ , \*\* $n = 72$

Faculty Characteristics and Perceived Student Manipulations

The final objective was to determine what faculty characteristics were associated with the perceived experience of manipulation. The four demographic variables, faculty level of education, faculty years of teaching, program type, and type of student were analyzed for their predictive relationships to faculty perceptions of manipulation, experiences with student manipulation, characteristics of students' manipulations, students' reasons for manipulation, faculty member's reactions to student manipulation, and outcomes to student manipulation.

Faculty Level of Education and Manipulation Responses

Significant relationships that were found between experiences with student manipulation and faculty level of education (masters and doctorate) (see Table 11). It was noted that the higher the level of education of the faculty member, the less manipulation they experienced from students. The lower the educational level, the more likely the faculty dealt with student manipulation.

Table 11

*Faculty Level of Education and Manipulation Responses*

	Education Level (r)
Doing favors for faculty members or other students?	-.239*
Making boundary violations; entering into inappropriate dialog or relationship with faculty members, other students, or patients?	-.251*
Offering or appearing to offer rewards for favors?	-.256*
In public places such as the halls or offices	.259*
Are uncertain	.287**

\* $p < .05$ , \*\* $p < .01$

Faculty Years of Teaching and Manipulation Responses

There was a significant correlation between the number of years teaching and manipulation; the greater the number of years taught, the less likely faculty members experienced gaining alliance, making boundary violations or entering into inappropriate relationships with faculty, re-evaluating the student and imposing additional structure in courses. However, with fewer years taught, the faculty was more likely to experience students lying, playing on the weakness of faculty, and bullying, in addition to faculty changing test scores and being uncertain of the outcome (see Table 12).

Table 12

*Faculty Years of Teaching and Manipulation Responses*

	Years of Teaching (r)
How often do you experience students lying to you in order to gain advantage in a course?	-.233*
Gain personal favor or alliance with you or another faculty member?	.232*
Making boundary violations; entering into inappropriate dialog or relationship with faculty members, other students, or patients?	.227*
Playing on the weaknesses of faculty members or other students to gain advantage?	-.288**
Bullying others?	-.229*
Inflate grades	-.232*
Change test scores or items	-.233*
Re-evaluate the student performance evaluation	.258*
Impose additional structure or written policies or guidelines in courses	.258*
Are uncertain	-.271**
On phone in after-hours contacts	.275**

\* $p < .05$ , \*\* $p < .01$

Program Type and Manipulation Responses

There were numerous significant relationships between program type (associate, bachelor, masters, and doctorate) and response to manipulation factors (see Table 13). The lower the degree program, the more likely faculty inflated grades. The higher the degree program, faculty were less likely to find students lying, asking to be excused from assignments, entering into social relationships with faculty, and sharing inappropriate information about others.

Table 13

*Program Type and Manipulation Responses*

	Program Type (r)
How often do you experience students lying to you in order to gain advantage in a course?	-.249*
Be excused from an assignment or expectation that is unpleasant or undesirable to them?	-.427***
Enter into a social relationship with you or another faculty member?	-.268*
Gain respect or admiration from others?	-.238**
Presenting themselves as victims or as being oppressed?	-.280**
Sharing inappropriate personal information about others?	-.315**
Doing favors for faculty members or other students?	-.248*
Find yourself getting "conned"	-.229*
Inflate grades	.233*

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Type of Student and Manipulation Responses

Significant correlations noted in regards to type of student were noted to be that the higher the level the education, the lower the manipulation occurred. Inversely, the lower the level of the student, (associate and bachelor), the more likely the faculty were to experience manipulation from the students. Faculty had more experience with gaining personal favor and alliance than any other tactic used by students (see Table 14).

Table 14

*Type of Student and Manipulation Responses*

	Student Type (r)
Gain personal favor or alliance with you or another faculty member?	-.361***
Find yourself getting “conned”	-.310**
Defer to the student to avoid conflict	-.300**
Results in students being satisfied with your performance	.289**
Avoid accepting responsibility for performance that is not acceptable?	-.287**
Are uncertain.	.271*
Sometimes results in increased vulnerability in your job	-.266*
Enter into a social relationship with you or another faculty member?	-.265**
Think about quitting teaching	-.259*
When not in direct contact with faculty	-.246*
Inflate grades	-.243*
Enter into a social relationship with you or another faculty member?	-.232*

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

## Chapter V

### DISCUSSION

#### Introduction

A review of the clinical and research literature reveals that manipulation is defined in many different ways, from physical mechanical adjustment and application of research design, to controlling and influential behaviors. While the concept of manipulation is easily identified as a behavior manifested by clients in psychiatric settings, particularly among those patients with personality disorders, the term is not unique to that setting. Manipulation is conceived as conscious and unconscious, adaptive and destructive, and there are multiple theoretical explanations for its occurrence (Bowers, 2003a; Buss, 1987; Chartrand, 2005; Davidhizar & Giger, 1992). The concept of manipulation has not been widely studied within the context of nursing education. Common usages of the term, “manipulation” have been linked to descriptions of an undesirable behavior that creates a negative teaching/learning environment and possibly contributes to inadequate role socialization and faculty work stress (Del Prato, Bankert, Grust, & Joseph, 2011; King-Jones, 2011; Luparell, 2011)

In order to sustain quality nursing education in which graduates are appropriately prepared for professional practice, it is important that nursing faculty identify the factors which contribute to the incidence of manipulation and mediate the negative consequences of manipulation. Students manipulate in different ways which can include lying, gossiping, making boundary violations, “making deals with faculty,” bullying, and

undermining authority, just to name a few. Undergraduate nursing education programs usually span two years in the upper division major, providing limited access to students. In that short time, educators have to create a teaching/learning environment in which students are successful in acquiring professional accountability, responsibility, and skills to effectively care for patients and families. The use of manipulation by students in the educational setting may impact their ability to meet professional expectations. If educators allow manipulation to take place in the educational setting, without appropriate intervention, how can the student know what is acceptable and unacceptable behavior? How can students learn to solve problems in ways which do not exploit or undermine others?

Manipulation, as a conscious, destructive behavior aimed at self-gratification that is insensitive to the needs of others, and in the context of this study, has the potential to create teaching/learning environments which discourage accountability, intellectual rigor, and ethical responsibility. Unchecked, manipulation among nursing students increases student and faculty stress, demoralizes, and diverts energies from the academic and professional mission. A better understanding of how manipulation occurs, what motivates students to manipulate, and how faculty perceive and generally respond to manipulation may provide the basis for the development of strategies to prevent manipulation or decrease its negative impact on faculty work life and student role development.

#### Summary of the Study

This study examined characteristics of manipulation and the responses of faculty to manipulation as measured by a survey constructed by the researcher. The SNFSM, which was developed based on the outcomes of a study done on the experiences of

manipulation by patients in forensic settings (A. G. Hufft, personal communication, January 12, 2012), approaches manipulation from the viewpoint of motivation for the behavior (expected outcomes), characteristics of victims of manipulation, types of manipulation, responses to manipulation by the victim, and outcomes of manipulation. Participants in the study were invited to complete an online questionnaire. The results of this study were based on responses to this questionnaire from 80 nurse faculty located in the southeastern United States.

### Findings

Faculties from ten different schools of nursing the southeastern United States participated in this study. Selection criteria included full-time appointment as a nursing faculty, e-mail accessibility, and contact with students, regardless of instructional setting. The faculty taught in Associate Degree Nursing Programs, Baccalaureate Nursing Programs and graduate nursing programs. The deans of the nursing programs were contacted prior to contacting the prospective participants in order to encourage their faculty to participate in the study. One hundred forty-eight faculty were invited to participate in the study. The invitation was sent via an e-mail message that included a description of the study, informed consent, and a link for the survey which was administered using Survey Monkey™.

### Discussion of Research Question 1: What are the characteristics and relative frequency of manipulation as experienced by nursing faculty?

All of the respondents indicated that they considered the behavior of nursing students to be manipulative, and had observed such behavior in the settings in which they taught. Faculty reported that manipulation is an occasional (37.5%) or frequently

(38.8%) topic of conversation with their nursing faculty colleagues and over 77% of faculty reported that lying was a behavior that students used to gain advantage in a course. Clearly faculty perceived manipulation as an issue that impacted their classrooms and clinical education settings, and therefore a topic relevant for study. Nursing faculty reported that they believed that students typically lied because they did not want to endure the consequences of being held responsible for their unacceptable or unethical behavior.

Findings of this study revealed that a very small number of faculty experienced inappropriate intimacy as a form of manipulation. Only 11.3% of faculty members reported that students made a social or romantic overture towards the faculty member. This is in contrast to the findings of Hufft (2012, personal communication) whose research with forensic nurses indicated that a majority of the nurses working in correctional settings reported experience with manipulation in the form of social and romantic overtures. Findings from Muñoz et al. (2010) noted that students will engage in sexual coercion as a means of satisfaction instead of dating one person. Students also use coercion or manipulation in order to gain sexual favors. SLT (Bandura, 1977) proposes that people learn through their social experiences; just because they observe a behavior such as manipulation does not mean that the student will adopt that behavior for themselves. The use of sexual coercion as a form of manipulation may be used among students, but was not reported in this study as a common occurrence among nursing faculty and nursing students. This could be due to the lack of adoption of this behavior among students in relation to faculty, or it could be due to faculty reluctance to report a type of manipulation that has an extremely negative social impact for the faculty member.

Other behaviors that were not reported as major types of manipulation among faculty included corrupting another student or faculty by bribery or coercion.

While sexual overtures were not reported as frequently observed manipulative behavior, other behaviors such as making social overtures, doing favors for faculty, and building special relationships were reported as occurring only occasionally. Nursing faculty who are not in control of the teaching/learning environment and allow students to dictate rules for the classroom or clinical setting observed boundary violations. Peternej-Taylor & Yonge (2003) concluded that in spite of the processes that can be put in place to monitor and intervene to avoid boundary violations in clinical nursing practice, the only effective means to creating and maintaining therapeutic roles is for “nurses” to make decisions about boundaries based on the best interests of the clients in their care” (p. 65). Professional boundaries are the primary means by which nurses assert the power of their expertise, while not violating a patient’s vulnerability (NLN, n.d.). The establishment of clear professional boundaries is dependent upon social interaction with individuals who maintain boundaries, the individual interpretation of boundaries, and the environmental context in which the boundaries are experienced. Students must be able to analyze the appropriateness of their actions, including how they problem solve and what demands they make of others, based on the nature of the environment in which they work, the needs of their patients, and pre-existing relationships with patients. The ability to recognize and act on expected roles and limitations on their behaviors in the educational setting impact the ability of the nursing student to establish professional boundaries in practice. Manipulation of faculty involves violating the expected roles in the student-faculty relationship.

Boundary violations in nursing education include instances when the faculty and student roles are reversed or when students engage in social or controlling relationships with faculty. Faculty may feel that if they allow the students to “help” them, or if they engage in activities outside the educational experience, the student will like them and they will get better evaluations from their students. Some faculty may not see this as a boundary violation because they feel they need to be friends with their students (Hepworth, 1993).

Sixty-seven percent of faculty members reported that they frequently or occasionally witnessed students threatening others or implying that they had information that could be damaging to others. Bandura (1977) proposed that intrinsic force; e.g., rewards or a sense of accomplishment, pride, and satisfaction; along with the fear of failure may influence the adaption of manipulation for students. Manipulation through threats is a precursor to violence, and the perception among faculty that this exists among nursing students is a serious threat to the psychological, emotional, and physical safety of the nursing education environment. Consider the University of Arizona incident in 2009, when a student flunking out of the nursing school shot three professors and then killed himself. Robert Flores, Jr. was described as a “rude, obnoxious type of person, who was aggressive and mean” (Holguin, 2009) ... and intimidated his faculty through overt threats and outbursts of anger over what he perceived as unfair treatment. The characteristics of manipulation overlap and it is unclear, based on this research, whether they are related concepts or if one is a subset of the other. Thirty percent of the faculty who responded to this survey clearly identifies threats as a behavior they observe in nursing students.

Discussion of Research Question 2: What are the expected outcomes of manipulation for the students as perceived by nursing faculty?

Students manipulate in order to gain power and advantage of controlling the classroom setting or gratifying their own needs. Students also use manipulation to gain unearned benefits, such as passing clinical grades (Hepworth, 1993). Faculty respondents noted occasionally that they felt that outcomes resulted in students being more angry or disappointed in the faculty performance (see Table 7). Although previous studies revealed that student violence toward faculty is becoming more of a problem (Luparell, 2011; Clark, 2007a;) and that most faculty perceived that students manipulate through the use of threats; those faculty seldom (35.1%) felt that they were in danger.

Forty two percent of faculty felt that the outcome of manipulation was occasionally a possible boundary violation. Boundary violations have significance to nursing due to the nature of the professional nurse-patient relationship. In order for therapeutic relationships to be effective, it is essential that nurses distinguish and manage professional from personal and therapeutic relationships. Inability to manage boundaries due to psychological need or desire for personal satisfaction is a serious threat to the professional nursing role.

Over 40% of the faculty reported traits among students consistent with those observed in offender patient populations by forensic and correctional nurses including: making deals, playing on the weakness of faculty, dividing others, challenging authority, presenting themselves as victims, being defiant and argumentative, undermining authority, and creating conflict. These behaviors reflect both disrespect for authority and the goal to disrupt the social environment. Within the environmental context of SLT,

Bandura (2006) proposed that individuals interact in many ways. Persons who need an accomplishment in the form of personal advancement and social status will manipulate to obtain their desired goal.

Forty three percent of faculty reported that outcomes of manipulation could result in student anger or disappointment with the faculty. Not surprisingly, a similar percentage (42.3%) reported responding to manipulation with increased stress. The fear among some nursing faculty of possible reprisal, poor student evaluations, and non-advancement through promotion/tenure serves as reinforcement of maladaptive responses to manipulation (Lashley & De Meneses, 2001).

Discussion of Research Question 3: What is the impact of manipulation on faculty as perceived by nursing faculty?

Faculty also reported that they frequently (23.1%) or seldom (33.3%) debriefed with family or friends. Faculty (46.2%) occasionally re-evaluated the student. Clark and Springer (2007) report that faculty members become concerned when approaching manipulative behavior due to fear of rejection, poor evaluations, negative student input, and negative impacts on promotion and tenure decisions. SLT is a three-way, dynamic, reciprocal model in which environmental influences, cognitive factors, and personal behaviors interact with one another and determine how a person learns, imitates, and/or models others (McEwen & Wills, 2002, p. 332). On the lower side of the scale, faculty (62.8%) reported that they have never inflated grades and seldom 44.9% gave the students what they wanted.

Discussion of Question 4: What faculty characteristics are associated with the perceived experience of manipulation by students?

The findings of this study confirmed significant relationships among faculty characteristics and the experience of manipulation. Faculty characteristics associated with student manipulation were faculty members' level of education (i.e., Master's and Doctorate) number of years teaching, and the type of program in which the faculty taught (i.e., associate, bachelors, masters or doctorate). Respondents with masters degrees were more likely to experience students making boundary violations, doing favors for faculty members or other students, and students offering or appearing to offer rewards for favors, while those with doctorates were more likely to be uncertain about the outcome of the manipulation, or to have students attempt manipulation in a public place such as the halls or offices. This means that boundary violation were more likely perceived with the higher the education level, but not necessarily the number of years taught, because students preparing for higher education have already established working or home routines and the student may feel that faculty requests are too demanding. Also, boundary violation could result because the instructor is younger with a higher degree and the student is a young traditional student straight out of high school who has not had the experience of boundaries.

With reference to teaching experience, the greater the number of years teaching, the more likely the faculty experienced student manipulation in public places such as halls or offices, and the more uncertain faculty were of the outcomes of manipulation with higher levels of education. In addition, the longer a nurse had been teaching, the more likely the faculty reported inflating grades, lying, changing test scores or items, and

being uncertain. However, there was a correlation between the length of time taught and a decrease in the amount of manipulation experienced such as manipulation to gain personal favor or alliance with you or another faculty member, making boundary violations, re-evaluating the student's performance evaluation, impose additional structure or written policies or guidelines in courses, and on phone in after-hours contacts.

With reference to the program type in which they taught (i.e., Associate, Bachelor's, Master's, and Doctorate) the lower the level of program that the faculty member taught, the more likely the faculty member was to inflate grades for students. The higher the student degree program, the less likely the faculty were to experience lying in order to gain advantage in a course, being excused from assignments that are unpleasant, entering into social relationships with faculty, gaining respect and admiration from others, sharing inappropriate information, doing favors, and feeling conned.

### Conclusions

Based on the findings in this study, it seems that newer, younger faculty members are manipulated more so than the older, seasoned faculty members. Based on this study, more faculty are manipulated than not, possibly because the faculty lack skills in setting expectations, limit setting, and/or not following through with the limit setting. Reasons for not following through with limit setting may be the fear of poor evaluations, reprisal from authority figures or avoiding conflict altogether. Perhaps newer faculty are less likely to have problems admitting that they have been manipulated and older faculty may feel that they "shouldn't be manipulated?" Older, more experienced faculty may be more tolerant of manipulation simply because they have been exposed to the behavior and have

grown insensitive. Accumulated stress on nursing faculty may render their responses to students weak and ineffective due to fatigue and “burnout,” signaling feelings of powerlessness. It is hard to determine whether the stress and lack of effective response to student behaviors is the cause or result of manipulation. The relationships among variables impacting this process may be more complex than can be described by this study.

Based on SLT, students do not always adopt the manipulative tactics they observe in others. If the student has witnessed that manipulation is effective in gaining desired rewards that the student feels unable or unwilling to attain otherwise and to which they feel entitled, they may use manipulation may be the tactic used to solve problems, avoid responsibility, secure favors, or otherwise enhance their self-esteem. The newer, younger faculty members are inexperienced and have not learned “the ropes.” Their own self efficacy, the belief in oneself and ability to accomplish things, may be diminished and predisposes them to selecting strategies for dealing with students that may enable or encourage manipulation. The older, more seasoned faculty who do not tolerate students’ excuses or other manipulative tactics, have developed skill sets to identify and respond to manipulation. As measured by the SNFSM, manipulation is experienced by nursing faculty through student behaviors of deception, including twisting the facts to suit the situation, lying, focusing on irrelevant issues, and creating conflict among students or faculty.

The majority of faculty (94%) considered nursing students to be occasionally or frequently manipulative while 35% reported that students were frequently manipulative. The issue of how faculty responds to this experience and how they deal with the impact

of manipulation on their students' behaviors and their own well-being is of considerable concern. The results of this study could indicate that, in general, faculty members recognize manipulation, but are not sure how to handle it. Even when they know how to respond to manipulation, there is no indication that the interventions are successful. Given the high stress levels reported among nursing faculty; overall, faculty occasionally had experience with manipulative students. Based on past experiences with students, the researcher can validate that she has discussed the topic of manipulation with colleagues and has experienced manipulative behaviors by students. A student using the excuse that they, or their spouse, had been in a wreck three times in order to avoid responsibility says to this researcher that this student is manipulating in order to avoid responsibility.

Faculty members answered questions pertaining to the experience of having dealt with student manipulation and how often students used manipulative behaviors and the different methods of manipulation. The least frequently cited type of manipulation among nursing students was engagement in social or romantic overtures indicative of intimate relationships. Faculty reported that students occasionally or frequently used behaviors of spreading gossip, twisting the facts to suit their own need, focusing on irrelevant issues and requests, and creating conflict within groups of students or faculty. These strategies are intended to increase goal attainment through control of another individual and may be indicative of the tendency to conceive of power as a tool to meet personal needs rather than educational or professional needs. The extraordinary allocation of energy and attention to manipulation diverts the student from the intellectual and psycho-motor skills necessary for the role.

Other methods of manipulation observed by faculties as occasionally used by students included undermining authority, being defiant, presenting themselves as victims or the oppressed and trying to make “deals.” Taking into account SLT, students have their own personal characteristics and intrinsic reinforcements that impact how they act and adopt observed behaviors. Researchers should look at interaction between the personal, behavioral, and environmental issues with which a person may be faced with. Understanding the psychological and situational predictors of manipulation may assist in the construction of policies and practices which discourage its use, and may be applied to strategies for the identification of individuals best suited to the profession of nursing.

Table 2 depicts the setting in which faculty experienced student manipulation. Faculty frequently experienced more manipulation when in direct contact with students, such as in meetings. This setting may be the place to target initial strategies for dealing with manipulation. Inclusion of very clear role expectations and delineating what is acceptable and not acceptable when making appointments or interacting in meetings with faculty is as critical to a shared understanding of roles as those directions placed in course syllabi.

Other frequently cited settings in which manipulation occurred were in person after-hours, during test debriefing, and during classroom lecture time. Once nursing faculty realized that they were manipulated, setting limits in these settings is critical to controlling manipulation. Limit setting involves specifying to the student what behavior the nursing faculty member will or will not accept, and specifying expected consequences for the presentation of unacceptable behaviors. The limits must be clear, made explicit, and defined for the student (Murphy & Guze, 1960). Students may have observed other

students being successful with manipulation and chose to try it for themselves. Exploring the purpose or goal of an undesired behavior may be very illuminating to both faculty and students. Students may have manipulated thinking this behavior was acceptable, or that others would not perceive the true nature of their actions. It is possible that students are not aware of the interpretation of their behavior by others.

Nursing faculty member's reactions to student manipulation are a significant concern due to the strong body of literature affirming relationships among workplace stress, burnout, and faculty turnover. The shortage of qualified faculty, particularly in south Georgia, escalates the necessity of identifying any factors that will improve faculty effectiveness, rewards, and workplace satisfaction.

Faculty (74.0%) have stressed that the issue of manipulation with other students need to be clarified. The context for this discussion was unclear from this study. However, it could be a form of debriefing and clarifying what is unacceptable, or it could reflect in appropriate disclosure and possible boundary violations by faculty.

Ignoring the student as a response to manipulation may reflect a behavioral framework for understanding this behavior. However, the SLT framework suggests that human behavior is more complex, therefore ignoring manipulation as a method for not reinforcing or extinguishing undesirable behavior may not be effective. Nurses have a duty to protect patients and other co-workers. Consequently, nursing faculty have a duty to protect students and the teaching/learning environment. If student manipulation is ignored, harm may come to someone in the future; at the very least students will be modeling inappropriate behavior.

## Implications

This exploratory descriptive, correlational cross-sectional study described the relative frequency with which nursing faculty experience manipulation by their students, their perceptions of the motivation or intended outcome of the manipulation, and the relationship of manipulation to selected faculty characteristics. Based on this study, experience in nursing education provides the opportunity to learn how to recognize and manage manipulation. However, it is not clear whether the nursing education experience improves response or decreases the sensitivity to manipulation. It appears essential that, as part of their orientation, new nursing faculty gain knowledge of behaviors that encompass manipulation.

Nursing faculty must give attention to the role manipulation plays in their work environments, acknowledging to what extent manipulation may be negatively impacting faculty morale and productivity, contributing to stress among students and faculty, and adversely affecting student performance. Specific behaviors interpreted as manipulation need to be identified and operationalized in order for faculty to be able to recognize them and for specific examples of unacceptable behavior to be explained to students.

While this study did not specifically measure the impact of faculty responses to student manipulation, limit setting as a mechanism to deter manipulative behaviors, may be key to its control. This strategy would necessitate that nursing faculty be more assertive in limit setting and teamwork. In order to effectively limit set and follow through with, faculty must consistently communicate performance expectations to students and among themselves. Limit setting will only work if all faculty follow the policies and procedures set forth from the beginning of each educational encounter.

The limitations of this study are significant factors challenging the degree to which the construct of manipulation is defined, the application of the findings, and the study's generalizability to other settings and populations. Implications for this study include 1) development of the instrumentation in order to establish reliability and validity, 2) replicating this study with a refined instrument, and 3) expanding the study outside the state in which it was conducted. It is also recommended that exploring student perceptions of manipulation by students and faculty would be valuable in expanding the understanding of manipulation. Other questions related to manipulation that need to be explored include:

1. What interventions or responses to manipulation are successful in reducing the incidence or the negative impact of manipulation on faculty and students?
2. How do students perceive the use of manipulation in nursing education?
3. How is manipulation related to incivility, sense of entitlement, and violence in the educational setting.

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APPENDIX A:  
Institutional Review Board Exemption



## APPENDIX B

Strickland Nursing Faculty Survey on Student Manipulation (SNFSM)

IN YOUR EXPERIENCE, HOW OFTEN DO NURSING STUDENTS USE MANIPULATION TO

**1. Be granted more time in which to complete assignments?**

Frequently  Occasionally  Seldom  Never

**2. Have their work evaluated positively?**

Frequently  Occasionally  Seldom  Never

**3. Be excused from an assignment or expectation that is unpleasant or undesirable to them?**

Frequently  Occasionally  Seldom  Never

**4. Avoid accepting responsibility for performance that is not acceptable?**

Frequently  Occasionally  Seldom  Never

**5. Gain personal favor or alliance with you or another faculty member?**

Frequently  Occasionally  Seldom  Never

**6. Enter into a social relationship with you or another faculty member?**

Frequently  Occasionally  Seldom  Never

**7. Gain respect or admiration from others?**

Frequently  Occasionally  Seldom  Never

**8. Place themselves in positions of power and influence?**

Frequently  Occasionally  Seldom  Never

**9. Control what is going on in the clinical or classroom setting?**

Frequently  Occasionally  Seldom  Never

**10. Entertain themselves because they are bored in the educational setting?**

Frequently  Occasionally  Seldom  Never

**11. Avoid accepting responsibility for performance that is unethical?**

Frequently  Occasionally  Seldom  Never

Based on your experience with student manipulation, how often do students manipulate by:

**1. Lying?**

Frequently  Occasionally  Seldom  Never

**2. Spreading gossip?**

Frequently  Occasionally  Seldom  Never

**3. Being defiant and arguing?**

Frequently  Occasionally  Seldom  Never

**4. Focusing on irrelevant issues and requests?**

Frequently  Occasionally  Seldom  Never

**5. Challenge you by displaying minor infractions of rules and policies on a consistent basis?**

Frequently  Occasionally  Seldom  Never

**6. Making boundary violations; entering into inappropriate dialog or relationship with faculty members, other students, or patients?**

Frequently  Occasionally  Seldom  Never

**7. Threatening others or implying they have information that could be damaging to others?**

Frequently  Occasionally  Seldom  Never

**8. Presenting themselves as victims or as being oppressed?**

Frequently  Occasionally  Seldom  Never

**9. "Twisting the facts" to suit their situation?**

Frequently  Occasionally  Seldom  Never

**10. Trying to "make deals"?**

Frequently  Occasionally  Seldom  Never

**11. Making social or romantic overtures to faculty members?**

Frequently  Occasionally  Seldom  Never

**12. Playing on the weaknesses of faculty members or other students to gain advantage?**

Frequently  Occasionally  Seldom  Never

**13. Sharing inappropriate personal information about others?**

Frequently  Occasionally  Seldom  Never

**14. Doing favors for faculty members or other students?**

Frequently  Occasionally  Seldom  Never

**15. Seeking and receiving biased or preferential treatment by faculty members or other students?**

Frequently  Occasionally  Seldom  Never

**16. Bullying others?**

Frequently  Occasionally  Seldom  Never

**17. Corrupting other students or faculty through bribery or coercion?**

Frequently  Occasionally  Seldom  Never

**18. Undermining authority?**

Frequently  Occasionally  Seldom  Never

**19. Conning others into giving them undeserved goods, grades or services?**

Frequently  Occasionally  Seldom  Never

**20. Dividing others; turning others against one another?**

Frequently  Occasionally  Seldom  Never

**21. Creating conflict within groups of students or faculty?**

Frequently  Occasionally  Seldom  Never

**22. Offering or appearing to offer rewards for favors?**

Frequently  Occasionally  Seldom  Never

**23. Building special relationships with faculty members through flattery, sympathy, or intimacy?**

Frequently  Occasionally  Seldom  Never

**24. Undue attention to faculty member mood or disposition?**

Frequently

Occasionally

Seldom

Never

When you experience manipulation by a student how often do you:

**1. Get angry**

Frequently

Occasionally

Seldom

Never

**2. Try to ignore the event**

Frequently

Occasionally

Seldom

Never

**3. Confront the student immediately**

Frequently

Occasionally

Seldom

Never

**4. Inform your supervisor or academic department head**

Frequently

Occasionally

Seldom

Never

**5. Discuss with colleagues**

Frequently

Occasionally

Seldom

Never

**6. Debrief with family or friends**

Frequently

Occasionally

Seldom

Never

**7. Discuss with other students**

Frequently

Occasionally

Seldom

Never

**8. Find yourself getting "conned"**

Frequently

Occasionally

Seldom

Never

**9. Defer to the student to avoid conflict**

Frequently

Occasionally

Seldom

Never

**10. Feel helpless**

Frequently

Occasionally

Seldom

Never

**11. Feel "cornered"**

Frequently

Occasionally

Seldom

Never

**12. Experience stress and/or fatigue**

Frequently

Occasionally

Seldom

Never

**13. Think about quitting teaching**

Frequently

Occasionally

Seldom

Never

**14. Inflate grades**

Frequently

Occasionally

Seldom

Never

**15. Change test scores or items**

Frequently

Occasionally

Seldom

Never

**16. Re-evaluate the student performance evaluation**

Frequently

Occasionally

Seldom

Never

**17. Give the students what they want**

Frequently

Occasionally

Seldom

Never

**18. Impose additional structure or written policies or guidelines in courses**

Frequently

Occasionally

Seldom

Never

**19. Avoid the student**

Frequently

Occasionally

Seldom

Never

**20. Ignore the student**

Frequently

Occasionally

Seldom

Never

When responding to student manipulation, do you find the outcome of your actions:

**1. Usually has no effect**

Frequently

Occasionally

Seldom

Never

**2. Sometimes results in increased vulnerability in your job**

Frequently

Occasionally

Seldom

Never

**3. Increases your stress**

Frequently

Occasionally

Seldom

Never

**4. Results in students being more angry or disappointed in your performance**

Frequently

Occasionally

Seldom

Never

**5. Puts you in danger**

Frequently

Occasionally

Seldom

Never

**6. Results in a possible boundary violation**

Frequently

Occasionally

Seldom

Never

**7. Are uncertain**

Frequently

Occasionally

Seldom

Never

**8. Decreases or eliminates the occurrence of manipulation**

Frequently

Occasionally

Seldom

Never

**9. Results in students being satisfied with your performance**

Frequently

Occasionally

Seldom

Never

How often do nursing students manipulate in the following settings?

**1. Classroom during lecture or demonstration**

Frequently

Occasionally

Seldom

Never

**2. Clinical setting**

Frequently

Occasionally

Seldom

Never

**3. Laboratory setting**

Frequently

Occasionally

Seldom

Never

**4. During examinations**

Frequently

Occasionally

Seldom

Never

**5. In meetings with faculty**

Frequently

Occasionally

Seldom

Never

**6. During test debriefing**

Frequently

Occasionally

Seldom

Never

**7. In public places such as the halls or offices**

Frequently

Occasionally

Seldom

Never

**8. On phone in after hours contacts**

Frequently

Occasionally

Seldom

Never

**9. When not in direct contact with faculty**

Frequently

Occasionally

Seldom

Never

**10. In person in after-hours contacts**

Frequently

Occasionally

Seldom

Never

Demographic Information

**1. What is your age?**

**2. Gender?**

Male

Female

**3. Marital Status**

Single

Married

Divorced

Separated

**4. How many years have you taught nursing? Please enter the exact number of years.**

**5. In what type of nursing educational program do you currently teach? (check all that apply)**

Associate Degree

Baccalaureate Degree

Masters Degree

Doctoral Degree

**6. What is the best description of your students?**

Traditional students (post high school)

Older students, non-traditional students

A mix of both traditional and non-traditional students

**7. What courses do you teach? (Check all that apply)**

- Nursing of adults/med-surg nursing
- Maternal child nursing/OB
- Community health nursing
- Fundamentals or basics of nursing; basic nursing skills
- Health assessment
- Pharmacology
- Undergraduate research
- Nursing leadership
- Psychiatric/mental health nursing

**8. What is your educational preparation? (Check all that apply)**

- LPN
- Associate Degree in Nursing
- Baccalaureate Degree in Nursing
- Masters Degree in Nursing
- Masters Degree in Education
- Masters Degree in another field
- Doctoral Degree in Nursing
- Doctoral Degree in Education
- Doctoral Degree in another field

**9. How many credit hours did your graduate coursework include in curriculum and teaching concepts and strategies?**

**10. How much longer do you plan to continue in the nurse faculty role? (in years)**

**11. Based on your experience with manipulation, which students are most manipulative of the following categories?**

Traditional post high school

Accelerated 2nd degree

Accelerated Basic

Undergraduate

Graduate

Non-traditional

**12. Has the topic of manipulation ever been the subject of a professional discussion for you?**

Yes

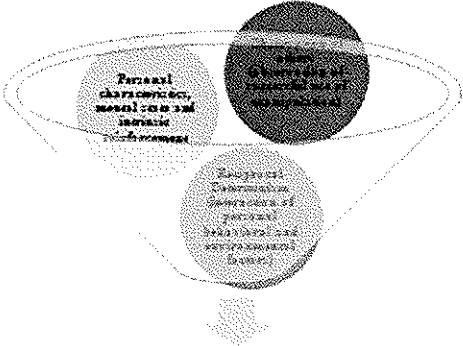
No

Thank you for participating in research project. If you would like to have the results of this project, please contact Kasey Strickland at [kstrickland@valdosta.edu](mailto:kstrickland@valdosta.edu) requesting the results.

## APPENDIX C:

### Theoretical Framework

Figure 1: Theoretical Framework: Social Learning Theory



**Manipulation (conscious behavior learned through social interaction)**