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Expression vs. Expectation: A Look into Patients' Perspectives on Professional Appearance in Physical, Speech or Occupational Therapists with and without Body Art

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Expression vs. Expectation: A Look into Patients' Perspectives on Professional Appearance
in Physical, Speech or Occupational Therapists with and without Body Art

An Honors College Project Thesis

Presented to

The Department of Kinesiology and Nutrition

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of the Requirements for

Honors Associate

by

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This Project Thesis, directed and approved by the candidate's committee,
has been accepted by the Honors College of Abilene Christian University
in partial fulfillment of the requirements for the distinction

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ABSTRACT

Objective: This study evaluated perceptions of professional appearance in tattooed versus non-tattooed therapists in a healthcare setting by surveying a cohort of students from a Christian-associated university.

Background: The popularity of tattoos among young adults in America is becoming increasingly popular. Research, however, informs us that although popularity has increased, perceptions of tattoos are still associated with negative feelings and perceptions in the workplace and in religious contexts. Culturally, in America, tattoos are associated with a lower socioeconomic status and education level. Additionally, women with tattoos tend to be judged more harshly, with more perceptions of deviant behavior compared to men with tattoos. In the healthcare setting, healthcare providers are perceived less professional and caring when tattoos are visible. Additionally, female healthcare providers with tattoos are perceived more negatively than their male counterparts. In the workplace, it is often required that employees cover tattoos, especially when working with clients and patients in person.

Methods: Seventy college students from a Christian university were surveyed on their perceptions of visible tattoos on therapists. The survey was designed to measure the extent to which participants are biased toward therapists with or without tattoos. The survey started by showing six images of black and white therapists, male and female, with and without tattoos in a medical setting. Participants were asked to rate their professional appearance on a Likert scale: extremely professional, very professional,

somewhat professional, not very professional, not professional at all. Participants were then asked their opinions about tattoos on therapists.

Aim: The aim of study was to evaluate the perception of visibly tattooed black and white men and women therapists. To date, professional perceptions of therapists with tattoos has not been evaluated. Although patient perceptions of tattooed men and women in the healthcare setting have been evaluated, perceptions comparing white and black men and women has not been evaluated.

Results: The rating of professional appearance of each picture was averaged. On average, the white male therapist with no tattoos rated most professional while the white female therapist with tattoos rated the least professional among all therapists pictured. Statistical significance ($p < 0.05$) was adopted throughout. There was a statistically significant difference between the white tattooed male and female therapists, but not the black male and female therapists.

Conclusion: It is the conclusion of this study that white male therapists were viewed as the most professional among all other therapists, male or female, with or without tattoos. The study also revealed that therapists without tattoos, in general, were viewed more favorably than those with tattoos. Further, respondents identifying as Christians rated white males and females without tattoos as more professional than non-Christians rated them. Additionally, Christians and non-Christians alike disagreed that therapists should have to coverup their tattoos while working.

CHAPTER ONE

Introduction

A significant amount of research has been conducted regarding tattoos and the many assumptions and judgments that individuals may make regarding them. Although tattoos are becoming more popular, there is still a negative association relating tattoos to low socioeconomic status, education level, and deviant behavior. Researchers state that tattoos are continually becoming more popular (Allred, 2016). More than one in three (36%) Americans in the 18-25 year age bracket have at least one tattoo (NW, Washington, & Inquiries, 2007). Research has shown that, specifically with college-aged individuals, tattoos actually increase levels of self-esteem (Ball & Elsner, 2019). Further, one study explains that 32 to 51 percent of college students report having tattoos (Williams, Thomas, & Christensen, 2014). While tattoos are becoming an increasingly popular means of expression today, it is important to note that tattoos have existed in a variety of cultures for a very long time. From ancient Egypt to modern times, tattoos have been a constant and wide-spread art form obtained for a variety of reasons (Buss & Hodges, 2017). One study in particular found that there are some common themes and motives that inspire any given individual to obtain a tattoo. The aforementioned themes include “self-empowerment, identification with a group, memorialization, 'a message to oneself,' and the transformation of pain into beauty” (Buss & Hodges, 2017).

Research Questions:

1. Will perceptions of therapists differ with men and women with tattoos?
2. Will perceptions of therapists differ among therapists with and without tattoos?
3. Will perceptions of therapists differ among black and white therapists with and without tattoos?
4. Will those who identify as a Christian have different perceptions of therapists than tattoos than non-Christians.

Hypothesis Related to Question 1:

H₀: There will be no statistically significant differences among perceptions of professional appearance in tattooed men therapists versus women therapists.

H₁: Men therapists with tattoos will be rated significantly different than women therapists with tattoos.

Rationale

The alternate hypothesis is predicted because women have been perceived more negatively with tattoos than men with tattoos (Westerfield, Stafford, Speroni, & Daniel, 2012). Moreover, women healthcare providers are perceived less caring and professional than men healthcare providers with tattoos (Westerfield et al., 2012).

Hypothesis Related to Question 2:

H₀: There will be no statistically significant differences among perceptions of professional appearance in tattooed versus non-tattooed therapists.

H₁: Therapists with tattoos will be perceived to appear less professional than therapists with no visible tattoos.

Rationale

The alternate hypothesis is predicted due to negative perceptions of tattoos in the workforce and healthcare setting (Baumann, Timming, & Gollan, 2016).

Hypothesis Related to Question 3:

H₀: There will be no statistically significant differences among perceptions of professional appearance in white tattooed therapists versus black tattooed therapists.

H₁: There will be a significant difference differences among perceptions of professional appearance in white tattooed therapists versus black tattooed therapists.

Rationale

The null hypothesis will be accepted. There is no evidence suggesting that white and black therapists with tattoos are perceived differently.

Hypothesis Related to Question 4:

H₀: There will be no statistically significant differences in those who identify as Christians versus non-Christians among perceptions of professional appearance tattooed versus non-tattooed men and women therapists.

H₁: There will be a significant difference in those who identify as Christians versus non-Christians among perceptions of professional appearance tattooed versus non-tattooed men and women therapists.

Rationale

The null hypothesis will be accepted. There is no evidence that Christians versus non-Christians view tattoos in therapists differently.

Purpose of the Study

The purpose of this study, therefore, is to determine the perception of professional appearance by undergraduate students at Abilene Christian University in black and white, male and female, tattooed and non-tattooed therapists.

CHAPTER TWO

Literature Review

As the popularity of tattoos has grown, the perception of persons with tattoos has been increasingly debated. One recent study found that college students had positive perceptions of individuals who had tattoos (Samyuktha, Devi, & Priya, 2018). Not only do college students appear to be getting tattoos more readily, they also appear to have positive perceptions of others who have tattoos. Additionally, some individuals believe that academic faculty should be allowed to leave their tattoos uncovered in the school setting and during school-sponsored activities (Burkman, 2018). One author explained that she believes, based on her personal encounters and observation, that “tattoos will never be fully accepted into the mainstream” (Bell, 1999). She detailed her experience as someone who has tattoos and notes the reactions that individuals often express towards her and others with tattoos. With such a large percentage of college students reporting that they have tattoos and positively view others who have tattoos, one might be left to wonder if tattoos will indeed soon be accepted into the mainstream against Bell’s statements. As tattoos become more popular, the question of tattoos in the workplace has also arisen more frequently as of late. With these two conflicting ideas, discovering the extent to which the conventional ideas of professionalism and professional presentation must be protected or adjusted to meet more modern and culturally acceptable viewpoints must be confronted.

Some research, including a study published in the Labor Law Journal, investigated employer opinions on tattoos. This study stated that employers can (and have) rejected position applicants due to their tattooed state. This work also reported that some workers have been “disciplined or discharged for having tattoos” (Ball & Elsner, 2019). In many circles it is simply expected that most individuals (specifically employers) will have negative assumptions regarding individuals who allow their tattoos to be visible in the workplace. These judgments have strong relationships to the setting and cultures in which the individuals exist and the studies are conducted. Other research investigates the assumptions and perceptions of customers when interacting with staff members who have tattoos. This work found that respondents typically viewed body art (tattoos) of a frontline employee, including a surgeon and a mechanic, as a negative feature (Baumann et al., 2016).

There has been debate in healthcare settings regarding the professionalism of tattoo visibility in the workplace. Some research has suggested that large visible tattoos on dental hygienists are perceived negatively by their clients (Verissimo, Tolle, McCombs, & Arndt, 2016). Not only does professional appearance impact what individuals think of healthcare professionals with regard to their basic physical appearance, it also impacts the perceptions about the abilities of those professionals. This is perhaps the most troubling and impactful reason why healthcare workers should be conscious of patient perceptions on this topic. According to Verissimo and colleagues mentioned previously, “the model with either no tattoo or a small tattoo was rated higher than the model with the large tattoo on every professional attribute tested in the study:

ethical, responsible, competent, hygienic, and professional.” Professional appearance can have a profound impact on patrons, whether it be in a medical or corporate setting. While demeanor and attitude may play a role in the professional appearance of an individual, it is important to note that professional appearance will vary based on assumptions or preferences held by the individual passing the judgement. In healthcare, simply looking ‘good’ is not always the main concern. A significant portion of the dress codes that healthcare individuals abide by are based on protection of the individual and any potential patients they may be treating. Professional appearance can also help build rapport with patients and make them more likely to view the professional more favorably. This is one of the reasons why a professional appearance in a therapy setting can be so integral to patient perceptions of a therapist’s abilities. One article explains that professional appearance in healthcare should include one’s hair and clothing being clean and neat (LaSala KB & Nelson J, 2005). This publication further states that tattoos should be covered up while the tattooed individual is in the workplace setting. Additionally, the work states that piercings and other non-favorable appearance factors should be hidden or removed from the individual.

It can be difficult to define professional attire and professional appearance. Because these are subjective terms and can vary heavily based on the regulations of a corporation or workplace and the type of job an individual is performing, it is impossible to achieve a universal definition of professional attire for the vast array of careers and settings in our world today. Recent investigations suggest that men and women are viewed differently with regard to their professional appearance, specifically in healthcare

settings. Individual presumptions of people with tattoos have been shown to be occasionally based on the gender presentation of the person with the tattoo. A study found tattooed female providers were perceived as less professional than male providers with similar tattoos (Westerfield et al., 2012). Waterfield's study also showed that not only were those individuals with tattoos viewed as less professional, but healthcare workers without tattoos were viewed more favorably with regard to their abilities. Further, feminine tattoos were viewed more positively than tattoos that were considered more masculine (Arndt & Glassman, 2012). Male salespeople with masculine tattoos and female salespeople with feminine tattoos were more well received than female salespeople with masculine tattoos. The study also found that there was a difference in how tattooed individuals were perceived if the customer interacting with the salesperson had tattoos themselves. In one study, 160 undergraduate students were surveyed regarding their perceptions of women with and without a tattoo. Women with tattoos were more negatively viewed than those without tattoos (Swami, 2012). Not only do we see an increase of individuals obtaining tattoos for themselves, but we also see that younger individuals tend to have more tattoos on average than their older counterparts (Betz, 2009). Thus, it appears that age and gender of any given individual with tattoos plays a role in how that individual is received.

Culturally, tattoos have been tied to religion in a few contexts. In the Catholic and Jewish religions, tattoos have typically been banned. Despite several biblical references to tattoos, the Judeo-Christian cultures have likely banned tattoos based on their use in idolatry-based religions that use tattoos in worship (Scheinfeld, 2007). The work cites the

reason for this ideal in Judaism and Catholicism is a verse from the old testament book of Leviticus that states: “You shall not make any cuttings in your flesh on account of the dead or tattoo any marks upon you: I am the LORD.” However, modern American Catechism print edition does not make any mention of tattoos and their implications on religion. However, many Christians have been opposed to tattoos. Another biblical citation also referenced on this topic is 1 Corinthians 6:19-20. The argument for the opposition of tattoos with references from this scripture says that believers should honor God with their bodies and because the earlier scripture in Leviticus provides a clear instruction to avoid tattoos, obtaining tattoos would be an action that would not honor God, according to a generally traditional Christian perspective. However, there are several references in the old testament of setting yourself apart by marking your body. One such example can be found in the book of Isaiah, specifically in chapter forty-four and verse five.

In the healthcare, religious, and corporate contexts, it is apparent that tattooed individuals are not viewed as favorably as their non-tattooed counterparts. In a large, nationally-represented survey, findings indicated that while tattooing developed a broad demographic appeal, strong associations with deviance were evident (Adams, 2009). Highly visible placement of tattoos appears to be the most strongly associated with perceived deviant behavior. In the healthcare setting, nurses’ and physicians’ professional appearance in regard to visible tattoos has been studied. Therapist, whether physical, speech, or occupational, professional appearance has not been rated in regard to visibility of tattoos.

Tattooing is more common among those of lower economic and social status, despite its increasing prevalence across all social groups (Laumann & Derick, 2006). Of those surveyed in this study, 28% of black respondents reported having a tattoo, while 22% white respondents reported having a tattoo. Nineteen percent of those who reported a religious affiliation had a tattoo, 33% of those who did not have a religious affiliation reported having at least one tattoo. Of those surveyed, those who did not complete high school reported the highest prevalence of tattoos (at 40%). As education level increased, the percentage of those surveyed who had tattoos decreased until completion of their bachelor's degree (14%). Fifty-eight percent of those who have spent three days or more in prison report having a tattoo as opposed those who spent three or less days in prison, who reported 20%.

CHAPTER THREE

Methodology

Design

After Institutional Review Board (IRB) approval, this study was distributed using an online database (SurveyMonkey.com). The study was conducted to determine the degree to which patients believe that tattoos impact a(n) occupational, speech, or physical therapist's professional abilities. Participants were asked to read an introductory page that detailed the purpose and goals of the study. This page also collected informed consent and provided the participants with the contact information of the researchers as well as the information of the head of the IRB. The researchers aimed to determine what attitudes people have regarding therapists who have tattoos. Specifically, the researchers aimed to determine what, if any judgements patients would make about their therapist if the therapist were in a professional setting, dressed professionally, and had visible tattoos. The researchers proposed to analyze the perception of patients on therapists who had visible tattoos, with tattoos being the only item of differentiation between therapists who did not have visible tattoos. This study did not aim to determine whether or not the participants would make judgements about other aspects of professionalism in the therapy setting.

Materials

The researchers used Survey Monkey web-based software to distribute and collect responses from the participants. The survey was designed to measure the extent to which participants are biased toward or against therapists who have visible tattoos. The survey

also aimed to determine perspectives of the respondents regarding their thoughts on the abilities and professionalism of therapists who have visible tattoos. The survey had one introductory question, in which participants would indicate their willingness to participate in the study and be provided with informed consent information (the information that was on this page can be found in appendix A). If participants agreed to continue in the study, they would be prompted to complete the twenty-six questions in the survey. After obtaining basic demographic information with question numbers two through nine, the participants were asked to rank images of medical professionals based on perceived professionalism levels. These six of the total twenty-six questions were accompanied by images of medical professionals, some of the individuals had visible tattoos and some did not. For these questions, the participants would be asked to rate the professionalism of the individuals in the images based on their first impression. The individuals in the images were of varying ethnic appearances and age ranges. Gender was also varied in the images so that an equal number of male-presenting and female-presenting individuals were included in the images, both with tattoos and without tattoos. When choosing images, for review, the researchers chose images that were similar in color-scheme and setting between individuals with and individuals without tattoos. The researchers aimed to reduce factors that could influence perceived professionalism other than tattoos on the individuals in the specific tattoo-containing images. The ranking options for these questions were as follows: Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional. These questions were placed before any other questions regarding tattoos so that the participants would not be biased when ranking the individuals in the images. Questions sixteen through

eighteen gained insight as to the opinions and status of the participants as they related to tattoos and themselves. These questions were intended to determine if the participants with tattoos viewed therapists with tattoos more favorably than the participants without tattoos. Items nineteen through twenty-five asked the participants about their opinions of tattoos in the workplace, specifically for occupational, physical, and speech therapists. Participants were asked to rank their level of relation to each statement. Response options for these questions are as follows: Strongly Agree, Agree, No Opinion, Disagree, Strongly Disagree. The last item in the survey aimed to determine if the participants would be comfortable discussing their therapist's tattoos in a treatment setting. See Appendix A for the full list of questionnaire items, response options, and images used.

Participants

This study was conducted at a private Christian university. Seventy students and faculty members completed the survey in its entirety. The participants were obtained via convenience sampling within the Department of Kinesiology and Nutrition. A small percentage of the respondents were obtained from outside of the department but were current students. The participants included 54 females (77.14%) and 16 males (22.86%). Of the participants, 60 were white (85.71%), one was black (1.43%), one was American Indian or Alaskan Native (1.43%), one was Asian (1.43%), six were from multiple races (8.57%), and one selected Other race, indicating that they identified as white and Hispanic (1.43%). With regard to age, 2.86% (N=2) of respondents were aged 17 or younger, 30.00%(N=21) were 18 to 20 years old, 58.57% (N=41) were 21 to 29 years old, 1.43%(N=1) were 30 to 39 years old, 1.43% (N=1) were 40 to 49 years old, 4.29%

(N=3) were 50 to 59 years old, and 1.43% (N=1) were 60 years old or older. Of the participants, 54.29% (N=38) reported having previously or currently received treatment from an occupational, physical, or speech therapist. A majority of the respondents, 60.00% (N=42) reported having completed some college but no degree at the time of the survey administration. Further, 87.14% (N=61) of the survey participants considered themselves religious, while 95.71% (N=67) of the total respondents considered themselves spiritual, 94.29% (N=66) considered themselves to be Christian. Regarding their tattooed status, 18.57% (N=13) of the participants in the study reported having tattoos and 77.14% (N=54) indicated that they would consider getting a tattoo. A descriptive table has been included on the following page.

Gender	Percentage	Number
Male	22.86%	16
Female	77.14%	54
Age	Percentage	Number
17 or younger	2.86%	2
18-20	30.00%	21
21-29	58.57%	41
30-39	1.43%	1
40-49	1.43%	1
50-59	4.29%	3
60+	1.43%	1
Ethnicity	Percentage	Number
White	85.71%	60
Black or African-American	1.43%	1
American Indian or Alaskan Native	1.43%	1
Asian	1.43%	1
Native Hawaiian or other Pacific islander	0.00%	0
From Multiple Races	8.57%	6
Other	1.43%	1
Christian	Percentage	Number
Yes	94.29%	66
No	5.71%	4
Tattooed	Percentage	Number
Yes	18.57%	13
No	81.43%	57

Table 1: Participant demographics from those surveyed at a private Christian-associated university.



Figure 1: Images of therapists used to rate perceptions of professional appearance of surveyed individuals.

CHAPTER FOUR

Results

Overall, the white male therapist pictured, without a visible tattoo, was reported to appear more professional than the female therapist, with and without tattoos, and the white and black male therapists with tattoos. Statistically, professional appearance was rated significantly higher in the male therapist with no visible tattoos (1.71 ± 0.56) compared to the white male therapist with tattoos (2.26 ± 0.71 , $p < 0.001$) and the white female therapist with tattoos (2.43 ± 0.87 , $p < 0.001$). Additionally, the white male therapist with tattoos (2.26 ± 0.71) was rated to appear significantly more professional than the white female therapist with tattoos (2.43 ± 0.87 , $p = 0.043$). The black male therapist pictured with tattoos was not rated to appear more professional than the black female therapist with tattoos (1.96 ± 0.71 , 1.97 ± 0.63 , respectively, $p = 1.00$). The white female and male therapists pictured, without visible tattoos (2.00 ± 1.70 and 2.26 ± 0.71 , respectively) were perceived to appear significantly more professional than both the white male therapist with tattoos (2.26 ± 0.71 , $p < 0.001$) and the white female therapist with tattoos (2.43 ± 0.87 , $p < 0.001$) but not more than the black therapists (male or female) with tattoos (1.96 ± 0.71 , $p = 0.634$ and 1.97 ± 0.63 , $p = 0.255$, respectively). Both the male and female black therapists with tattoos were perceived significantly more professional than the white man and woman therapists with tattoos (2.26 ± 0.71 and 2.43 ± 0.87 , $p = 0.029$ and $p = 0.003$, respectively).

Rating of Professionalism	White Male with Tattoo	White Female without Tattoo	Black Male with Tattoo	Black Female with Tattoo	White Male without Tattoo	White Female with Tattoo
Extremely Professional (1)	12.86% N=9	34.29% N=24	25.71% N=18	20.00% N=14	34.29% N=24	14.29% N=10
Very Professional (2)	51.43% N=36	61.43% N=43	54.29% N=38	64.29% N=45	60.00% N=42	40.00% N=28
Somewhat Professional (3)	32.86% N=23	4.29% N=3	18.57% N=13	14.29% N=10	5.71% N=4	34.29% N=24
Not so Professional (4)	2.86% N=2	0.00% N=0	1.43% N=1	1.43% N=1	0.00% N=0	11.43% N=8
Not at all Professional (5)	0.00% N=0	0.00% N=0	0.00% N=0	0.00% N=0	0.00% N=0	0.00% N=0
Mean	2.26±0.71^{*~#}	2.00±1.70	1.96±0.71	1.97±0.63	1.71±0.56	2.43±0.87^{*^~#}

* Signifies significant differences compared to the white male therapist with no visible tattoos

^Signifies significant differences compared to the white male therapist with visible tattoos

~Signifies significant differences compared to the white female therapist with no visible tattoos

#Signifies significant differences compared to the black male and female therapists with visible tattoos.

Table 2: Results of Likert scale rating of professional appearance in male and female, black and white, tattooed and non-tattooed therapists.

When comparing visible tattoos versus no visible tattoos, individuals with no tattoos are perceived to appear significantly more professional than those without tattoos (2.17±0.79 and 1.71±0.55, p=0.011).

When comparing ethnicity, regardless of tattoos, there was no significant difference reported with professional appearance between white and black therapists (2.04±0.79 and 1.96±0.68, respectively, p=0.088).

When comparing gender, regardless of tattoos, there was no significant difference reported with professional appearance between males and females (1.99 ± 0.74 and 2.04 ± 0.77 , respectively, $p=0.519$).

Of those surveyed, men tended to rate the female therapists with the visible tattoos less professional than women rated them (2.63 ± 1.15 and 2.37 ± 0.78 , $p=0.008$). There were no other significant responses between male and female respondents.

Ratings of professionalism did not differ significantly between those who stated they had tattoos versus those who did not. Additionally, there were not differences in ratings of professional appearance between those who had visible versus hidden tattoos.

Those who identified as Christians rated white males and females without tattoos (1.69 ± 0.58 and 1.68 ± 0.56 , respectively) more professional than non-Christians rated them (2.00 ± 0.01 and 2.00 ± 0.01 , respectively, $p < 0.001$ for both). There were no other statistically significant findings among professional appearance ratings between Christians and non-Christians. Additionally, when Christians and non-Christians were asked if they believe tattoos on therapists should be covered at work, there was no significant difference, with the average, on a Likert scale, being “Disagree” for both.

CHAPTER FIVE

Discussion

The most significant information that this research discovered was the perception of female therapists with tattoos. The researchers found that white female therapists who have tattoos were viewed as less professional when compared to their male counterparts (white males with tattoos). Further, white female therapists were viewed the least professional when compared to white males with or without tattoos and black males and females with or without tattoos. This finding is consistent with what Westerfield and company found in their research that women with tattoos tended to be viewed less favorably than their male counterparts (Westerfield et al., 2012). It should also be noted that this finding is consistent with the research conducted by Swami that found that women without tattoos were viewed more favorably than women with tattoos (Swami, 2012). This trend represents a perception that the researchers hold as unfavorable for a society in which an increasing number of individuals are getting tattooed. Further, this shows that undergraduates regard it as unfavorable for a therapist to show tattoos even though tattoos are increasingly popular among the undergraduates themselves.

This survey also found that white male and female therapists with tattoos are rated less professional in appearance than white male and female therapists without tattoos. Further, our statistics also show that white male and female therapists with tattoos were rated as less professional than compared to black male and female therapists with tattoos.

In a national survey, 28% of black respondents reported having a tattoo, while 22% of white respondents reported having a tattoo (Laumann & Derick, 2006). This statistic, in conjunction with our findings, suggests to the researchers that there may be a correlation relating the commonality of black individuals with tattoos that makes the presence of their tattoos more acceptable and professional than those of their white counterparts who have visible tattoos. The researchers further propose that there could be a cultural component to this difference. This is an area in which more research is required. Such research should ask the question of whether or not it is perceived as more acceptable for black Americans to have tattoos. Future research should be done with regard to this topic to determine the significance of this outcome in successive research.

A broader outcome that the researchers expected to find prior to completing the analysis of the survey responses, was that those with tattoos were considered less professional than those without tattoos regardless of race or gender. This outcome could be due to perceptions about social deviance. Correlations have been seen between the perceptions of individuals with tattoos and their assumed deviance in American culture (Adams, 2009). It is possible that this type of assumption has been carried through to our findings regarding general perceptions about tattoos independent of the factors of gender presentation and ethnicity. As tattoos become increasingly popular, it is possible (one researcher thinks) that the perceptions of individuals who have tattoos will become increasingly more positive if that popularity were to continue to increase.

Those identifying as Christians rated white males and females without tattoos as more professional than non-Christians rated them. However, Christians and non-Christians alike disagreed that therapists should have to cover their tattoos while working. The researchers, also associated with the Christian university, proposes that there is a potential for Christians to be less judgmental of individuals who have tattoos due to the nature of the morals that they hold. This paradigm could potentially explain why Christians ranked tattoos as unprofessional but did not indicate that individuals with tattoos should be required to cover up their tattoos while at their workplace. It is possible, given the previously discussed views that Christians held with regards to tattooing, that Christians, however unconsciously, may view tattooed individuals as far from God and thus attempt to withhold judgment in an effort to show those individuals grace due to their “lostness.” However, if this were the case, it would appear that those individuals still do indeed have preferences with regard to professionalism and previous trends and standards of such.

Conclusion

This study has contributed to the existing literature by investigating the perceptions that individuals hold with regard to therapists who have tattoos. Similar research does exist regarding other health professionals and their tattoo status from patient perspectives. However, prior research did not exist regarding patient perspectives of therapists who have tattoos visible in a therapy setting. This study provides professional therapists with statistically significant data regarding tattoos in the workplace. Allowing tattoos to be viewed in the workplace does have an impact on

patients' perspectives. This work provides professionals with information regarding the thought process of those individuals whom they treat. Further, it provides researchers of similar topics with valuable information regarding patient perspectives on tattoos.

The researchers contend that future studies need to be done to answer a variety of questions that have arisen through the analysis of this data. Specifically, research needs to be conducted regarding patient perceptions of black individuals who have tattoos to determine if the results found herein can be traced to any potential assumptions about that population due to the apparent prevalence of tattoos therein. Other studies should be conducted on this topic with larger population samples and other images to determine if the results could be due to any other factors for which this study did not account.

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APPENDICES

APPENDIX A - Questionnaire Items

“This study aims to identify what perceptions patients may have with regard to physical appearance in physical, occupational, and speech therapists who have visible tattoos. It is being conducted at ACU through Survey Monkey. There are no foreseeable serious risks involved in participating in this study other than those encountered in day-to-day life. You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about how individuals perceive professionalism in physical, speech or occupational therapists. Information collected about you will be handled in a confidential manner in accordance with the law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. Aside from these required disclosures, your confidentiality will be protected by not collecting any identifying information about those who choose to fill out the survey. The primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. We will not be collecting any personal identification data during the survey. However, Survey Monkey may collect information from your computer. You may read their privacy statements here: <https://www.surveymonkey.com/mp/policy/privacy-policy/>. If you have questions about the research study, the Principal Investigator is Catherine Swedlund and may be contacted at cjs13b@acu.edu. If you are unable to reach the Principal Investigator or wish to speak to someone other than the Principal Investigator, you may contact Professor Bane via phone at 325-674-2758 or via email at annie.bane@acu.edu. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU’s Chair of the Institutional Review Board and Executive Director of Research, Megan Roth, Ph.D. Dr. Roth may be reached at (325) 674-2885 megan.roth@acu.edu 320 Hardin Administration Bldg, ACU Box 29103 Abilene, TX 79699. Your participation in this research is entirely voluntary. You may decline to participate or withdraw from the study at any time and for any reason without any penalty. There are 25 questions. The survey will take approximately 3-6 minutes to fill-out. If at any time you wish to exit the survey, you may do so and you will not be penalized. The researchers expect 100 participants in this study.

Please click the button below if you voluntarily agree to participate in this study by filling out the survey. Click only after you have read all of the information provided and your questions have been answered to your satisfaction. If you wish to have a copy of this consent form, you may print it now. You do not waive any legal rights by consenting to this study.”

- Agree
 Disagree

Demographic Questions:

1. Have you ever been a patient of occupational, physical, or speech therapy? Y or N
2. What is your age?

- 17 or younger
 - 18-20
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60 or older
3. What is your gender?
- Female
 - Male
 - Other (specify)
4. What is your ethnicity?
- White
 - Black or African-American
 - American Indian or Alaskan Native
 - Asian
 - Native Hawaiian or other Pacific islander
 - From multiple races
 - Some other race (please specify)
5. What is the highest level of education you have completed?
- Less than high school degree
 - High school degree or equivalent (e.g., GED)
 - Some college but no degree
 - Associate degree
 - Bachelor degree
 - Graduate degree
6. Would you consider yourself religious? Y or N
7. Would you consider yourself spiritual? Y or N
8. Are you a Christian? Y or N



9. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional.



10. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional



11. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional.



12. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional.



13. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional.



14. If this person is your occupational/physical/speech therapist, what is your FIRST impression about how professional they appear?

Extremely professional, Very professional, Somewhat professional, Not so professional, Not at all professional.

15. Do you have any tattoos? Y or N

16. Are your tattoos located in a “visible” area? Y or N

17. Would you ever consider getting a tattoo? Y or N

Please indicate how much you agree or disagree with the following:

18. My opinion of a therapist and their abilities is diminished if the therapist has visible tattoos.

Strongly Agree Agree No opinion Disagree Strongly disagree

19. My opinion of a therapist and their abilities is diminished if the therapist has a visible tattoo on the face/neck.

Strongly Agree Agree No opinion Disagree Strongly disagree

20. My opinion of a therapist and their abilities is diminished if the therapist has more than one visible tattoo.

Strongly Agree Agree No opinion Disagree Strongly disagree

21. I would consider asking for treatment from a different therapist if the one that was treating me had visible tattoos.

Strongly Agree Agree No opinion Disagree Strongly disagree

22. I would be more comfortable with a therapist who had tattoos, if I knew the story behind the tattoo.

Strongly Agree Agree No opinion Disagree Strongly disagree

23. I would feel just as comfortable with a therapist who displayed their tattoos as I would with one who had no tattoos at all.

Strongly Agree Agree No opinion Disagree Strongly disagree

24. Therapists should be required to cover up visible tattoos while they are at work.

Strongly Agree Agree No opinion Disagree Strongly disagree

25. I would be comfortable asking a therapist about their tattoos. Y or N

Introduction: Survey of Perceptions on Professionalism in Physical, Occupational and Speech Therapists

Appendix B: IRB Forms

The following survey is completely voluntary. You are asked to read this document and participate only if you feel comfortable with doing so. This document provides important information about that study, including the risks and benefits to you, the potential participant. Please read this form carefully and ask any questions that you may have regarding the procedures, your involvement, and any risks or benefits you may experience.

PURPOSE AND DESCRIPTION: This study aims to identify what perceptions patients may have with regard to physical appearance in physical, occupational, and speech therapists who have visible tattoos. It is being conducted at ACU through Survey Monkey.

RISKS & BENEFITS: There is always a slight risk of breach of confidentiality in any study, but we have taken good measures to keep this from occurring. These will be described later in this document. There are no foreseeable *serious* risks involved in participating in this study other than those encountered in day-to-day life. You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about how individuals perceive professionalism in physical, speech or occupational therapists.

PRIVACY & CONFIDENTIALITY: Information collected about you will be handled in a confidential manner in accordance with the law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. Aside from these required disclosures, your confidentiality will be protected by not collecting any identifying information about those who choose to fill out the survey.

The primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. We will not be collecting any personal identification data during the survey. However, Survey Monkey may collect information from your computer. You may read their privacy statements here:

<https://www.surveymonkey.com/mp/policy/privacy-policy/>.

CONTACTS: If you have questions about the research study, the Principal Investigator is Catherine Swedlund and may be contacted at cjs13b@acu.edu. If you are unable to reach the Principal Investigator or wish to speak to someone other than the Principal Investigator, you may contact Professor Bane via phone at 325-674-2758 or via email at annie.bane@acu.edu. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's Chair of the Institutional Review Board and Executive Director of Research, Megan Roth, Ph.D. Dr. Roth may be reached at (325) 674-2885

megan.roth@acu.edu

320 Hardin Administration Bldg, ACU Box 29103

Abilene, TX 79699

Your participation in this research is entirely voluntary. You may decline to participate or withdraw from the study at any time and for any reason without any penalty.

Additional Information

There are 25 questions. The survey will take approximately 3-6 minutes to fill-out. If at any time you wish to exit the survey, you may do so and you will not be penalized. The researchers expect 100 participants in this study.

Consent Signature Section

Please click the button below if you voluntarily agree to participate in this study by filling out the survey. Click only after you have read all of the information provided and your questions have been answered to your satisfaction. If you wish to have a copy of this consent form, you may print it now. You do not waive any legal rights by consenting to this study.

Agree Disagree

Abilene Christian University Institutional Review Board Committee Exempt Research Request

*Complete the Request and send as an e-mail attachment to orsp@acu.edu. Include any appendix materials, as applicable, including participant solicitation materials, consent forms, surveys, and the **signed** Investigator assurance/signature form.*

Allow up to 3-4 weeks for the requests to be processed. Many members of the committee are unavailable to review proposals during the summer or holiday months. Submission during the fall or spring term is highly recommended.

Title of Proposed Project: **Expression vs. Expectation: A Look into Patients' Perspectives on Professional Appearance in Physical, Speech or Occupational Therapists with and without Body Art.**

Date of Request: **10/16/2019**

Principal Investigator: **Catherine J Swedlund**

Faculty Advisor (If PI is a student): **Annie Bane** ****Note: Faculty Advisor MUST read and sign the Investigator Assurances Form**

Phone: **Catherine – (325)-280-2013**

Email: **cjs13b@acu.edu**

ACU Box: **28084**

Point of Contact, if other than PI (Name, phone, email): **Annie Bane, 325-674-2758, annie.bane@acu.edu**

Investigators on Project (including PI)	Degree/ Credentials	Department / Affiliation	Protecting Human Subject Research Participants Training	EthicsCORE RCR Training
			Date of Completion	Date of Completion
1. Catherine J Swedlund	Senior-expected graduation 12/13/2019	Kinesiology & Nutrition	09/24/2019	10/11/2019
2. Annie Bane	MSEd	Kinesiology & Nutrition	11/29/2017	11/27/2017
3.				

Section I—Site and Funding

The project will be conducted: On Campus Off Campus

If off-campus, please describe the site, whether you require and have permission to conduct the study at the site, and whether the site is accepting this IRB review or requires their own IRB approval:

Will you be requesting records, documents, or other information or assistance from another office, department, institution, or agency? Yes No

If "Yes," have you discussed this protocol with the appropriate authorized personnel and received approval? Yes No N/A

Is this project being funded by an outside agency? Yes No

If yes, please specify which agency:

Section II—Exempt Category

Please choose an Exempt Category below to confirm that your project can be classified as exempt human research according to [45 CFR 46](#)? If your human subjects research does not fall into one of the following categories, you may not use this form. **ALL** human research activities involved in the study must fall under one or more exempt categories. Research that includes exempt and non-exempt activities is **not** exempt.

Please note:

Exempt Research cannot involve prisoners as subjects except when use of broader populations may incidentally include prisoners.

FDA-regulated studies may not file an exempt application. ([21 CFR 50.3](#))

Exemption 1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods

Exemption 2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording and **not** involving participant observations) if at least one of the following criteria is met (please select those that apply):

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects (If participants are children: May only involve educational tests or the observation of public behavior when the investigator(s) do not participate in the activities being observed.)

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation (If participants are children: May only involve educational tests or the observation of public behavior when the investigator(s) do not participate in the activities being observed.)

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §111(a)(7). (Limited Review requires that the IRB determines that adequate steps are taken to ensure that privacy and confidentiality are protected. If this option is selected, please complete the Limited Review section of this application form) (May **not** involve children)

Exemption 3. Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met (please select those that apply):

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §111(a)(7). (Limited Review requires that the IRB determines that adequate steps are taken to ensure that privacy and confidentiality are protected. If this option is selected, please complete the Limited Review section of this application form)

Please note: the regulations define benign behavioral intervention as the following: "benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else."

❖ Will there be deception involved? Yes No

❖ If yes, in order for exemption to apply, there must be prospective consent in which the participant is informed that they will be unaware of or misled about the purpose of the research.

Exemption 4. Secondary research for which consent is not required: Secondary research uses (information/specimens were collected for a different purpose) of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met (please select those that apply):

The identifiable private information or identifiable biospecimens are publicly available;

Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

The research involves only information (not biospecimen) collection and analysis involving the investigator's use of identifiable health information when that use is regulated under

HIPAA Regulations, for the purposes of “health care operations,” “research,” or for “public health activities and purposes” as those terms are defined in the HIPAA Regulations. The information is not disclosed to non-covered entities, and HIPAA authorization is/was obtained or waiver is approved by the IRB.

Please Note: If a HIPAA Waiver of consent is required, you must still complete the HIPAA/FERPA Form, as only an IRB can approve such waiver requests.

Exemption 5. Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads, and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs. Such projects include, but are not limited to, internal studies by Federal employees, and studies under contracts or consulting arrangements, cooperative agreements, or grants.

Please Note: There are agency publication requirements for this exemption. See the regulations for more information.

Exemption 6. Taste and food quality evaluation and consumer acceptance studies (select one):

If wholesome foods without additives are consumed, or

If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Exemption 7. Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited IRB review and makes the determinations required by § 111(a)(8). (Limited Review requires that the IRB determines that adequate steps are taken to ensure that privacy and confidentiality are protected and, in this instance, that appropriate broad consent will be obtained. If this option is selected, please complete the Limited Review section of this application form.)

Please Note: There must be a plan for documenting any cases in which broad consent was declined. This request is for information or specimens collected for another purpose, not for establishing a data/specimen repository only for research purposes.

Exemption 8. Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if all the following criteria are met:

(i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained;

(ii) Documentation of informed consent or waiver of documentation of consent was obtained;

(iii) An IRB conducts a limited IRB review and makes the determination required by § 111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced above ((Limited Review requires that the IRB determines that adequate steps are taken to ensure that privacy and confidentiality are protected. If this option is selected, please complete the Limited Review section of this application form); and

(iv) The investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual research results.

Please Note: An example of the text of the previously signed broad consent must be submitted for the Limited Review. A waiver of consent may be requested when such a waiver meets requirements. However, if anyone was previously offered the opportunity to sign a broad consent and declined, the data may not be used and no waiver of consent may be requested. The researcher should provide evidence of such documentation when applicable.

Section III-- Plan

Please provide a narrative of the study plan that demonstrates the requirements for the Exemption # selected above. Please address the Purpose, Selection and Consent of Participants, Participant Demographics, and Study Methods. This must be sufficiently detailed that the reviewer can determine the exemption qualification and category: **The study will be a survey of students in the department of Kinesiology and Nutrition. The purpose of the study is to determine patient perceptions/expectations of therapists who have visible tattoos. We aim to discover what, if any, effect visible tattoos have on the patient's perception of a therapist's ability/professionalism. The survey will consist of 24 questions. It will be distributed to students via email and will be completely voluntary and anonymous. A consent with an explanation of the purpose and a brief description of the survey will proceed any survey questions. Each student must select "agree" before being able to answer any questions.**

Section IV-- Participants

Will you include any special populations requiring additional considerations (see below)?

Yes No

- Children
- Pregnant Women or Fetuses
- Neonates
- Decisionally Impaired
- Prisoners [**STOP!** you cannot use the Exempt Form for research with prisoners]
- Students
- Other: _____

If yes, please complete the Special Populations Form.

If you plan to compensate participants, please describe:

Section V-- Limited Review

A. Limited Review for Exemption 2, 3, 7 and 8

Please describe how you will protect the privacy and confidentiality of the participants, including how the data will be coded, stored, and transferred (if applicable): **We will not collect any identifying data. It will be stored in the survey software that the Honors College has provided for us**

(SurveyMonkey) and will be accessed only by the researchers identified above.

B. Limited Review for Exemption 7

- ❖ You must submit an example of the broad consent that will be obtained from participants. This consent must be for storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens and meet the requirements of § 116(a)(1)-(4), (a)(6), and (d);
- ❖ Consent must be documented. Only in rare circumstances can a waiver of documentation be granted. In such cases, please submit a Waiver of Documentation of Consent Form. Are you requesting such a waiver? Yes
 No

Will data be shared with anyone outside of the research team/ACU IRB? Yes
 No

If yes, please describe the data to be shared; whether it is identifiable, limited data set, or de-identified, with whom it will be shared, and how the data will be transferred:

Section VI—Conflicts of Interest

Do any of the study personnel have Conflicts of Interest to report? Yes

No

If yes, please list the individual, the conflict, and any plans to manage the conflict:

Section VII-- HIPAA and FERPA (medical and educational records, respectively)

Does the **identification of potential participants** require a waiver of HIPAA or FERPA Authorization? Yes No

Will you be **viewing or collecting private information** that is protected by HIPAA or FERPA? Yes No

If the answer to either question is yes, please complete the HIPAA/FERPA Form.

Section VIII—Risk Management

Does your study involve:

- Use of chemicals or hazardous materials
- Hazardous waste
- Large or dangerous equipment
- Travel abroad
- Use of an ACU vehicle or rental vehicle

If the answer to any of the above is yes, please contact the Office of Risk Management for proper training and consultation.
<http://www.acu.edu/community/offices/administrative/risk-management/contact.html>

ALTERATION/WAIVER OF CONSENT

Please select either 1 or 2 below and answer the respective questions. Please note that waivers of documentation will be granted for Broad Consent only under very limited circumstances. Waivers/Alterations of Consent are rarely, if ever, appropriate for Broad Consent.

1. **Waiver of Documentation of Consent**: request a waiver of documentation of consent when you will be meeting all the requirements of consent, but will not be obtaining a signature (written or electronic).
 - a. Provide justification for waiving documentation of consent:
 The only record linking the subject and the research would be the consent document, and the **principal risk** would be potential harm resulting from breach of confidentiality. (Subjects **MUST** be asked whether they wish to document consent in this case and be permitted to do so if they wish.);
OR
 The research presents **no more than minimal risk** of harm to subjects, and involves no procedures for which written consent is normally required outside of the research context.
OR
 If the subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm, that the research presents no more than minimal risk of harm to subjects and provided there is an appropriate alternative mechanism for documenting that informed consent was obtained
 - b. Will participants be provided with a written statement regarding the research, such as a short summary or a copy of the consent form? Yes No
Explain: **Participants can print or screenshot the consent form prior to taking the survey. Additionally, participants can exit out of the survey prior to completing with no record of participation.**
(If yes, please include a copy of this communication)
 - c. How will the researchers document that consent was provided? **Each participant will select “agree” before starting the survey.**
 - d. If electronic consent is being sought, explain why an electronic signature cannot be collected **We do not want identifying information tied to the survey responses.**
 - e. For the cultural waiver, please explain/justify:
 - f. If your study involves broad consent, please explain how it fits into one of the categories in item a. above.

2. **Waiver or Alteration of Consent:** request a waiver or alteration of consent when you wish to either 1) not obtain consent at all, or 2) obtain consent but alter one of the 9 elements of consent (as applicable). Please note that alterations cannot be granted for the General Requirements of consent outlined in 46.116(a). These include: the individual or their legally authorized representative must provide consent, they should be given time to discuss and consider their participation, the language should be understandable to the individual/representative, they must be provided with the information that a “reasonable person” would want in order to make an informed decision, the presentation must be concise and focused in a manner that facilitates understanding for the individual/representative, and there must not be any exculpatory language (language that appears to remove someone’s legal rights.)

Select which waiver/alteration you are requesting:

- Informed consent will not be sought
 Required elements will be excluded from the consent form
 Deception will be used in the consent process
 Other:

- a. Please describe your request in further detail:
- b. Please describe how the research involves minimal risk:
- c. Please explain why the research couldn’t be practicably carried out without this alteration/waiver:
- d. If using identifiable data/specimens, please explain why the research couldn’t be practicably carried out without using the identifiers:
- e. Please explain how the participants’ rights and welfare are not being adversely affected by this alteration/waiver:
- f. Will the participants be provided any additional information after the completion of their participation/the study pertaining to this waiver/alteration?
 Yes No Explain:
- g. Was broad consent previously requested for any of these data/specimens?
 Yes No
If yes, did any of the participants refuse broad consent? Yes No
NOTE: waiver of consent cannot be granted for any participants who previously declined broad consent. Researchers should track such cases and exclude them from this waiver request.
If yes, please explain what care you have taken to exclude these individuals from this waiver:

APPENDIX

Identify which items are included in the submission (Please submit all documents as **SEPARATE** attachments)

- Signed Investigator assurance/signature form (**required**).
- Protecting Human Subject Research Participants Training Completion for **ALL** research team members (**required**).
- EthicsCORE Responsible Conduct of Research Training Certificates of Completion for **ALL** research team members.
- Vulnerable Populations Form
- Participant Solicitation materials
- Consent Form
- Broad Consent Form
- Alteration or Waiver of Consent Form
- HIPAA/FERPA Consent Form (if separate)
- HIPAA/FERPA Form
- Survey(s)
- Other: _____

SPECIAL POPULATIONS

Section I. Vulnerable Populations

1. Will your study include vulnerable populations? (Vulnerable populations are those “who are vulnerable to coercion or undue influence, such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons.”) Yes
 No

If yes, which vulnerable populations will be included in your study?

- Children [Box 1]
 Decisionally Impaired [Box 2]
 Prisoners [Box 3]
 Students [Box 4]
 Other [Box 5]: _____

Box 1: Children [45 CFR 46 (D)]

Please select the appropriate category below:

1. Minimal Risk
 2. Greater than minimal risk but with prospect of benefit to the individual participant
 3. Greater than minimal risk, no prospect of direct benefit to the participants, but expected to yield generalizable knowledge applicable to the participants' condition.

Please describe the risks relative to the assessment above:

For category 2, please describe how the risk is at least as favorable to the subjects as that presented by available alternative approaches:

For category 3:

- a. please describe how the risk represents a minor increase over minimal risk:
- b. How the procedures present experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental psychological, social or educational situations:
- c. How the study will yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the condition:

Please describe the prospective benefits relative to the assessment above:

To the participants:

To science/society:

Please justify the need to use children:

Please describe **in the main application**:

1) how will parental consent from both parents will be obtained

2) how assent or dissent of the children will be obtained/assessed.

Or, for #1 or 2 above, if you are requesting a waiver of consent from one or both parents or a waiver of assent from the children, please complete the **Alteration or Waiver of Consent Form** and justify and explain how the rights and welfare of the children will be protected in this case.

Will any of the children be wards of the state? Yes No

If the research is greater than minimal risk and not of direct benefit to the participant, additional justifications and protections are required:

Is the research:

related to their status as wards; **or**

conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards

Federal regulations ([45 CFR 46.409](#)) require the appointment of an advocate for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis. Please describe:

Who is/are the advocate(s):

Will they serve for one or more than one child:

Each advocate's background and experience to serve in this role:

Confirm that the advocate is not associated in any other way with the research, the investigator(s), or the guardian organization

Box 2: Decisionally Impaired

Please provide justification for including decisionally impaired individuals in the research:

How will participants be determined as diminished decision-making capacity, incompetent, or incapacitated, and who will make this determination:

Is there reason to believe that the impairment may be temporary and could change throughout the course of the research? If yes, how will this be assessed?

<p>Please describe in the main application:</p> <ol style="list-style-type: none"> 1) How you will obtain consent, including ensuring that the participant understands the research, the risks, and the benefits. This may include a subject advocate who has the participant's best interest in mind. 2) Whether any participants require the consent of a legally authorized representative? If so, how you will determine this need and obtain consent from this individual? 3) How will you determine assent or assess dissent from the participant?
<p>Will any of the participants be institutionalized? If so, please justify their use and explain how the research will affect the institution routine:</p>

<p>Box 3: Prisoners [45 CFR 46 (C)]</p>
<p><input type="checkbox"/> Please check here if this research is supported by the Department of Health and Human Services (e.g., CDC, FDA, NIH)</p>
<p>Please identify which category below best describes the research:</p> <p><input type="checkbox"/> Study is not recruiting prisoners, but may incidentally include prisoners as part of the broader study population (<u>may stop here</u>).</p> <p><input type="checkbox"/> Study of possible causes, effects, and processes of incarceration, and of criminal behavior Please describe how the research is no more than minimal risk and no more than an inconvenience to the subjects:</p> <p><input type="checkbox"/> Study of prisons as institutional structures or of prisoners as incarcerated persons Please describe how the research is no more than minimal risk and no more than an inconvenience to the subjects:</p> <p><input type="checkbox"/> Research on conditions particularly affecting prisoners as a class (for example, vaccine trials and other research on hepatitis which is much more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults) Please explain the condition and the justification:</p> <p><input type="checkbox"/> Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject.</p>

<p>Please describe the practice and how it is expected to improve the health and/or well-being of the subjects:</p>
<p>Will the research provide the prisoner with any advantage related to general living conditions, medical care, quality of food, amenities, or opportunities for earnings in the prison? If yes, please describe how these advantages are <u>not</u> of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired:</p>
<p>Describe how the risks involved in the research are commensurate with risks that would be accepted by nonprisoner volunteers:</p>
<p>Describe the procedures for the selection of subjects within the prison, ensuring that they are fair to all prisoners and immune from arbitrary intervention by prison authorities or prisoners:</p>
<p>If there is a control group, please provide assurance that the control subjects will be selected randomly from the group of available prisoners who meet the characteristics needed, or otherwise justify your selection procedures:</p>
<p>Please describe how the study information will be presented to the subjects, ensuring that it is presented in a language which is understandable to the subject population:</p>
<p>Please describe:</p> <p>What steps have been taken to ensure that the parole boards will not take into account a prisoner's participation in the research in making decisions regarding parole:</p> <p>How the prisoners will be clearly informed in advance that participation in the research will have no effect on his or her parole:</p>
<p>Do you anticipate the need for follow-up examination or care of participants after the end of their participation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If yes:

What provisions have been made to provide this examination or care, taking into account the varying lengths of individual prisoners' sentences?

How will participants be notified of this?

Box 4: Students

Are any of the researchers (including the faculty mentor) a faculty person intending to recruit students?

Yes No

Is the study minimal risk?

Yes No

Does the faculty person (including the mentor) intend to recruit his/her own students? Yes No

If yes, please describe what you will do to ensure that students do not feel coerced or compelled to participate (e.g., in order to gain favor with the instructor). Recommendations include having a person other than the instructor manage the recruitment, informed consent, and data collection until the end of the semester, or recruiting broadly and generally outside of the classroom. It is also recommended that the consent form explicitly state these protections :

Will students receive extra credit for participating in the study? Yes No

If yes, please describe what alternative options will be offered for students who do not wish to participate:

If the study is greater than minimal risk, please describe what will be done to further protect students' privacy regarding sensitive information that may affect the student-instructor relationship: or N/A

Box 5: Other

Please describe the vulnerable population and why they are viewed as vulnerable to coercion or undue influence in the context of this research project:

Please explain why it is necessary to conduct the research using these populations:
Please describe what steps are being taken to reduce the potential for coercion or undue influence, real or perceived :

Section II. Other Populations Requiring Special Protections:

If your study involves any of the populations below, please select the population/s and complete the Box.

- Pregnant Women or Fetuses [Box 6] (**Please note:** the below requirements for pregnant women are aimed at protecting pregnant women from studies that may involve potential harm to the woman or the fetus. Low risk studies involving activities such as benign surveys need not complete the box below)
- Neonates [Box 7]

Box 6: Pregnant Women or Fetuses [45 CFR 46 (B)]
Have preclinical and clinical studies been conducted? What is the assessed potential risk to pregnant women and fetuses?
<input type="checkbox"/> The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus; or <input type="checkbox"/> The risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be obtained by any other means; or <input type="checkbox"/> There is no risk to the fetus. The only risk is breach of confidentiality for the pregnant woman.
Please describe how the risk is the least possible for achieving the objectives of the research:
<p>If the research holds out the prospect of direct benefit solely to the fetus, then the father** must also provide consent. If the pregnant woman is also a minor, then her parents must also provide consent.</p> <p>Please describe who will be asked to sign the consent form and justify:</p> <p>**except in the case that the father is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest.</p>

Please check to confirm:

No inducements, monetary or otherwise, will be offered to terminate a pregnancy.

Individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy.

Individuals engaged in the research will have no part in determining the viability of a neonate.

Box 7: Neonates [45 CFR 46 (B)]

After delivery, neonates should be identified as viable, uncertain viability, or nonviable. Individuals engaged in the research will have no part in determining the viability of a neonate.

For neonates of uncertain viability or nonviable neonates:

Describe the preclinical and clinical studies that have been conducted. What is the assessed risk of the research to the neonate?

For neonates of uncertain viability

1. Please describe:

How the research holds out the prospect of enhancing the probability of survival for the neonate to the point of viability:

How the risk is the least possible for achieving the above objective:

Or, if there is no added risk to the neonate, how the research will lead to the development of important biomedical knowledge which cannot be obtained by other means:

2. Each individual providing consent must be fully informed regarding the reasonably foreseeable impact of the research on the neonate. Consent may be obtained from **either** parent or, if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is acceptable. The consent of the father or his legally authorized representative need not be obtained if the pregnancy resulted from rape or incest. **Please describe in the main application who will provide consent that is consistent with these guidelines.**

Nonviable neonates

1. Please confirm that the following conditions are met:

- The vital functions of the neonate will not be artificially maintained
- The research will not terminate the heartbeat or respiration of the neonate
- There will be no added risk to the neonate resulting from the research.
- The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means.

2. Each individual providing consent must be fully informed regarding the reasonably foreseeable impact of the research on the neonate. Consent may be obtained from **both** parents. However, if either parent is able to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of one parent will suffice. The consent of the father need not be obtained if the pregnancy resulted from rape or incest. The consent of a legally authorized representative of either or both of the parents will not suffice in this case. **Please describe in the main application who will provide consent that is consistent with these guidelines.**

Viable Neonates: Neonates that have determined to be viable after delivery should be treated as children. Complete Box 1.

SIGNATURE AND ASSURANCE FORM

****FORM MUST BE READ AND SIGNED BY THE STUDENT INVESTIGATOR AND THE FACULTY MENTOR. THE RESPONSIBILITIES OUTLINED BELOW MUST BE ACCEPTED BY THE STUDENT INVESTIGATOR AND THE FACULTY MENTOR**

Title of Project: **Expression vs. Expectation: A Look into Patients' Perspectives on Professional Appearance in Physical, Speech or Occupational Therapists with and without Body Art.**

Date of Request: **October 16, 2019**

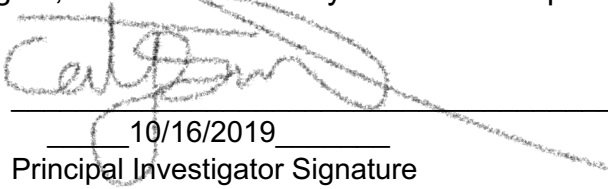
Review being requested: <input checked="" type="checkbox"/> New Study <input type="checkbox"/> Amendment <input type="checkbox"/> Continuing Review <input type="checkbox"/> Unanticipated Problem/Noncompliance <input type="checkbox"/> Inactivation <input type="checkbox"/> Other: _____	Type of Review being requested: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Exempt Limited Review <input type="checkbox"/> Expedited <input type="checkbox"/> Full Board
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PRINCIPAL INVESTIGATOR'S ASSURANCE

By signing this form, the Investigator assures that [check all]:

- The Investigator understands ACU's and the IRB's policies on human research and will oversee the research to ensure that it is conducted in accordance with these policies and with the federal regulations (45 CFR 46 and CFR Title 21)
- The Investigator will supervise all study personnel and ensure that they are adequately trained on all study procedures
- The Investigator will protect the rights and welfare of the study participants, ensuring that the study is conducted in accordance with the IRB approved protocol
- The Investigator will ensure that all participants give informed consent, and that this consent is documented, unless a waiver or alteration is approved by the IRB
- The Investigator or research team will not make any changes to a non-exempt study protocol without prior approval by the IRB unless necessary for the immediate welfare of the participant
- The Investigator will report to the IRB promptly, according to the policies and procedures set forth by the University and the IRB, any unanticipated problems or events of noncompliance
- The Investigator will report to the IRB and to the participants any new information that may change the participants' willingness to participate in the study
- The Investigator will ensure compliance with HIPAA and FERPA laws, as appropriate

- For studies requiring full-board review and any other study deemed to require continuing review, the Investigator will submit a continuing review at least 30 days prior to the study's expiration date. Otherwise, the Investigator will halt all research activity should study approval lapse until the extension is granted or unless it is determined by the IRB that it is in the best interest of the active participants to continue participation during the lapsed time
- The Investigator will submit an inactivation request at the end of the study or if the study is being discontinued
- The Investigator will maintain study data and records for the required time, in accordance with the University, the law and/or the funding agency, whichever is longest, but at minimum 3 years after completion of the study.




10/16/2019
Principal Investigator Signature

Date

Catherine J. Swedlund

Principal Investigator Printed Name

The faculty mentor is responsible for the supervision and assurance of compliance for this project. The faculty mentor should review protocols as often as needed to ensure that the project is being conducted in compliance with our institutional policies and any respective regulations. By signing below the faculty mentor agrees to monitor the project and ensure the student is meeting the above responsibilities. The faculty mentor agrees to maintain study records, in paper or electronic form, on ACU campus for the minimum required time as outlined above.



Faculty Mentor Signature

Date 10/16/19

Annie Bane

Faculty Mentor Printed Name

ABILENE CHRISTIAN UNIVERSITY

Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs

320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885



November 14, 2019

Catherine J. Swedlund
Department of Kinesiology & Nutrition
Box 28084
Abilene Christian University

Dear Catherine,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Expression vs. Expectation: A Look into Patients' Perspectives on Professional Appearance in Physical, Speech or Occupational Therapists with and without Body Art",

(IRB# 19-105) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Our Promise: ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.