

Nursing Students' Perception and Practices Related to Academic Integrity

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Abstract

Background: Academic Integrity is considered as a core value in any educational system. Research on academic integrity has identified that the essential knowledge not gained in the classroom can negatively reflect in patient care.

Objectives: The purpose of the study was to explore the perceptions, practices and factors facilitating and inhibiting academic integrity among undergraduate nursing students.

Design: A qualitative method was adopted to explore the perception and practices related to academic integrity using anonymous survey.

Results: The students were knowledgeable about academic integrity and its impact on clinical practice. The students had disclosed various types of academic dishonesty they have witnessed and listed the possible factors which had contributed to it.

Conclusion: Recommendations for nurse educators include creating a culture of academic integrity among students and providing an academic atmosphere to attenuate opportunities for academic dishonesty.

Keywords: *Academic Integrity, Academic Dishonesty, Perceptions, Practices and Factors.*

Introduction

The International Center for Academic Integrity (1992) defines Academic Integrity as a commitment to five fundamental values: Honesty, trust, fairness, respect and responsibility¹. The founding father of the term "Academic Integrity" and "The International Center for Academic Integrity" is Professor Donald L McCabe. Academic Integrity should form the essence of any education environment. Nursing, a reputed profession, upholds high moral standards. Lack of integrity in the

classroom can compromise acquisition of professional knowledge and skills. Ethical professionalism in practice is possible only if integrity is practiced in academia.

Exploring student perceptions can help nursing faculty to facilitate Academic Integrity and prevent academic dishonesty. In a study exploring the perceptions of Academic Integrity on nursing students, students pinpointed the central characteristic of someone with Academic Integrity as trustworthiness. They also expressed that Academic Integrity enhanced professionalism; lack of knowledge resulting from low integrity put patients' lives at risk².

Students generally have an understanding about Academic Integrity. A study on medical students and interns on Academic Integrity revealed that majority (93.2%) considered educational misconduct is wrong and 88.6% answered that they would not engage in it³.

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However, studies show that many students invariably engage in dishonest activities in academia. A study on Academic dishonesty among undergraduates from selected private medical schools in India found that all participants (166) were involved in at least one act of academic dishonesty⁴.

Academically dishonest nursing students are more likely to commit dishonest acts in clinical practice. A study conducted on 336 nursing students' engagement in academic dishonesty, revealed a significant positive relationship between the engagement in academic dishonesty in the class room setting and the engagement in academic dishonesty in the clinical setting⁵.

There are several factors which can lead students to commit academic dishonesty. A literature review on academic dishonesty in schools of nursing has mentioned that there are individual factors, contextual factors and students' attitudes which contribute towards students' decision to cheat⁶.

Another study exploring academic integrity among 550 nursing students revealed that majority (88%) admitted to have committed at least one form of academic dishonesty. In the same study they discovered the factors that influenced academic dishonesty, which included gender, pressure to succeed academically (84%), limited time available to study (74%), fear of losing status among peers (71%) and the impact of successful cheating (71%)⁷.

The current study findings will increase awareness of academic dishonesty and foster a learning environment where academic integrity is highly valued.

Materials and Method

A qualitative method was adopted to explore the perception and practices related to academic integrity among undergraduate nursing students. Data was collected through an URL survey link in the students' e-learning site.

Participants and Recruitment

Undergraduate (UG) nursing students from a private Nursing College in India participated in the anonymous survey. Ten students from the 2nd, 3rd & 4th year of BSc nursing and 2nd & 3rd of GNM nursing programs, who were interested to participate, were included in the

survey. First year students were excluded since their exposure to academic assignments and clinical postings were lesser. The total sample size was 50 students. Due to the sensitive nature of the topic, anonymous open-ended questionnaire survey which asked for narrative writing from students was chosen, which allowed the students to express their honest responses freely.

Tools and Procedures

After obtaining Institutional Review Board approval, an URL link was created in the student's e-learning site which had open-ended trigger questions related to Academic Integrity. The questions were carefully reviewed and approved by research experts. 50 students participated in the survey. These students received their log-in ID from the e-learning co-ordinators who were not part of the study and created their own passwords to participate in the survey. An information sheet with the study details, including aim of the study, participant's role and confidentiality was provided and explained to each student. After they agreed to participate, written consent was obtained. The students used the survey link to access the open-ended questions. After filling information about their class and programme of study, students were led to a page with nine open-ended trigger questions which aimed to gather data about their perception of Academic Integrity, examples of Academic Integrity and dishonesty, influence of Academic Integrity on patient care, any witnessed behaviours of academic dishonesty, factors inhibiting and contributing to Academic Integrity and importance of Academic Integrity among classmates. Complete anonymity was maintained throughout the study.

Data Analysis

Content analysis was done for the retrieved survey data using coding, categorizing and memoing.

Results

The responses of the 50 UG students who participated were critically analysed and three broad themes were identified:

Discernment of students about Academic Integrity

Academic Integrity and Patient care outcomes.

Facilitating and Inhibiting factors of Academic Integrity

Discernment of students about Academic integrity

This theme was identified from the responses of trigger questions 1, 2, 3 and 5.

The most common descriptions of academic integrity by students were “being honest and truthful in every aspect of academics”, “being faithful to academic activities” and “ follow ethics of education”.

The students grouped the examples of academic integrity as related to classroom and clinical practice. The most common classroom related examples were “not copying and being truthful in examinations” “writing assignments with one’s own effort and with full dedication”. The common clinical related examples were “following principles and no shortcuts in care of patients even in the absence of supervisor” and “truthful documentation”. Few students mentioned “doing procedures and getting signatures” as examples.

The students’ response for examples of academic dishonesty included both classroom and clinical related behaviours. The most common academic dishonesty behaviour at classroom were “copying in exams”, “copying assignments”, “plagiarism” and “helping friends during tests”. One student mentioned “taking sick leave on a test date while faking sickness”. The common examples related to clinical practice were “documenting without giving care”, “faking patient details in assignments and care studies” and “in front of madam gives good patient care to get appreciation and high internal marks”.

Students also revealed the various academic dishonesty behaviours they had witnessed in classroom and clinical areas. Commonest disclosures were copying in exams, copying assignments, helping others during tests/examinations, revealing questions of OSCE practicals to other students who were yet to take the examination, faking details of patient’s data in assignments, forging tutors’ signature and plagiarism. Academic dishonesty observed in clinical setting were documenting without providing care, not using aseptic techniques, short-cuts in clinical procedures and reporting false patient history.

Academic Integrity and Patient care outcomes

This theme was identified from the responses of trigger questions 4 and 6.

Students recognized that absence of Academic Integrity can impact patient care. They explained the impact of Academic Integrity on patient care as “Academic Integrity helps in providing sincere and dedicated care” and that “it brings out professionally and ethically sound individuals to provide quality nursing care”. They also said “to practice safe nursing care without harming the life of patients”. They expressed “honesty and being truthful in academics will enable to provide holistic care”, “lack of knowledge leads to poor patient care” and “academic dishonesty in learning process can lead to incorrect concepts, error and malpractices in patient care”.

Students highlighted that Academic Integrity among classmates also had paramount importance with the following responses “Academic Integrity is the basic need of every student of this profession”, “everybody should put equal effort and should be justly rewarded”, “for smooth functioning and equal distribution of marks based on efforts alone”, “Academic Integrity saves classmates from getting into trouble” and “when Academic Integrity not maintained by classmates then that learning is lost; it affects the clinical practice also”. Students believed that it will help them to “be a good nurse and give standard care to patients”.

Facilitating and Inhibiting factors of Academic Integrity

This theme was identified using responses of trigger questions 7, 8 and 9.

Students accounted manifold factors which enhanced them to uphold their Academic Integrity. They were categorized as follows: 1. **Personal** – following the inner voice or conscience, one should have self- integrity 2. **Family** – Parents upbringing 3. **Social** – Good friends, peers and teachers 4. **Spiritual** – Fear of God, obedience to God, pleasing God 5. **Educational** – Strict vigilance during tests, providing adequate time for preparation of tests and assignments.

Students recognized the following as the most common factors contributing towards committing an academic dishonesty:

1. Lack of time
2. Excessive workload

- 3.Laziness to prepare for tests
- 4.Fear of failure
- 5.Fear of punishments
- 6.Lack of interest and
- 7.Inadequate supervision or vigilance during tests.

In addition, the students were asked to share if they had any other opinions or suggestions in relation to Academic Integrity. Some of the students quoted their personal experiences where they had reported mistakes but were not appreciated for their honesty. They believe recognizing their honesty would encourage them and not allow them to commit such behaviours in future. They also expressed that the teachers should motivate and give polite corrections, evaluate without bias, plan tests and assignments to avoid overload and follow strict supervision during tests. Few students mentioned that the institution has helped them to maintain Academic Integrity and the faculty's contribution towards it as commendable.

Discussion

In this study, students were able to define Academic Integrity in general as "being honest and truthful in every aspect of academics". This finding is consistent with those reported in the literature^{9,10}. They also quoted examples for Academic Integrity specific to classroom and clinical practice. This highlights that students value integrity as an essential component in academics and also when they care for the patients at their most vulnerable times.

Academic dishonest behaviours happen both in classrooms and in clinical practice. Copying & helping others in examinations and documenting care that is not provided were the most commonly mentioned examples of academic dishonesty. These were congruent to findings from other studies revealing that globally, not all, but some students in every group are engaged in dishonest behaviours^{2, 8, 11, 12}. A study conducted on academic dishonesty among nursing students, mentioned the prominent academic dishonest behaviours as obtaining examination answers from someone who already took the examination and documenting findings not observed or assessed in the clinical setting⁵.

Examples of academic dishonesty witnessed by the students included plagiarism, receiving answers from previous class, cheating in tests, and working in groups for individual assignments. In the clinical area students witnessed their counterparts not using sterile techniques and documenting assessments without doing it¹³. These findings were similar to the current study.

Patient safety was clearly noted to be an important responsibility of nurses. Similar to this study finding, students in another study said "I think it's really important because our careers are a life-death situation" and "It is crucial to nursing practice"².

The essential knowledge not gained in the classroom can negatively reflect in patient care. Similar to the findings of this study, participants in a study remarked about the importance of applying the classroom knowledge during patient care in the clinical setting. They also said that engaging in academically dishonest behaviours in the classroom will have a negative effect on the clinical environment¹³. However it is clear that many situational factors like overload of assignments, unplanned tests and personal factors like fear of failure and a drive to impress teachers seem to motivate dishonest behaviour.

A study on clinical misconduct among students mentioned reasons for dishonest behaviour as fear of failure, pressure to succeed, fear of making mistake and competitive environment¹⁵. In another study on undergraduate cheating behaviours, the students cited inadequate time to study as a primary motivator for engaging in dishonest behaviour¹⁶. Some of the above factors concurred with the current study findings.

It is generally known that Nurse Educators use more techniques to discourage cheating in examinations than faculty in other disciplines¹¹. Therefore teachers can easily assist in modifying such factors, not only examination-related but also other factors which will reduce dishonesty.

Academic institutions also play a vital role in emphasizing Academic Integrity as an essence of education. McCabe & Trevino (1993) in their study done in 31 colleges and universities have revealed that academic dishonesty was lower at institutions that have strong academic honour code¹⁷.

In this study the students have stressed that Academic Integrity among classmates also is important because it is the basic need of every student and this would prevent them from getting into trouble. They also mentioned that every student should practice Academic Integrity to receive genuine rewards from the faculty. Further, some students had expressed disappointment in not being rewarded/ appreciated for being truthful. This is a vital point to be noted by faculty. Positive reinforcement for truthfulness and integrity is directly proportional to practice of Academic Integrity and can be achieved with minimal effort. All academic institutions should emphasize positive reinforcements as part of feedback to students.

The most important outcome of this study is that almost all the students knew the meaning of Academic Integrity and were able to give examples for Academic Integrity and lack of Academic Integrity. This highlights that they consider it as an important nursing ethical value. They were also able to relate Academic Integrity to its impact on clinical practice.

The findings of this study serve as an impetus to implement more stringent measures to avoid occurrences of any academic dishonesty. Educators can introduce lively interactive sessions to emphasize on the importance of Academic Integrity and ethical clinical practice⁵. They should also plan effectively to avoid overload of tests and assignments. Educators can help students to manage time and other academic pressures which can prevent them getting involved in any academic dishonest behaviours and promote a culture of integrity always.

It is important for faculty to serve as role models and make every effort to model high standards of Academic Integrity in all their teaching activities¹⁸.

Conclusion

This study assessed the perceptions and practices related to Academic Integrity. The students were knowledgeable about Academic Integrity and its impact on clinical practice. They also listed various factors contributing and inhibiting Academic Integrity. Their disclosures on witnessed academic dishonesty behaviours among their peers necessitate inclusion of more vigilant measures to avoid such occurrences. As nurse educators, it is our responsibility to provide an

academic atmosphere that minimizes opportunities for academic dishonesty. We need to create a culture of Academic Integrity among students by organizing lively sessions to discuss about ethical values in their course and to produce ethically sound nurses.

Conflict of Interest: None

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