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Academic dishonesty: What impact does it have and what can faculty do?

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ABSTRACT

Academic dishonesty occurs among nursing students at multiple levels of professional education programs. Studies have shown that students who commit dishonest acts in the educational setting may also commit dishonest acts as students in the clinical setting and as professionals in their practice setting. This lack of professional integrity may result in poor outcomes for patients as well as loss of trust from patients and from colleagues. Although multiple studies done among prelicensure nursing students explored academic dishonesty, there are few studies of academic integrity among nurse practitioner (NP) students. As advanced practice nurses, we need to understand the issues of academic dishonesty among NP students through further research. As faculty, we must act to prevent academic dishonesty and unethical behavior and to provide appropriate consequences when it occurs. It is also important that we consider ways to socialize students into ethical behavior to maintain trust in the profession. It is important that we respond to both students and colleagues who demonstrate a lack of integrity. All NPs must work to create a culture of professional integrity among students and members of the profession at every level.

Keywords: Academic dishonesty; faculty; nursing students; professional integrity.

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Academic dishonesty, also known as “cheating,” occurs in graduate nursing education. Although most studies on academic dishonesty were completed on prelicensure and associate degree students, the landmark study by McCabe (2009) indicated that 48% of graduate students self-reported that they had participated in at least one behavior identified as dishonest. The self-reported behaviors included collaboration on assignments when the faculty expected individual work, cheating on examinations, and plagiarism. Seventy-two percent of Bachelor of Science in Nursing (BSN) students in the study of McCabe (2009) had participated in at least one of the cheating behaviors. These numbers were not significantly different from other disciplines that McCabe also studied. In a small study of associate degree nursing students, 65% of students engaged in some form of academic dishonesty in the classroom setting, and 54% of students self-reported academic dishonesty in the clinical setting (Krueger, 2014). The clinical behaviors assessed in the study included failing to report incidents and errors with patients, falsification of records, and breaking confidentiality (Krueger, 2014). McCabe (2009)

did include a program with a bachelor’s level accelerated program and a master’s level accelerated second-degree program. Surveys from both accelerated programs indicated a higher level of academic dishonesty than their traditional BSN and master’s colleagues (McCabe, 2009). McCabe proposed that this could be due to less socialization into the nursing role. Academic dishonesty also occurs internationally. Evidence from the United Kingdom and Korea are just two examples of published studies (Arhin, 2009; Park et al., 2013).

The dishonesty reported in academic and clinical behaviors is very disturbing because of the potential for this lack of integrity to crossover into the professional practice setting. In an older but unique study, Hilbert (1985) noted that students who were more likely to commit academic dishonesty in the classroom setting were also more likely to commit dishonesty in the clinical setting while in school. Many others have speculated that students willing to cheat in school will also be willing to commit unprofessional behaviors in the practice setting (Krueger, 2014; Laduke, 2013; McCabe, 2009). A study of associate degree nursing students by Krueger (2014) found this to be true. A study done among students in the business, engineering, and psychology professions indicated that students more likely to cheat were also more likely to participate in unethical behaviors in their future workplaces (Laduke, 2013). Because the incidence of nursing students cheating is similar

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to the incidence of students in other majors, it certainly raises the concern that the incidence of dishonesty in the future workplace could also be similar (McCabe, 2009).

Students at all phases of nursing education need to master significant amounts of content. To become expert practitioners of their role, they must also demonstrate high self-efficacy. This is especially true as students move into the nurse practitioner (NP) role. Academic dishonesty is concerning because it may indicate that nursing students are not learning the material they need to learn to care for their patients (McCabe, 2009). Dishonesty in the workplace may adversely affect patient outcomes (Krueger, 2014). In a study of Canadian Arts and Social work students, results showed that students who valued mastery learning and practiced study behaviors that led to this were less likely to cheat than those whose study behaviors led to superficial learning. The same study found that higher self-efficacy among students had a protective effect against cheating (Jurdi et al., 2011). Some studies found that men cheated more than women (Hilbert, 1985; Krueger, 2014). This gender difference has not been a consistent finding in other studies (McCabe, 2009). Younger students were also suspected of cheating more than older ones, but this also has not been consistent (Hart & Morgan, 2010; McNair & Haynie, 2017). As online nursing programs have proliferated, some expected that cheating was more common among online students. Hart and Morgan (2010) compared an online and traditional Registered Nurse-Bachelor's of Science in Nursing completion program and found more cheating in the traditional classroom. When sophisticated online webcam proctoring was studied as a method for preventing cheating among online test takers, however, students studied still listed methods of cheating they felt would be undetectable (Mirza & Staples, 2010).

Although the research cited here was done at the associate degree through master's level of nursing education and with nonnursing groups, there were multiple commonalities in the findings. Very little research has been directly with NP students.

Although the concepts of academic integrity and academic dishonesty have been defined, students have reported not having a thorough understanding of the behaviors that constitute academic dishonesty. Wideman (2011) found that some behaviors such as collaboration on what were regarded as smaller assignments and quizzes were reported as "caring and sharing" behaviors among a class group loyal to each other and feeling pressured by their workload (Wideman, 2011, p. 29). The students in this study also felt uninformed about what constituted cheating behaviors, even though their university's policies were included in every syllabus. Although most students are probably aware of the American Nurses Association Code of Ethics and Interpretive Statements (American Nurses Association, 2015) and the International Council of Nurses

Code of Ethics for Nurses (International Council of Nurses, 2012), it must be questioned if their translation of those standards into behaviors is a bit fluid (Devine & Chin, 2017). Students were also noted in some studies to participate in neutralization or rationalization regarding their academic dishonesty (Spear & Miller, 2012; Wideman, 2011). Students also attributed their lack of understanding of academic dishonesty to inconsistent faculty responses to the dishonest behaviors (Wideman, 2011).

The behaviors and methods of academic dishonesty are varied and creative. Nursing students have been reported to use both nontraditional and traditional methods like cheat sheets and notes, writing on body parts, placing notes on portions of their computer or body that cannot be seen by webcam proctoring, smart phones and watches, and wireless earbuds (McCabe, 2009; Mirza & Staples, 2010; Mishkin & Panettieri, 2009). Students have also shared answers to quizzes, tests, laboratory reports, and papers with colleagues who are taking a makeup test or with the cohort following them in the class (Hart & Morgan, 2010; Krueger, 2014; McCabe, 2009; Wideman, 2011). Students also collaborate on assignments, plagiarize from a few sentences to entire papers, and even purchase papers online (Mishkin & Panettieri, 2009; Wideman, 2011). Students in tests and test reviews have even made collaborative efforts to memorize questions and answers and reconstruct tests after the review. One of the certifying bodies for NPs had to suspend testing in 2019 to write a new examination after collaborative cheating was discovered (R. Zeno, personal communication, December 6, 2019). Nurse practitioner students have also demonstrated dishonesty in clinical settings. Nurse practitioner students were found to record fake patients on clinical logs and to record clinical hours when they did not attend clinicals. Nurse practitioner students have also been found to violate Health Insurance Portability and Accountability Act standards through contacting patients outside the clinical experiences and through social media.

The question then becomes what our response should be to academic dishonesty among students and unethical behavior among colleagues? Certainly, as faculty, we need to make the ethical expectations of both education and practice as clear and when necessary, as concrete as possible. One way to have a concrete discussion would be to ask students in the classroom setting to identify behaviors they have witnessed that they would classify as academic dishonesty or unethical practice and for faculty to clearly identify the behaviors that are dishonest or unethical. As faculty, this would have the advantage of informing us of what may be going on in our classes and among clinical practice sites to which the students are exposed. Students must be assured that such a discussion is not punitive to feel safe enough to share their witnessed experiences. Having students evaluate preceptors and sites every semester has also

proven to be a valuable source of information about ethical behavior in some clinical sites. Faculty might not otherwise have known about behaviors and beliefs within a practice culture that are unethical. Despite a lack of preceptors with which we all struggle, when a clinical site or preceptor is involved in unethical behaviors, it must result in a decision not to continue to use that site or preceptor.

Ethical expectations need regular discussion and reinforcement in the classroom, whether online or on campus as students move through the curriculum (McCabe, 2009; Wideman, 2011). Although formal policies and honor codes are one part of the solution, they are not useful if students forget them or do not relate them to academic dishonesty and unprofessional behavior because of their current academic stresses or their cognitive development. As faculty, we also are responsible for taking all the actions we can to prevent cheating and to respond to it consistent with our institutional policies.

Faculty would like to believe that all students whom they are educating are completely trustworthy but that may not always be true. Concrete actions that faculty can take to make cheating more difficult include changes in the assignments from year to year or semester to semester. Buying or borrowing another student's paper is not useful if the paper topic is completely different in the subsequent semester. Also, using plagiarism identification software is another strategy to prevent academic dishonesty. Adding a substantial number of new test questions to each major summative examination is another method to discourage passing of examination questions from one group to another. Using technological solutions like examination monitoring software and scrambling questions can also help make cheating more difficult. For examinations like objective structured clinical examination (OSCE) or simulations, asking students expressly not to share the case information is an example of concrete communication by faculty and could be helpful, but students have told us that they hear about the cases from other students anyway. As a result, we now include multiple cases in our OSCE and simulations so that students in a subsequent experience will have a harder time figuring out which case they will draw or be assigned. Clearly identifying which assignments may be collaborative and which are expected to be individual work may also help because sometimes students who have both types of assignments in a class may not identify which are to be individual work. In the clinical setting, it is important for preceptors to validate the student's hours to make sure that the student is attending clinical every day that is documented. Nurse practitioners who serve as preceptors are also responsible for monitoring students for unethical behavior or academic dishonesty and reporting occurrences to faculty. It must be

acknowledged that many of the actions listed above do entail more work for faculty.

McCabe also suggests that we seek out a more positive approach among the larger professional community of nursing. He uses a quote from Gaberson (1997) suggesting, "a process of socialization in which students learn how to practice nursing with honesty and integrity" (As quoted in McCabe, 2009, p. 615). Lewenson et al. (2005) shared a case study exemplar of one way to do this. The authors discovered academic dishonesty had occurred among a class, confronted the class with consequences of the behavior, discussed the behavior until the students understood their own responsibility for what had happened, and finally listened to the students and made some minor modifications to the consequences, which demonstrated the caring piece of what we do as nurses (Lewenson et al., 2005).

As a profession, we must respond to the current issues of academic dishonesty and the related threat of unethical practice. There is an urgent need for more data on the prevalence of academic dishonesty in NP students and the methods used to cheat. Failure to create a professional community where patients and colleagues are respected and patients are cared for with honesty and integrity will destroy the trust patients have in NPs and could lead to disastrous patient outcomes. Creation of this professional community will require that students are socialized into professional behavior by our clear expectations of them from the beginning. With clear expectations and role modeling from faculty and preceptors, future NPs will learn valuable behaviors for use throughout professional practice.

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