Associate Degree Nursing Students' Perceptions of Academic Dishonesty
and Unprofessional Behavior

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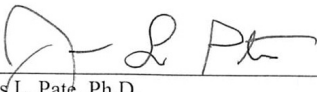

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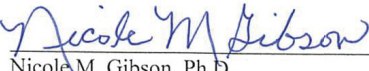ASN, Darton State College, 1996

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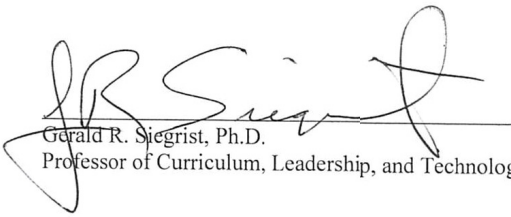**Dissertation Committee Chair**

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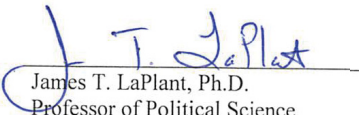
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ABSTRACT

Academic dishonesty and unprofessional behavior are major concerns for faculty and administrators among all disciplines, but are even more concerning to those in healthcare fields of study, such as nursing. Although not a new problem in academia, students' dishonest behaviors and actions while in programs of study have been shown in previous research to translate into those same behaviors in the workforce after graduation. This descriptive, quantitative study was conducted at a large southeastern school of nursing in Georgia. Students were given a survey with eighteen cheating scenarios and six unprofessional behavior scenarios. Each student had the opportunity to answer whether he or she considered the scenario as depicting cheating/unprofessional behavior, and if so, the degree of seriousness (not at all serious to extremely serious in nature). A multivariate analysis of variance (MANOVA), analysis of variance (ANOVA), single-sample t-test, and a correlation analysis were conducted to determine associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior, examining differences between traditional and non-traditional students, gender, and first and second-year students.

The findings indicated that 11.23% of associate degree nursing students admitted to cheating during their nursing program. Gender proved to be statistically significant indicating that female associate degree nursing students viewed academic dishonesty and unprofessional scenarios as more serious than males. Although there were no statistically significant findings between traditional/non-traditional students and first and second-year students, the mean responses between the two groups painted a meaningful story.

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ACKNOWLEDGEMENTS

DEDICATION

This dissertation is dedicated to Britt, Bradyn, Lily, Grant, Mom, Papa, Mrs. Anne, Tommy, Dad (I think he would have been proud), and my Grandmother, Leola (who is smiling down from Heaven over this accomplishment).

"Dream big and dare to fail" Norman Vaughan

Chapter I:

INTRODUCTION

Numerous and varied types of students can be found in today's academic setting in pursuit of higher education and advanced degrees. Changes in higher education, including nursing education, pose challenges, concerns, and opportunities for nursing scholars. Faculty in nursing education have an obligation to integrate moral and ethical values into the curriculum. Ganske (2010) states, "A climate that ignores unethical behaviors in students, or faculty, breeds an attitude that may be transferred to nursing practice and patient care…too much is at stake in the profession and in the lives of patients and families" (Seeds of moral distress in nursing education section, para. 5). These fundamental principles are the cornerstone of professional nursing practice and are integral to the safety of patients (Krueger, 2014).

Although not a new problem, the issue of academic dishonesty in higher education is more prevalent than ever before (Arhin, 2009; Harding, Carpenter, Finelli, & Passow, 2004; Kolanko et al., 2006; Krueger, 2014). "In an environment with an increasingly complex set of relationships between student behavior, learning context, and modern attitudes to higher education, we need to more fully understand motivations that may lie behind dishonest academic behavior" (Bates, Davies, Murphy, & Bone, 2005, p. 69). The roles and responsibilities of faculty, especially those who teach in healthcare sciences, are more demanding and taxing than in previous years. As students matriculate through programs of study, contemporary problems such as academic dishonesty may

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influence classroom and clinical performance (Ganske, 2010). Honesty is essential as nurses practice autonomously, and patient safety should be a priority (Krueger, 2014).

Statement of the Problem

The problem of academic dishonesty and unprofessional conduct in nursing and other health science fields have faculty, deans and directors, and administration concerned about the implications of such behaviors as future healthcare providers. Although much research has been conducted on academic dishonesty and cheating, the professional literature is limited when attempting to determine associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior. This is concerning for healthcare as students entering these programs of study who do not uphold ethical standards of honesty and professionalism may contribute to detrimental patient outcomes (DiBartolo, 2010; Krueger, 2014). Harding, Carpenter, Finelli, and Passow (2004) reported that a prior academic history of cheating is indicative of future dishonesty in professional practice. This is of grave concern for nursing educators because "unethical behavior is ultimately responsible for the deterioration of the very fabric of the nursing profession" (Kolanko et al., 2006, p. 35).

The technological explosion has resulted in innovative and creative ways for students to engage in academic dishonesty (Arhin, 2009; Mayville, 2011). The number of users on the Internet has increased from 738 million in 2000 to 3.2 billion in 2015 (Davidson, 2015). Virtual access to information is available with a few strokes of the keyboard (Jones, 2011). Small audio and visual devices provide access to high-tech but inexpensive cheating. Examples of such methods include cameras within wristwatches, calculators, iPods, iPads, cell phones, and pens (Arhin, 2009; Mayville, 2011).

Furthermore, cameras can be used during a test to allow for duplication at a later time. Tiny audio devices can be used to whisper test items for later transcription (Mayville, 2011). Invisible ultraviolet writing devices can be utilized to copy test items on blank paper for later viewing with special lighting (Kolanko et al., 2006). Incredibly small devices can hold large amounts of memory, allowing for access to large volumes of material for later use. Most recently, key loggers are being utilized to record strokes on a keyboard. Instructors' passwords, emails, and access to exams can be recorded and recalled at a later time to retrieve information. In addition to physical items that are utilized for cheating, Internet chat rooms and websites are used for sharing materials and purchasing previously written papers and various assignments (Mayville, 2011). Due to the increased use of technology, academic dishonesty continues to be a major contemporary global problem in higher education (McCabe, Butterfield, & Trevino, 2012). Finally, Nonis and Swift (2001) make a valid argument that cheating is a slope that can be slippery, beginning with small violations and snowballing into serious infractions.

Academic dishonesty in nursing educational programs remains a serious concern for faculty and administration. A state college located in Georgia, with strong ties to the community, began to see an increase of academic dishonesty and unprofessional behavior within its program. Simultaneously, the Georgia Board of Nursing's education consultant shared that problems were being seen across the state (J. Gould, personal communication, October 6, 2012). The majority of the reported cases originated from fellow nursing students reporting their classmates for the use of printed test banks from the Internet and also witnessing verbal and non-verbal communication during exams. There was also an

increased incidence in nursing student falsification of documentation involving both the

classroom and clinical settings (A. M. Reese, personal communication, September 21,

2012). "It is unreal the amount of time and resources it takes to pursue these cheating

rings, and in a profession that we should never have to question" (L. Gill, personal

communication, April 6, 2017).

Conceptual frameworks

Watson's Theory of Human Caring is a conceptual framework that incorporates

both moral and theoretical essential elements for nursing. Jean Watson developed the

Theory of Human Caring in the late 1970s "to attempt to bring meaning and focus to

nursing as an emerging discipline and distinct health profession with its own unique

values, knowledge, and practices, with its own ethic and mission to society" (Morris,

Watson's theory of caring section, para. 1). Watson's theory was developed from her

own experiences in nursing and its principles lie in "the centrality of human caring and

on the caring-to-caring transpersonal relationship and its healing potential for both the

one who is caring and the one who is being cared for" (Morris, Watson's theory of

caring section, para. 2). Jean Watson, along with other influential nursing theorists,

recognized early on that nurses should possess caring attributes and demonstrate strong

values that place an emphasis on honesty and integrity (Morris, n.d.). Since nurses hold

patients' lives in their hands on a daily basis, these beliefs are the foundation for the

profession of nursing. Faculty/administrators have valid concerns when nursing students

place patients at risk by participating in academic dishonesty and unprofessional

behaviors (Boykins & Gilmore, 2012). Overall, Watson's Theory of Human Caring

encompasses principles of caring and healing with strong emphasis on values of honesty

and integrity (Morris, n.d.). These are traits nurses are expected, by the public, to possess as a profession that is one of the most trusted in the public's eye (Riffkin, 2014). Because social factors are so influential creating cultural and societal pressure to conform, it is more important that ever to have good moral reasoning. Moral reasoning is necessary to make decisions that reflect critical thinking, a good sense of judgment, and are also ethical in nature (Baxter & Boblin, 2006).

Kohlberg's theory of moral development has been utilized to explain the rationale for individuals' decisions to participate or engage in cheating or unprofessional behavior (Baxter & Boblin, 2006). Kohlberg's theory includes preconventional, conventional, and postconventional levels ranging from stage one to stage six as follows

- o Preconventional level:
    - ▪ Stage 1: The stage of punishment and obedience
    - ▪ Stage 2: The stage of individual instrument purpose and exchange
- o Conventional level:
    - ▪ Stage 3: The stage of mutual interpersonal expectations, relationships, and conformity
    - ▪ Stage 4: The stage of social system and conscience maintenance
- o Postconventional and principled level
    - ▪ Stage 5: The stage of prior rights and social contract or utility
    - ▪ Stage 6: The stage of prior rights and social contract or utility (Baxter & Boblin, 2006, p. 22).

The theory is based on the principles of moral development suggesting that as one develops morally, they will make decisions that reflect that maturity. According to

Kohlberg, if one has not developed morally, he/she may be challenged to make decisions of moral reasoning (Baster & Boblin, 2006; Miller, 2011). Baxter and Boblin (2006) apply Kohlberg's principles in the following situations to describe how it relates to moral reasoning in a clinical situation. In the pre-conventional level, stage 1, a student may choose not to disclose that he or she did not record a set of vital signs in an effort to avoid punishment by the instructor. In the pre-conventional level, stage 2, a student when caught using a paper that was plagiarized may react by arguing that they were pushed for time and that it was no different than what others are doing. In the conventional level, stage 3, a student may be faced with a situation where he or she chooses to change a dressing in a way that is incorrect (but not harmful to the patient) because he/she does not want to correct the experienced, supervising nurse's technique. The student realizes that this may jeopardize the relationship with the nurse, and instead, chooses to respect the nurse. In the conventional level, stage 4, the student administers pain medication to a patient and follows up later to make sure that the patient is free from pain and is feeling better. The student is acting in a manner that reflects order and duty. In the postconventional and principled level, stage 5, the student makes a decision to administer pain medication thirty minutes before the physician scheduled time because the patient is in pain. The student is acting in accordance with hospital policy (as this is allowed up to thirty minutes early) but before the scheduled time by the physician based on the needs of the patient. Finally, in the postconventional and principled level, stage 6, a student who advocates for pro-life is assigned to an abortion clinic. The student is able to place his/her own views aside to provide care for the women in the clinic (Baxter & Boblin, 2007). Nursing students are placed into clinical

settings with other nursing students all at varying levels of Kohlberg's stages of moral development. Nurses in the clinical setting also represent varying levels of moral development. Therefore, it is essential for nurse educators to introduce situations and scenarios early in the curriculum that require nursing students to critically think and make appropriate moral and ethical decisions (Baxter & Boblin, 2007; Semerci, 2006).

Bandura's social cognitive theory of moral thought and action (1991) has been discussed widely in literature to explain why students engage in cheating (O'Fallon & Butterfield, 2012; O'Rourke et al., 2010; Teodorescu, 2009; Nadelson, 2007; Murdock & Anderman, 2006). Nadelson (2007) petitions that moral behavior is influenced by cognitive and environmental elements. These influences can include one's own moral development or how he/she thinks, codes of conduct, and the relationship with others in the academic environment. In higher education, the manner in which students process their perceptions can be very different (Nadelson, 2007). According to Nadelson (2007), some students may make moral decisions based on potential ramifications or consequences while other students may make moral decisions based on the context of the situation. Students who choose to participate in cheating or unprofessional behavior can be influential to others who have a desire to 'fit in'. Bandura (1991) suggests that behaviors are learned and deemed acceptable based on how their peers view what is acceptable. The more individuals see their peers engaging in such behaviors, the more inclined they are to engage in those same behaviors, good or bad (Murdock & Anderman, 2006; Nadelson, 2007; O'Fallon & Butterfield, 2012; O'Rourke et al., 2010; Teodorescu & Andrei, 2009). Cognitive and environmental factors play a direct role in the students' decision to display behaviors that reflect academic integrity and model

professionalism (Nadelson, 2007). This has been described as "monkey see, monkey do" mentality, suggesting direct intervention at the peer level critical (Miller, 2011; O'Fallon & Butterfield, 2011; O'Rourke, Barnes, Deaton, Fulks, Ryan, & Rettinger, 2010; Teodorescu & Andrei, 2009). LoSchiavo and Shatz (2011) reported that 70 % of students in online psychology courses admitted to cheating on at least one quiz in the courses.

Bandura's theory (1991) explains this as students who are separated from their instructors in an online environment may be able to justify their cheating behaviors since they are somewhat disconnected from them (LoSchiavo & Shatz (2011). It is essential for faculty to model positive behaviors and encourage an academic environment that makes students feel as if he/she matters. Therefore, strict codes of conduct and a strong faculty presence can deter bad behaviors (Nadelson, 2007). Teodorescu and Andrei (2009) claim that peer influence is a powerful force for institutions fighting cheating and that positive student peer influence should be used proactively to reduce instances of such unethical behavior (O'Rourke et al., 2010; Murdock & Anderman, 2006).

In addition to stress and environmental factors for cheating, ethical and social influences certainly place an emphasis on what everyone else is doing and place value on getting ahead (Johnson, 2009). Social factors have a powerful influence on participation in cheating behaviors. Justifying behaviors or rationalization have become the new norm by blaming others for problems at hand, demanding or insisting behaviors are not wrong, and adamantly claiming that the behavior is acceptable based on others' situations (Murdock & Anderman, 2006). The presence of neutralizing attitudes allows the student to relinquish accountability for their actions, placing their poor choices on

external factors (East, 2010). Social influence for cheating is consistent with Bandura's theory in that "students appear to normalize cheating when they see others getting away with it" (Murdock & Anderman, 2006). Murdock and Anderman (2006) argue that cheating is a behavior in which students make a choice to participate in it or not. Finally, Nonis and Swift (2001) make a valid argument that cheating is a slope that can be slippery beginning with small violations snowballing into serious infractions.

Purpose

The purpose of this study was to determine associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior. Research clearly supports that academic dishonesty is prevalent. For the purpose of this study, nursing students in an associate degree program were surveyed to determine their perceptions of the seriousness of cheating and unprofessional behaviors. This study examined whether nursing students and their peers had engaged in cheating and unprofessional behavior within their nursing program and determined whether they had knowledge of the presence of honor codes/policies. This study identified if there were differences in nursing students' perceptions of cheating and unprofessional behavior between traditional versus non-traditional nursing students, males and females, and first- and second-year students.

Research Questions

1) What are associate degree nursing students' perceptions of the seriousness of academic dishonesty?

2) What are associate degree nursing students' perceptions of the seriousness of unprofessional behavior?

3) Is there a significant difference in the perceptions of the seriousness of academic dishonesty and unprofessional behavior between traditional and non-traditional associate degree nursing students?

4) Is there a significant difference in the perceptions of the seriousness of academic dishonesty and unprofessional behavior between gender (males and females)?

5) Is there a significant difference in the perceptions of the seriousness of academic dishonesty and unprofessional behavior between first- and second-year associate degree nursing students?

6) Is there a relationship between associate degree nursing students' perceptions of the seriousness of academic dishonesty and the perceptions of the seriousness of unprofessional behavior?

Definition of Terms

The definition of terms included is to ensure that there is an understanding of the operational terms for this study.

Academic dishonesty. Academic dishonesty refers to cheating and is the misrepresentation of one's ideas or knowledge by an intentional means (Nilson, 2010, p. 83).

Unprofessional behavior. Unprofessional behavior, for the purpose of this study, reflects unethical conduct that threatens the integrity of the individual or the profession of nursing (Aaron, Simmons, & Graham-Webb, 2011).

Traditional student versus non-traditional student. Age is often a common defining characteristic; for this study, the following characteristics describe the differences

between non-traditional and traditional students:

- Enrollment pattern (enrollment immediately after high school full-time would indicate traditional, while enrollment in another manner would indicate non-traditional)

- Financial and family status (non-traditional students would have financial constraints that may include dependents, single parental status, full-time job while attending college, and/or being financial independent)

- High school graduation status (students who did not earn a high school diploma would indicate non-traditional). (National Center for Education Statistics, n.d.)

*Codes of ethics. S*ystems of rules and principles by which a profession is expected to regulate the moral behavior of its members and demonstrate its responsibility to society (Numminen, Leino-Kilpi, Arend, & Katajisto, 2011, p. 710).

Gender. For the purpose of this study, "refers to the biological and physiological characteristics that define men and women" (World Health Organization, n.d.).

Significance of the Study

The American Nurses Association (ANA) *Code of Ethics* "provides a framework within which nurses can make ethical decisions and discharge their professional responsibilities to the public, to other members of the health team, and to the profession" (ANA, 2016, para. 2). This Code of Ethics requires nurses to demonstrate a work ethic that reflects a proficiency of knowledge, values, and integrity and promotes moral reasoning to critically think when making decisions. A code of ethics serves as a blueprint to guide nurses in exemplary practice (Vanlaere & Gastmans, 2007). An overall

sense of erosion of fundamental principles of integrity is evident in America today, and educators have a reason to be concerned (McCrink, 2010). Unfortunately, nursing education is not absolved from this problem. This raises major concerns, as there remains a certain expectation from the public that nurses are trustworthy and hold a level of honesty that can be viewed by some as greater than other groups as a whole (Austin, Simpson, & Reynen, 2005). Mayville (2011) argues that if there is a correlation between cheating in college and dishonest behaviors in professional jobs, it would make sense that some nurses may be falsifying records or participating in behaviors that potentially place patients in harmful situations. Coffey (2012) argues that "making these linkages between expected conduct during a student's educational program and their subsequent professional life is central to professional socialization" (p. 62). It is urgent that nurse educators bridge the gap by placing emphasis on core values of nursing to decrease and deter incidents of academic dishonesty in the academic setting (Suplee, Lachman, Siebert, & Anselmi, 2008). Childers (2015) urges faculty to speak up to their students about personal and professional integrity, enforcing these concepts through accountability and setting high expectations and clear policies/consequences for mishaps. Academic integrity is vital in fields of study where patient safety is at stake. The foundation of nursing is centered on ethical principles and caring values (McCrink, 2010).

Cheating is prevalent among college and university students today. According to Rabi, Patton, Fjortoft, and Zgarrick (2006), as many as 90% of students in undergraduate programs cheat. Nilson (2010) stated as many as 75% of college students admitted to cheating. Chun-Hua and Ling-Yu (2007) conducted a study of 2,068 college students that indicated approximately 62% of college students participated in cheating. Arhin (2009)

reported a study conducted by Duke University involving 50,000 college students and 18,000 high school students found 70% admitted to participating in a form of cheating. Krueger (2014) reported 64.7% of nursing students admitted to some form of academic dishonesty in the classroom setting, while 54% admitted to some form of academic dishonesty in the clinical setting.

The increased prevalence of cheating mirrors the cultural norms within today's society. Corrupt political, business, and social leaders, the ease and availability of mass media, and common acceptable societal practices contribute to justification for dishonesty (Witherspoon, Maldonado, & Lacey, 2012). Outside the world of academia, incidents occur time and again revealing dishonest practices and actions such as those that have occurred with Enron, Oprah Winfrey's book club recommendation of James Frey and his false world of addiction, Lance Armstrong's successes at the Tour de France while on performance-enhancing drugs, and even former President Bill Clinton and Tiger Woods' public scandals with infidelity (Aaron & Roche, 2013). Dishonesty is widespread in society today.

Summary of Methodology

This study is similar to an original study conducted by Aaron, Simmons, and Graham-Webb (2011) of radiologic science students and faculty. In the original study, researchers evaluated if there was a difference in radiologic students' and faculty perceptions of academic dishonesty and unprofessional behavior. The survey was first utilized in a 2009 pilot study with approximately 300 students. For the purpose of this study, only nursing students were surveyed. A nursing program at a state college in Georgia was the subject of the study. Associate degree nursing students enrolled in all

nursing courses at all five campuses were asked to voluntarily complete the anonymous survey. Nursing students selected for this study represented a wide geographic region in South Georgia.

Part one of the survey included 18 scenarios related to academic dishonesty and six scenarios related to unprofessionalism. Each scenario allowed students to determine if the scenario indicated cheating/unprofessionalism and if yes, to what degree, if they had participated in this while in their professional program or if they had known someone else who had. Part two of the survey included demographic information related to age, gender, program type, year in program, and characteristics to determine traditional/non-traditional status. In addition, students were asked to answer yes/no to whether they thought cheating was a problem, if they knew whether there was an academic policy in place, if so, the degree of enforcement, and if they had ever cheated or known someone who cheated while in nursing school.

Limitations

Limitations that were identified were outside of the researcher's control. A potential limitation was that findings from this study only reflected associate degree nursing students' perceptions of academic dishonesty and unprofessionalism at a state college in Georgia. This nursing program was the largest associate degree program in Georgia, with over five hundred nursing students enrolled, excluding pre-nursing and baccalaureate nursing majors. Because of the size of the program, the findings provided a large sample of associate degree nursing students' perceptions of the problems. Another potential limitation included the lower socio-economic population and large percentage of first-generation college students who attended the Georgia school; however, it is only

one college with its own unique culture, norms, and expectations. Students of a higher socio-economic status and of second- generation college students may have provided different answers to questions in the questionnaire. Other factors to consider may include a problem in the self-reporting of attitudes and behaviors. Students may answer a certain way because they think they should.

Organization of the Study

Chapter 2 includes a literature review of academic dishonesty and unprofessional behavior. The literature review includes a historical perspective of cheating, cheating in higher education, cheating in nursing, faculty's role in identifying and confronting cheating, and the significance of ethics in nursing. Chapter 3 contains the methodology describing the survey instrument that was utilized, the Institutional Review Board (IRB) approval process, and details related to data collection and data analysis. Chapter 4 reports the findings from data collection. Chapter 5 includes a summary of the findings and implications for future research.

CHAPTER II

Literature Review

The purpose of this study was to determine nursing students' perceptions of academic dishonesty and unprofessional behavior, the seriousness of such behaviors, and whether they or their peers have engaged in such behaviors. The literature review discusses academic dishonesty, offering a historical background, complexities of academic dishonesty, the prevalence of academic dishonesty in higher education, and the significance of this problem for the discipline of nursing.

Happel and Jennings (2008) imply that deceit and untruthfulness are depicted as the norm in today's society, suggesting that it is necessary for survival within high stakes settings. Controversy exists as to why students engage in dishonest practices, but many believe that a decline in moral values is to blame. "Helicopter" parents (those who tend to hover over their children) are also believed to contribute to students' ideas that everyone deserves an *A*, doing whatever it may take to earn such a grade. In addition, the media portrays cheating as exciting and acceptable. The culture of students has changed as many have been raised in settings where group work and team assignments have created a sense of empowerment. Winning is everything, and some students may feel the pressure to do anything it takes to get the perfect score (Happel & Jennings, 2008). Rapidly changing advances in technology further complicate the issue, allowing easy opportunity for students to engage in dishonest acts. Burnett and Clifford (1998) raise awareness of the difficulty in measuring family influence, religious implications, and other aspects that

contribute to one's character but undeniably argue that these variables play into the ability to make good decisions. "The combination of increased academic competition, condoning peer culture, and weakened character education makes today's college students more susceptible to the problems of academic dishonesty" (Burnett & Clifford, 1998, p. 3). This is alarming in higher education altogether, but particularly in programs where healthcare is taught (DiBartolo, 2010; Henning et al., 2013; King, Guyette, & Piotrowski, 2009; Krueger, 2014). These disciplines are expected to generate professionals who abide by standards of practice which are centered on ethics. Dishonesty is not acceptable, as dishonest behaviors could lead to detrimental outcomes for patient care (Childers, 2015; DiBartolo, 2010).

<center>Academic Dishonesty Defined</center>

Complicating the issue of academic dishonesty is the lack of agreement on the definition by scholars (Aluede, Omoregie, & Osa-Edoh, 2006; Bates et al., 2005; Wideman, 2008). Nilson (2010) defined cheating in its most basic form as "misrepresenting one's knowledge and effort" (p. 83). Kolanko et al. (2006) defined academic dishonesty as "intentional participation in deceptive practices regarding one's academic work or the work of another" (p. 35). Other forms of academic dishonesty include plagiarism, self-plagiarism, Internet copying and pasting, the use of electronic devices, possession of test banks, falsification of documents, and the use of written materials (Austin et al., 2005; Chun-Hua & Ling-Yu, 2007; Johnson, 2009; Jones, 2011; Nilson, 2010). Johnson (2009) reported classroom exam cheating as the most common form of academic dishonesty. Cheating within the classroom can be categorized as

1) cheating by taking, giving, or receiving information from others, such as

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copying from another student's paper during a test;

2) cheating through the use of forbidden materials or information, including the use of "cheat sheets" or other written aids; and

3) cheating by circumventing the process of assessment. (Kolanko et al., 2006, p. 35)

Although the definition for academic dishonesty is varied and sometimes used interchangeably with the words *cheating*, *misconduct*, and *lying,* scholars agree that the problem is on the rise (Childers, 2015; Krueger, 2014; Olafson, Schraw, Nadelson, Nadelson, & Kehrwald, 2013; Wideman, 2008). This complex and multi-faceted issue may lead to faculty tolerance and a view among students that academic dishonesty is normal and acceptable behavior. Martin, Rao, and Sloan (2009) found that students who answered questions in a matter that reflected high levels of integrity were actually more likely to participate in plagiarism. This raises concerns as to whether plagiarism and other dishonest attitudes or behaviors associated with it may be more of the norm today (Martin, Rao & Sloan, 2009). Contributing to the complexity, students and faculty have different opinions about what constitutes cheating. It is difficult to establish a common definition of academic dishonesty considering the diversity of individual perceptions, institutions' policies, and society's values. For example, plagiarism or self-plagiarism may not be viewed as significantly as cheating on an exam (Kolanko et al., 2006). Childers (2015) reports some students avoid plagiarism but do not understand why it is a problem. What constitutes academic dishonesty to one individual may be an acceptable behavior to another (Bates et al., 2005).

Many variables contribute to academic dishonesty. Student factors can be related to stress or ethical, social, and/or environmental conditions. The stress to perform well

can pressure students into cheating to keep up with fellow students. Environmental

factors consist of the size of the classroom, the number of seats, and the availability of

proctors (Johnson, 2009). Furthermore, if faculty re-use test items repetitively, this

enables sharing of information among students (Johnson, 2009). Kolanko et al. (2006)

cited multiple reasons nursing students engage in academic dishonesty:

- competition for higher grades, honors, awards, and a grade point average
  sufficient for graduate study

- an emphasis on perfection in nurses and nursing practice

- lower levels of moral development

- risk-taking behaviors that count on not getting caught or punished

- the will to succeed at all costs

- lack of preparation or skills

- poor academic standing, poor grades, and concerns about the financial impact
  of failing a course

- personal time management factors and completing assignments

- a classroom or clinical environment conducive to academic dishonesty

- the use of rationalizations to justify dishonest actions. (p. 35)

Historical Background

Bill Bowers was the first renowned researcher to conduct work in the area of

academic dishonesty in the 1960s. It was through Bowers' original work that leading

experts today continue their research in this area (McCabe et al., 2012). McCabe,

Butterfield, and Trevino (2012) utilized Bowers' work to continue to follow trends of

types of cheating and make comparisons over a period of twenty years, from 1990-2010.

Bowers' work set a standard, and his survey for academic dishonesty has served as the basis for many research studies. Bowers' work in the 1960s indicated that cheating may be less prevalent in schools with honor codes (as cited in McCabe et al., 2012). McCabe et al. (2012) investigated Bowers' findings further, duplicating his original survey, with a multi-campus approach in 1990/1991, 1993/1994, and 1999/2000. The following situations were assessed at schools with no honor code in place: copying a few sentences of material without footnoting in a paper; only changing a few items in a bibliography; plagiarizing from public material on papers; getting questions or answers from someone who has already taken the same exam; copying from another student on a test or exam; working on the same homework with several students when the teacher does not allow it; turning in papers done entirely or in part by other students; giving answers to other students during an exam; using crib notes during an exam; or any of the nine behaviors (McCabe et al., 2012, p. 53).

McCabe et al. (2012) were "convinced that students deserved a voice in the discussion if we really hoped to better understand the issue of student integrity and develop strategies that work" (p. 51). It was from these research findings that the International Center for Academic Integrity (ICAI) was founded in 1992. The ICAI was an initiative aimed at combatting academic dishonesty and promoting academic integrity with emphasis placed on values of honesty, trust, fairness, respect, and responsibility (ICAI, n.d.). The organization's mission is to provide services and resources to foster cultures of integrity within academia.

Cheating in Higher Education

Aaron et al. (2011) examined the association between cheating in the classroom

and cheating in the clinical setting for radiology students. A descriptive, correlational design was utilized to examine both faculty and radiological students' perceptions. The survey consisted of two parts: one collecting demographic information and the other collecting information related to cheating scenarios and questions related to professionalism. Scores were given for responses that rated the seriousness of the situation from 0-4 (0 indicating not at all serious to 4 indicating extremely serious). Higher scores indicated situations as being more serious than lower scores. When comparing radiological faculty and student responses, it was noted that faculty viewed both the scenarios related to cheating and those related to unprofessionalism as more serious than the students. Implications for practice reflected that students may not have a clear understanding of academic dishonesty and its potential ramifications to future practice (Aaron et al., 2011).

Aaron et al. (2011) and Mohr, Ingram, Fell, and Mabey (2011) share similar concerns about cheating in professional programs. In a 2006 report to the Federation of State Boards of Physical Therapy, 1,037 disciplinary offenses were reviewed. Mohr et al. (2011) draw conclusions that physical therapists receiving disciplinary offenses in practice may have been individuals who participated in dishonest practices in their programs of study. Although these are conclusions that have been speculated, Mohr et al. (2011) believe that physical therapy programs should adopt strict honor codes and policies to deter such possible incidents from occurring. Further, educators should emphasize ethical decision-making, clinical reasoning, and professionalism in both the academic and clinical settings throughout the program of study. "Cheating is an example of a life behavior that appears to perpetuate into professional education and subsequent

practice and employment" (Mohr et al., 2011, p. 55). Balik, Sharon, Kelishek, and Tabak (2010) share similar ideas, claiming that a tolerance of such behaviors can translate into the professional setting in the form of malpractice.

In a quantitative study of clinical logs, Hegmann (2008) evaluated work submitted by physician assistant students. Clinical logs were utilized as a part of their programs, providing information about clinical rotations, hours worked, and areas where specialty training occurred. These clinical logs are requirements for many programs, and the logs are often utilized to make decisions regarding future rotation assignments and to investigate areas that may need further development. This study aimed to collect information regarding the integrity of the clinical hours logged by physician assistant students while in their program of study. Respondents were asked questions about their own logs as well as their knowledge of their classmates' logs. Findings indicated that 57.4% admitted to cheating on their own patient logs, while 89.5% felt that their fellow classmates had cheated on their patient logs. Factors that influenced a decrease in cheating including age, knowledge of an honor code, and a method in which to check for errors in the logging system. Hegmann (2008) suggested that this study provided evidence that cheating on clinical logs is a problem and could lead to harm for the patients the physician assistant students serve.

Lovett-Hooper, Komarraju, Weston, and Dollinger (2007) examined not only incidents of cheating, but also participation in imagined future scenarios. In this study, approximately 85% of respondents indicated that they had engaged in some form of cheating. When comparing those who had engaged in cheating to imagined behaviors associated with rule-breaking, Lovett-Hooper et al. (2007) found a positive relationship

indicating that those who cheated were also more likely to do such things as speed, cheat on a partner, be arrested for driving under the influence, cheat on taxes, remove articles from a library, become addicted to an illegal drug, and/or cheat on a significant exam. This idea expands upon current literature indicating that dishonest practices that occur in academia could lead to detrimental consequences in other areas of someone's life at a later time (Lovett-Hooper, Komarraju, Weston, & Dollinger, 2007).

Eastman, Iyer, and Reisenwitz (2008) conducted an exploratory study to determine the reasons students engage in unethical behavior, particularly as it relates to cheating. Academic dishonesty was measured by four factors rated on a five-point scale from never to many times. Ethical behaviors were evaluated with a five-point scale from "not at all likely" to "very likely" in participating in such behaviors. All four hypotheses were supported, indicating that students who felt they had a good reason for participating in an unethical act, such as cheating, do so. Findings also indicated that students tend to rationalize their dishonest actions when they feel there is a warranted reason to do so. A study by Theart and Smit (2012) reported similar findings, indicating that 25% of respondents felt that cheating could be justified in certain situations. These findings validate the need to address reasons students rationalize unethical behavior and the need for strategies to be implemented to deter occurrences of dishonest behaviors (Eastman, Iyer, & Reisenwitz , 2008; Theart & Smit, 2012).

Further contributing to the notion that students justify cheating by rationalizing or justifying their behaviors, Olafson et al. (2013) report differences between students who are caught for cheating, students who admit to cheating but were not caught, and students who report never cheating. Denial of responsibility (45% of those surveyed) was the most

common neutralization technique utilized by students who cheated. These individuals blamed others or outside forces for their participation in such behaviors. Next to denial of responsibility, denial of injury (24% of those surveyed) was noted as the next highest justification by students who had admitted cheating. These individuals did not view cheating as wrong, downplaying the seriousness of the action. This is alarming, as moral reasoning is in question (Olafson et al., 2013).

In a study of dental hygiene programs, Muhney et al. (2008) reported that 86.5% of students surveyed indicated that they had participated in at least one form of cheating while enrolled in their program of study. Open-ended questions were utilized to explore reasons for cheating and what students believed could be done to deter cheating. Reasons for cheating included feeling overloaded, not having enough time to complete assignments, and not realizing the seriousness of the behavior. Students reported that having a tougher policy on cheating and avoiding busy work assignments could help in deterring cheating. Students also reported there was a lack of enforcement of rules on cheating contributing to the problem (Muhney et al., 2008). Students suggested teachers choose to ignore cheating or to dismiss it minimally. If students felt they were not supported in upholding standards of integrity, they were less likely to report the behavior and may even be more likely to actually participate in it (Muhney et al., 2008). According to Muhney et al., the following principles should be applied in an effort to deter cheating:

- Determine the core values and ethical competency of incoming students;
- develop an applied professional ethics module that can be incorporated into each didactic and clinic course;
- ensure that students understand and accept the institution's honor code and are

exposed to the honor code throughout their tenure;

- calibrate all members of the faculty and administration on what constitutes academic dishonesty and be explicit in ongoing discussions about academic dishonesty with students;

- enforce the due process policy;

- establish strategies to decrease students' stress levels;

- apply all preventative measures to discourage students from cheating; and

- promote an educational environment in which upholding academic integrity becomes a program-wide custom (p. 1255).

Engler, Landau, and Epstein (2008) conducted a small quantitative study at a private liberal arts college of fifty-six undergraduate students taking a psychology course. The purpose was to determine the likelihood of these students or their classmates to engage in cheating. Findings indicated that students believed the use of an honor code deterred cheating behaviors. Interestingly, while students reported that the use of an honor code would deter dishonest behaviors for others, they reported that the honor code would not have as strong of an influence on their own behavior. Engler et al. reported that students believed others participated in dishonest behaviors more than they did, indicating that "when students evaluate the decision to cheat or not, if they believe the average student cheats, they might believe that it is in some way acceptable for them to engage in cheating behaviors also" (p. 101). It is important to establish social norms that reflect a culture of ethical academic behaviors in an effort to reinforce the desired behavior (Engler, Landau, & Epstein, 2008).

Contrary to Engler et al. (2008), Hendricks, Young-Jones, and Foutch (2011)

found that there was no correlation between social or peer influences and higher rates of cheating. Hendricks et al. (2011) conducted a quantitative study of undergraduate psychology students that included a survey with three parts: a basic needs satisfaction scale, an intrinsic motivation inventory, and a class assessment and retention scale. The scores on the survey were utilized to determine a level of academic integrity. Motivation, competence, and class interest were the subscales that were the largest predictors for academic integrity. Hendricks et al. (2011) maintained that teachers and classrooms that involve, encourage, and instill self-assurance in their students will deter incidents of cheating. Social and peer influence was not correlated with higher rates of cheating. The majority of respondents indicated that they would not report cheating if they were witnesses to such a behavior. Hendricks et al. (2011) indicated that students may look at that situation as a one-time event and not a part of a larger scale problem.

Contributing to the complexities of the problem, digital technology makes it difficult to constitute what is considered cheating and what is not (Hendricks, Young-Jones, & Foutch, 2011). Jones (2011) concurs, stating that students often do not cite information found on the Internet because they believe the information is knowledge which would be considered as public. Jones reports that a student in his online business course did not consider accessing a test bank online as cheating since it could be accessed by anyone online. Aaron and Roche (2013) describe how a simple YouTube search can yield methods to cheat using virtually any type of device such as Coke bottles, iPods, Bluetooth devices, and even pencils or jewelry. It is imperative for faculty to clearly define cheating for students and to become creative in developing and implementing strategies to prevent it from occurring (Hendricks et al., 2011; Suplee et al., 2008).

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Cheating in Nursing

Krueger (2014) conducted a study to explore nursing students' engagement in cheating and examine sociodemographic factors that may have an impact on these behaviors. Nursing students in the classroom and clinical setting were surveyed, with results indicating that 64.7% of students reported cheating in the classroom and 54% reported cheating in the clinical setting. There was also a positive relationship between self-reported cheating in both the classroom and the clinical setting indicating that those who cheat in the classroom are more likely to cheat in the clinical setting. Similarly, there was also a positive relationship between peer cheating and student engagement, indicating that as one increases, so does the other. Finally, there was a negative correlation between the commitment to integrity (honor code, etc.) and participation in cheating, indicating that policies can deter these behaviors. This study found that even though nursing students knew there was a chance they may get caught and that there was a price to getting caught, 65% still engaged in a form of cheating. Krueger (2014) explained that instructors should remain aware of students who have participated in this sort of behavior, as it is likely they will continue to do so across multiple settings. Furthermore, instructors should be prepared to handle these types of situations, as it is imperative to patient outcomes (Krueger, 2014).

Balik et al. (2010) conducted a research study of nursing schools associated with Tel Aviv University, including students currently enrolled in nursing programs (practical nurses and registered nurses) who are seeking graduate degrees. The questionnaire included sections related to academic integrity, attitudes toward statements, feelings about faculty and staff of the university, and feelings of agreement or disagreement

related to certain statements. Findings indicated that as many as 90% would cheat, if necessary. If caught, 77% of students felt that a first offense should not result in punishment, whereas 88% believed punishment should be reinforced on a repeated offense. In contrast, 96% of respondents indicated reporting false test results or false patient data to be unethical. When comparing dishonest behaviors in the classroom setting to the practice setting, findings indicated a double standard that although some behaviors may be considered unethical, varying degrees were acceptable (Balik, Sharon, Kelishek, & Tabak, 2010). Furthermore, findings mimicked this double standard when considering the value of the material to the student's success or failure within the course. Assignments carrying less weight for the course were deemed as acceptable to cheat on, while assignments carrying more weight for the course were deemed as unacceptable to cheat on. In contrast, in the clinical setting, 87% of respondents reported that "failing to report an incident of medical importance was worse than copying an assignment" (p. 561). Conclusions imply that perceptions related to cheating in academia are different than those considered unethical in the clinical setting (Balik et al., 2010).

Theart and Smit (2012) conducted a quantitative study to explore the academic integrity of nursing students at a nursing school in the Western Cape in South Africa. Students enrolled in nursing courses were surveyed with a questionnaire that contained demographic information, contextual questions related to academic dishonesty, and open-ended questions to explore students' understandings of plagiarism, cheating, and recommendations for deterrence of cheating. Findings indicated that 88% of nursing students had engaged in at least one of the cheating behaviors listed in the survey. Males were significantly more likely to engage in cheating. Reasons students participated in

cheating included the pressure to be successful (84%), the volume of content (83%), the difficulty of the content (75%), time constraints (74%), peers cheating and getting away with it (71%), fear of losing status with other students (71%), poor attitude related to school work (69%), and financial repercussions if unsuccessful (64%). As reported by Balik et al. (2010), Theart and Smit (2012) found that although peer influence was likely to have an influence on students cheating, there were degrees as to the appropriateness of the cheating behavior. For example, 49% reported that they were willing to assist fellow classmates with assignments corruptly, but only 15% indicated that they would allow a classmate to copy from them during an exam (Theart & Smit, 2012). This finding was also supported in an earlier study by Schmelkin, Gilbert, Spencer, Pincus, and Silva (2008) where clear differences were found between students' perceptions of the seriousness of cheating on writing papers versus sitting for exams. According to Theart and Smit (2012), attitudes related to cheating varied as well, including intolerance to cheating in some instances and indifference to cheating in other instances. For example, qualitative comments included, "I could honestly say it's their luck. I don't find any reason to be emotional about it because in the end it's their choice" and, "It's unfair towards the students who are struggling hard to become something in life" (Theart & Smit, 2012, p. 7). Nursing students reported modifications of peer attitudes and behaviors related to cheating and the presence of an honor code as measures to deter the behaviors. Other means for deterrence include decreasing student load, longer time period for exams, additional classes, faculty engaging students more on knowledge and application of content, and additional help with references. One of the most concerning findings from this study was the incongruity between the self-reported incidences of cheating compared

to those being observed, indicating that the actual numbers of those cheating were likely higher. This is alarming because it is the expectation that nursing students should provide ethical and professional care when taking care of their patients (Theart & Smit, 2012).

McCrink (2010) conducted a quantitative survey of second-year nursing students in an associate degree nursing school in the northeastern part of the United States. The first section of the survey measured attitudes of nursing students toward neutralization behaviors as well as ethical behaviors associated with standards of nursing and its profession. The second section of the survey aimed to measure the level of engagement in behaviors of misconduct (academically). Findings showed discussion of patients in public settings and improper use of referencing as the most common areas of self-reported misconduct. There was conflicting data between self-reporting of misconduct and the attitude toward the behavior being questioned (McCrink, 2010). As reported by Balik et al. (2010) and Theart and Smit (2012), findings in McCrink's (2010) study very much reflected similar double standards. Although respondents admitted to not reporting or recording inaccurate vital signs, they also reported that they perceived the behavior to be unethical. In addition, respondents also reported that they had discussed clients in public places and the perception was that the behavior was unethical. Finally, respondents also admitted to reporting client treatments that were inaccurate or not performed, but the perception was that the behavior was unethical (McCrink, 2010). It is imperative that nurse educators emphasize principles of ethics and intolerance to academic misconduct (McCrink, 2010). Dr. Anne Bavier (2009), current president for National League for Nursing, refers to the outcomes of academic dishonesty as "a matter of life and death" (p. 5). Bavier charges nursing faculty to guard the ethical care of patients, making it a

responsibility of nursing educators to promote integrity as a fundamental principle in the preparation of nursing students along their journey.

McCabe (2009) conducted a longitudinal study (over 18 years) of cheating in colleges and high schools with research primarily focused on disciplines such as engineering, science, and business. In 2007, however, he shifted his work to include nursing students. Data from the longitudinal study of various disciplines were then compared to data specific to nursing. The sample included 1,098 undergraduate and graduate nursing students and 20,975 undergraduate and graduate students of a variety of disciplines. Questions focused on policies for academic integrity, perceptions of other students related to cheating, and respondents' own perceptions of cheating. Open-ended questions were utilized to collect data related to common and creative ways for cheating and to collect any additional comments. Faculty surveys were utilized as well to inquire about questions of similar nature. When comparing nursing to the longitudinal study, findings indicated that more cheating occurred among undergraduate nursing students. Within the nursing study, students also identified whether they were pursuing a bachelor's degree versus a master's degree. Students with the highest level of cheating were reported within accelerated BSN programs. The incidence of cheating was lower in graduate nursing students, raising questions about the socialization process of nurses once they begin working in the profession. Findings also indicated that the seriousness of cheating scenarios was viewed higher by graduate versus undergraduate nursing students. McCabe (2009) expressed concern that cheating in nursing was higher than cheating in non-nursing areas and significantly more in accelerated undergraduate nursing programs as compared to all nursing undergraduate programs. McCabe (2009) charged nursing

educators to take a proactive effort to develop and build programs with stronger emphasis on ethics.

When comparing gender in the longitudinal study, men were more likely to cheat in the earlier study; however, over the time span, women tended to report similar incidents of cheating when compared to men, indicating that women had "caught up" to men when reporting cheating (McCabe et al., 2012). In an earlier study, Simon et al. (2003) found that women were more likely to report cheating as compared to three-quarters of all men surveyed, who said they would not report such incidents. On the contrary, Hensley, Kirkpatrick, and Burgoon (2013) reported that men are more likely than women to participate in plagiarism. Henning et al. (2013) state that men are more tolerant of dishonest behaviors and tend to ignore them as compared to women. This was also supported in Krueger's study where males self-reported cheating more than their female counterparts (2014).

Faculty Role in Identifying and Confronting Cheating

Not only are more students participating in academic dishonesty, there has been a lack of reporting incidents by faculty to administration (Staats, Hupp, Wallace, & Gresley, 2009). Reasons for failure to report academic dishonesty included lack of understanding of honor codes and policies, lack of clear procedures, lack of support by administration, and apprehension of formal proceedings (Staats et al., 2009). Nilson (2010) reported that almost half of all faculty admit to ignoring cheating, stating that "pursuing a cheating case takes time and yields no rewards for faculty" (p. 85). Many faculty have also been reluctant to report students who cheat for fear of retaliation on student evaluations, which are often part of faculty tenure and promotion (Aaron &

Roche, 2013; Hamlin, Barczyk, Powell, & Frost, 2013). Unfortunately, evidence of actual cheating is often difficult to obtain, making it more challenging for faculty to make a case of it to upper administration (Aaron & Roche, 2013). In addition, there often is a lack of communication between courses when cheating has occurred and when it is reported, leading to confusion about former offenses of cheating or plagiarism. As a result, students may receive the same offense instead of a stiffer penalty (Hamlin et al., 2013). According to Altbach (2011), it is the professor's obligation to be accountable. Ultimately, the professor is accountable to the student, the institution, and the community it serves (Altbach, 2011). Hamlin, Barczyk, Powell, and Frost (2013) argued for centralized policies so that the policy/procedure is clear and students are held accountable for their actions. Specifically, in nursing, accountability is essential because of the ethical and moral obligation to patients (McCrink, 2010). Academic dishonesty defames one's character and misleads others into believing students have accomplished mastery of knowledge, skills, and attributes (Nilson, 2010).

McCabe et al. (2012) wrote about the deterrence of student cheating and discussed the value of identifying factors that place students at greater risk for cheating. They believed student characteristics, institutional policies, and contextual considerations can all play a role in students' cheating. Student characteristics that have been linked to an increase in cheating include gender, age, and level of academic achievement. In a study conducted on online business students, there was a significant difference between students under the age of twenty-six as compared to those over the age of twenty-six; students younger than twenty-six years of age reported higher incidents of cheating (King et al., 2009). Institutional policies such as the presence of a strong honor code,

understanding of the honor code by faculty and staff, and reinforcement of strong penalties for students caught cheating can all have a tremendous influence over students engaging in such behavior.

Finally, the most influential contextual consideration that influenced participation in cheating was the students' perceptions of their peers (McCabe et al., 2012). Scanlan (2006) argued that ethics and integrity training should be mandated for students from the beginning of their college career and reinforced within every course by faculty. Faculty have an obligation to report cheating in order to build character and integrity for tomorrow's leaders in the workforce. Faculty and administrators have the opportunity to identify factors that place students at risk for cheating and implement strategies that may reduce the incidence (McCabe et al., 2012; Scanlan, 2006).

In a qualitative study conducted by nursing faculty in colleges in the eastern United States, Fontana (2009) discovered that nursing educators were burdened by such behaviors. Interviews revealed that there were serious risks for faculty dealing with cheating in nursing programs and relationships were burdened in doing so. Furthermore, as nurse educators, all felt that there was a responsibility to report such behaviors. "This conflict of interest is created socially, politically, and economically by the power of students as consumers, the power of universities as employers, and the power of the faculty members as gatekeepers of professional nursing" (p. 185). Ganske (2010) reported that faculty may feel pressured to pass students because of less stringent or easier grading in prior courses regardless of the student's abilities. Not only does this create undue stress among faculty, it results in potential harm to patient care and can jeopardize the reputation of the nursing program. Jones (2011) stated that faculty should

not only teach ethics but also model those practices, permeating ethics into all aspects of life.

Krueger (2014) expressed the urgency to discuss matters of unprofessional conduct such as violation of patient confidentiality, impressing upon nursing students that nurses in the clinical setting are dismissed for behaviors such as these. Faculty should share with administrators their workload to include lower mandated instructor:student ratios in the clinical setting as to have proper time to follow-up with students to be sure patient care and documentation have been carried out. In addition, faculty must be actively engaged with hospital staff to remind them what procedures students are able to perform. These discussions are vitally important, as ethical behaviors could be in question and close observation is necessary to ensure safe patient care (Krueger, 2014).

A call for academic integrity in higher education is also vital, as dishonesty promotes an educational experience that questions quality and value. No one discipline is exempt, and many would argue that problems in today's society are directly related to mishandling or mishaps of values (McCabe et al., 2012). McCabe et al. (2012) contended that academic integrity is essential because integrity is the cornerstone of academia, cheating is widespread and on the rise, the college years are a critical period for ethical development, college students face significant pressures to cheat, students are being taught that cheating is acceptable, and today's college students represent tomorrow's leaders.

Tippit, Kline, Tilghman, Chamberlain, and Meagher (2009) suggested that academic integrity is not discussed enough in higher education. They also suggested that there might be common assumptions among educators and institutions that the concept is

simple, not needing to be taught or explained within the day-to-day delivery of content. Dworkowitz (2013) argued that integrity is comprised from different values, both personal and social. This is demonstrated in the clinical setting when nurses and healthcare team members are faced with decision-making that impacts patient outcomes. Ganske (2010) challenged educators to consider that ethics course content may be absorbed within heavy curriculum, leaving many to question whether students are truly being exposed to these essential components. Ethical uncertainty, in turn, becomes eminent, leading to questions about what may or may not be appropriate (Ganske, 2010; McCabe et al., 2012). Tippit et al. (2009) charged the entire college body (students, faculty, and administration) to share in the responsibility of creating an environment of academic integrity. They believe faculty, particularly, must take an active role in the discussion of cheating. Policies related to testing and assignments should be discussed clearly so that there is no question as to expectations within the course (Krueger, 2014; Mayville, 2011). Gallant and Drinan (2006) stated that an organizational change of culture is necessary to promote the values and behaviors of academic integrity.

According to a 2016 Gallup survey, nursing is ranked among one of the highest disciplines to maintain ethical values and honesty (as cited in American Nurses Association, 2016). Nurses are viewed as one of the most trusted disciplines as evidenced by year after year of the same Gallup survey results with the exception of 2001, when in the wake of the tragedy of September 11, 2001, fire fighters ranked above nursing as one of the most trusted fields (as cited in Laidman, 2012). Mohr et al. (2011) believed that incorporating ethics concepts is important to narrow the gap between making critical decisions and behaving in a manner which may be considered unprofessional. The

American Society of Registered Nurses (ASRN) (2013) refers to the utilization of teaching moments to apply ethics into decision-making and real-life application of patient encounters. Nurses find themselves in daily situations where moral conflict can occur, and it is vital that they uphold values of integrity (ASRN, 2013).

<div align="center">Ethics in Nursing</div>

Codes of ethics are essential and serve as a standard for nurses to function in a manner that depicts moral and just character (Numminem et al., 2009). These principles are not new to nursing as the Hippocratic Oath was created in 1893 in an effort to emphasize the importance of these concepts. It became known as the Nightingale Pledge after Florence Nightingale, the modern founder of nursing (American Nurses Association, 2013). Many schools of nursing still participate in a pinning or cap ceremony where the oath is taken before nursing students enter into professional practice (L. Gill, personal communication, May 29, 2017). The Nightingale Pledge is as follows:

> I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care. (ANA, "Florence Nightingale Pledge," n.d)

Shaw and Degazon (2008) expanded upon the importance of such values not only

because they are necessary for nursing, but also because the existing workforce is changing. They reported there are a diversity of individuals entering the field of nursing including people of various ages, ethnic backgrounds, genders, lifestyles and sexual preferences. This is just one of the many reasons it has been important to incorporate core nursing values in professional nursing organizations' standards. Schools of nursing cannot make the assumption that nursing students are entering the profession because they have been called to do so (Shaw & Degazon, 2008). The American Association of Colleges of Nursing (AACN) has identified altruism, autonomy, human dignity, integrity, and social justice as core professional nursing values (as cited in Shaw & Degazon, 2008). Although all of these characteristics are important, the core professional nursing value of integrity is of great importance. Shaw and Degazon (2008) conducted a study wherein nursing students at Hunter-Bellevue School of Nursing in New York were taught core professional nursing values within the curriculum. These concepts were taught after receiving feedback from graduates that indicated novice nurses were having an arduous time transitioning into nursing practice, mainly due to difficulty assimilating and fitting into the nursing culture. In response, faculty incorporated core professional nursing values into four weeks of workshops to aid students with the application of these concepts as they transitioned to practice. Students participating in the training reported that discussions related to integrity raised awareness of establishing a higher standard not only in the classroom, but in the practice setting as well. One of the students stated, "Understanding the significance of having a standard of practice helped me to be motivated to be a better student. I understand that it's not about doing well enough to get by, just to get through, but being excellent because excellence is the standard of care in

nursing" (as cited in Shaw & Degazon, 2008, p. 49). Overall, imparting an awareness of ethical values and conduct will only make students stronger not only in the classroom setting, but also in the clinical practice setting (Langone, 2007).

Leask (2006) states that cultural diversity adds another multifaceted dimension for educators. Students from varied cultural backgrounds add to the complexity for educators in that plagiarism or cheating may not be viewed the same. Students from diverse backgrounds may need more explanation, as the traditional approach may not be effective. This may require educators and institutions to examine closely the methods they currently use to teach concepts and to be open to a variety of teaching and learning approaches. Clear communication is vital, and support staff may be needed to provide adequate resources and direction.

Summary

Cheating remains a concern for higher education and is particularly concerning in professional programs such as nursing and health sciences (DiBartolo, 2010). Cheating in college and in nursing is prevalent according to the literature. Faculty play a direct role in identifying and confronting cheating, and many measures still need to be taken in an effort to deter dishonest practices (McCabe et al., 2012). Codes of ethics are a vital piece of the puzzle and often get buried in content-heavy curriculum, leaving students to be responsible for this on their own. The diversity of college students presents more challenges to nursing educators as fundamental principles of caring, integrity, and ethics should be brought back into the center of such programs (Shaw & Degazon, 2008). Academic integrity is a skill that must be learned, and faculty should model these skills and infuse ethics into every aspect of course and clinical work (Jones, 2011).

CHAPTER III

Methodology

Academic dishonesty and unprofessional behavior have been serious concerns for faculty and administration at a large southeastern associate degree-nursing program. The purpose of this descriptive, quantitative study was to determine nursing students' perceptions of academic dishonesty and unprofessional behavior. Chapter 3 will discuss the population and sample of the study, research design, research instrument, and procedures that were carried out in the research study. In addition, variables and data analysis that were utilized to answer the research questions will be explored.

Population and Sample

The accessible population of this study was associate degree nursing students at a large southeastern school of nursing in Georgia. The school consisted of a main campus in South Georgia with four satellite campuses, two located in east Georgia. The associate degree program consisted of traditional and hybrid nursing students as well as healthcare professional bridge nursing students (licensed practical nurses and paramedics bridging over to become registered nurses). The large school of nursing admitted associate degree nursing students every semester, and the number of students enrolled throughout the year varied from approximately 500 to 650. During the time of data collection, there were 522 associate degree-nursing students in the program. For the purpose of this study, all associate degree nursing students, including varying tracks (traditional, healthcare bridge, and hybrid) and satellite campuses, were surveyed. Nursing students enrolled in

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Fundamentals of Nursing, Medical-Surgical Nursing 1 and 2, Obstetrics and Pediatrics,
Leadership, Psychiatric Nursing, and Medical-Surgical Nursing 3 courses participated in
the study. This associate degree nursing program historically produces the largest number
of associate degree nurses in the state of Georgia (National Council State Board of
Nursing, 2014).

Research Design

This research study was a cross-sectional study occurring at one point in time.
Advantages to conducting a study at one point in time include the relative ease of
administration of the survey, very few costs associated with conducting the study, and the
high likelihood of participation in the study since it was only occurring once.
Disadvantages to conducting a study at one point in time include bias that could occur as
a result of a recent event/experience as well as the inability to capture new incidents
should they occur (Eale, 2015). Efforts were made to minimize weaknesses in the
research design. In an effort to ensure validity, a large sample size of all program types
and satellite campuses was included. To further aid in validity, a cover letter was
incorporated in the survey which clearly allowed nursing students an option out of
participating in the study should they choose

Instrument

The survey in this study has been modified from the original instrument. The
survey was first utilized to determine the influence of attitudes toward curriculum on
dishonest academic behavior in a study by Austin, Collins, Remillard, Kelcher, and Chui
(2006). Aaron et al. (2011) made approved revisions to the instrument to study
differences in radiologic science student and faculty perceptions of academic dishonesty

and unprofessional behavior. Permission was granted for use of the survey with a focus on associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior. The survey consists of two parts: a scenario-based questionnaire followed by a demographic portion. The survey was piloted in 2009 with approximately 300 students. The demographic portion of the survey has been slightly modified from the version used by Aaron et al. to capture relevant information pertinent to this study.

The first part of the survey was scenario-based, depicting eighteen situations related to cheating and six situations related to professionalism. Each scenario was followed by the opportunity for the participant to decide if the situation depicts cheating or not and if so, how serious it is. In addition, the participant identifies whether he or she has personally engaged in the behavior or known someone who has engaged in the behavior while in a professional program of study. For example, scenario one reads as follows:

During an exam, a student goes to the bathroom and while he is there, he looks at some notes that have been previously hidden in order to find answers.

Is this cheating?

Yes   No

If yes, how serious an incident is this?

Not at all serious   Somewhat serious

Very serious   Extremely serious

Have you done something like this while in this professional program?

Yes   No

Have you ever known of this to occur in this professional program?

Yes   No

Scenarios related to professionalism reflected the same options except related to professional behavior instead of cheating. Questions answered no were coded as 0, while questions answered yes were coded as 1. As conducted in the original study, values scores were used to determine whether the students thought the scenario depicted cheating or unprofessional behavior and to what degree. Total values scores for cheating scenarios, unprofessional scenarios, and for all 24 scenarios were viewed as more serious the higher the score, whereas lower scores were viewed as less serious, in terms of the students' perceptions. The survey was utilized in a pilot study prior to the radiologic science study. In the original radiologic science study, the survey instrument yielded a reliability analysis (i.e., internal consistency) as follows: Cronbach's alpha of .87 for the cheating values scale, $\alpha = .74$ for the cheating behaviors scale, $\alpha = .74$ for the professional values scale, $\alpha = .46$ for the professional behaviors scale, and $\alpha = .89$ for all scales (Aaron et al., 2011).

In this study, an ordinal scale was used for all scenarios as follows: cheating/unprofessional behavior yes =1, no = 0; degree of seriousness, not at all serious = 0, somewhat serious = 1, very serious = 2, and extremely serious = 3. A summed values score was given for academic dishonesty sensitivity (yes/no question), academic dishonesty seriousness, academic dishonesty self (if they have participated), academic dishonesty program (if they have known someone who has participated), unprofessional behavior sensitivity (yes/no question), unprofessional behavior seriousness, unprofessional behavior self (if they have participated), and unprofessional behavior program (if they have known someone who has participated).

The second portion of the survey was utilized to collect demographic information. It included questions related to age, gender, year in program, and other identifying markers to determine whether the participant was a traditional versus a non-traditional student. Participants addressed yes/no questions related to awareness of academic dishonesty, policy, and degree of enforcement and whether they had engaged in the behavior. Nominal variables of age, year in program, track, and traditional/non-traditional status were coded in the Statistical Package for the Social Sciences (SPSS) using respective numbers to translate the descriptive data. Coding for variables on the demographic part of the survey was as follows: age = actual number; gender 1 = female, 2 = male; program type, associate traditional = 1, associate healthcare bridge = 2, associate hybrid = 3; year in program, first year = 1, second year = 2; status, one or less traditional = 1, more than one non-traditional = 2; academic dishonesty problem/policy 1 = yes, 0 = no, 3 = don't know; degree of enforcement, not at all = 1, sometimes = 2, very often = 3, all the time = 4; by whom, faculty = 1, students = 2, administration = 3, faculty and students = 4, faculty and administration = 5, students and administration = 6, faculty, students, and administration = 7; cheated yes = 1, cheated no = 0.

The cover letter, survey, and coding sheet for SPSS can be found in Appendix B.

Procedures

The IRB approval process was initiated and approved through the appropriate steps at both academic institutions (the school of nursing and Valdosta State University) in order to receive necessary permission to conduct the research study and to ensure protection of participants in the study. In addition to the required approvals, students received a cover letter explaining the purpose of the study, the voluntary nature of

participation in the study, and assuredness of the anonymity of their identity in the study. Participants who completed the survey indicated their consent to participate, and they were given the choice to skip any question during the survey. Participants were informed that the researcher's position as faculty at the college had no influence on their responses. The researcher reminded each group of participants of her faculty load teaching primarily in the baccalaureate program only and not the associate degree program. It was important to remind them that she had no teaching responsibilities within their program, assuring them the truthfulness of their survey responses were anonymous and would not be used against them. There were no ethical concerns in this study, as the students were not at risk for disclosure of information. Anonymity and confidentiality were ensured through a secure process of data collection. After the researcher informed participants of the purpose of the study and gave instructions about how to complete the survey, students were given approximately ten minutes to answer the questions. The researcher remained present in a seat in the front of the classroom. After the allotted time period, a student volunteer collected all of the surveys, placed them in an envelope, and gave them back to the researcher for securement in a locked filing cabinet. The same process was followed in all classes on all sites.

Data collection occurred during summer and fall semesters of 2015. Surveys were administered in a paper format. This format ensured access to all classes at all satellite campuses and in one case allowed the researcher to utilize the post-conference period of clinical to collect data. The researcher coordinated with lead faculty in each course to obtain an appropriate day/time to visit the student body. Satellite campus visits (off the main campus) to four other locations were required. Once all surveys were collected, the

researcher labeled each survey with a number for tracking purposes and the data were entered in the SPSS.

Variables and Data Analysis

The SPSS was used as the primary means to conduct a series of tests to include descriptive statistics, Cronbach's alpha (α), multivariate analysis of variance, (MANOVA), analysis of variance (ANOVA), single-sample t-test, and a correlation analysis. The dependent variables for this study were academic dishonesty and unprofessional behavior. Independent variables included traditional or non-traditional student, gender, and first- or second-year student. Since there were two dependent variables of academic dishonesty and unprofessional behavior with multiple independent variables (traditional/non-traditional, gender, and first/second-year associate degree nursing students), MANOVA was used to examine outcomes; when a statistically significant MANOVA emerged, ANOVA tests were employed to examine between-subjects differences further.

Research questions one and two are as follows:

1) What are associate degree nursing students' perceptions of the seriousness of academic dishonesty?

2) What are associate degree nursing students' perceptions of the seriousness of unprofessional behavior?

Descriptive statistics were utilized to tabulate responses from interval data (seriousness of academic dishonesty and seriousness of unprofessional behavior). Findings were reported in a mean and standard deviation for the seriousness of academic dishonesty and a mean for the seriousness of unprofessional behavior. Research questions

three through five are as follows:

3) Is there a significant difference in the perceptions of the seriousness of
   academic dishonesty and unprofessional behavior between traditional and
   non-traditional associate degree nursing students?

4) Is there a significant difference in the perceptions of the seriousness of
   academic dishonesty and unprofessional behavior between gender?

5) Is there a significant difference in the perceptions of the seriousness of
   academic dishonesty and unprofessional behavior between first- and second-
   year associate degree nursing students?

For research questions three through five, MANOVA tests were employed to test
whether or not the seriousness of academic dishonesty and the seriousness of
unprofessional behavior differed with respect to status, gender, and year in program;
when a statistically significant MANOVA emerged, ANOVA tests were employed to
examine between-subjects differences further. Research question six is as follows:

6) Is there a relationship between associate degree nursing students' perceptions
   of the seriousness of academic dishonesty and the perceptions of the
   seriousness of unprofessional behavior?

Total values scores for the cheating scenarios and total values scores for the
unprofessional behavior scenarios were used in a correlation analysis.

Summary

This quantitative descriptive research study examined academic dishonesty and
unprofessional behavior at a large southeastern associate degree-nursing program in
Georgia. Measures have been explained to describe methodology, data collection, and

analysis based on the research questions for this study. The next chapter will report

findings from data analysis through the use of text, tables, and graphs.

CHAPTER IV

Data Analysis

The sample consisted of 478 associate degree nursing students out of 522 enrolled in the program, yielding a response rate of approximately 92%. Associate degree nursing students enrolled in all courses at all sites (one main campus and four satellite campuses) participated in the study, eliminating all baccalaureate program students. With regard for self-reported cheating in college, 53 of 472 respondents (11.23%) reported cheating, a frequency significantly less than the chance alone, $\chi^2(1, N = 472) = 283.81, p < .001$. Of the respondents, 81.2% were female, while 17.8% were male, with a mean age of 32.40 years ($SD = 12.82$) for both. Of those surveyed, 17% felt that cheating was a problem, 34% felt that cheating was not a problem, and 49% did not know. When asked about whether a policy existed, 94% reported yes, while 6% reported no. The majority of students (64%) felt that the policy was enforced "all the time." Next, 26% of students felt that the policy was enforced "very often." On the contrary, only a few students (9%) felt it was only "sometimes" enforced as opposed to 2% of students who felt that the policy was "not at all" enforced. When asked about who enforces the policy, 31% of students felt that faculty did, while 27% of students felt that faculty and administration both did. For the purpose of this study, the following scale was used to depict abbreviations in the reporting of the findings: Academic Dishonesty (AD) Sensitivity, Academic Dishonesty (AD) Seriousness, Academic Dishonesty (AD) Self, Academic Dishonesty (AD) Program, Unprofessional Behavior (UB) Sensitivity, Unprofessional Behavior (UB)

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Seriousness, Unprofessional Behavior (UB) Self, and Unprofessional Behavior (UB) Program. For the current investigation, the following Cronbach's alphas were found: α = .58 for Academic Dishonesty Sensitivity; α = .87 for Academic Dishonesty Seriousness; α = .69 for Academic Dishonesty Self; α = .74 for Academic Dishonesty Program; α = .86 for Unprofessional Behavior Sensitivity; α = .57 for Unprofessional Behavior Seriousness.

Data Screening

Variables with original codings of 1 = yes and 2 = no were recoded to 1 = yes and 0 = no. Variables with original coding of not at all serious = 1, somewhat serious = 2, very serious = 3, and extremely serious = 4 were recoded to not at all serious = 0, somewhat serious = 1, very serious = 2, and extremely serious = 3. These changes reflected a more intuitive coding scheme and more closely matched the numerical assignments given by the survey responses.

Data were screened prior to analysis to check for accuracy, missing or incorrect information, outliers, and assumptions of normality, linearity, and homoscedasticity. In this study, there were two dependent variables (academic dishonesty and unprofessional behavior), the independent variables (traditional/non-traditional student, gender, and status) consisted of two independent groups, and there was an adequate sample size (n = 478). There was one univariate outlier (using any scores beyond three standard deviations from the mean as the criterion) for Academic Dishonesty Seriousness and five univariate outliers for Unprofessional Behavior Seriousness for a total of six total univariate outliers. However, the sample size is large enough that it does not make a difference in the results. The full sample size was utilized in the analysis. A Mahalanobis Distance for

each participant was conducted in the SPSS with no multivariate outliers beyond those six participants. The assumption for multivariate normality was not met. The skew for Academic Dishonesty Seriousness was -.033, and its kurtosis was -.613. The skew for Unprofessional Behavior Seriousness was -.557, and its kurtosis was -.140. Since the skew and kurtosis levels were within the normal range of -1 and 1, no data transformations were warranted. Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness were correlated at .47, $p < .001$. A Levene's test of equality of error variances was computed for each MANOVA. The p value was significant, indicating that the variances for the groups were significantly different.

<div align="center">Results</div>

1) What are associate degree nursing students' perceptions of the seriousness of academic dishonesty?

The sample reported an Academic Dishonesty Seriousness mean of 1.86 (*SD = .57)*. A separate single-sample *t*-test was computed to determine if the average level of Academic Dishonesty Seriousness was greater than the midpoint of 1.50. The results of this test confirmed that the average level of Academic Dishonesty Seriousness was significantly higher than the midpoint $t(476) = 13.90$, $p < .001$.

2) What are associate degree nursing students' perceptions of the seriousness of unprofessional behavior?

The sample reported an Unprofessional Behavior Seriousness mean of 2.42 (*SD = .50)*. A separate single-sample t-test was computed to determine if the average level of Unprofessional Behavior Seriousness was greater than the midpoint of 1.50. The results of this test confirmed that the average level of Unprofessional Behavior Seriousness was

significantly higher than the midpoint $t(474) = 39.67$, $p < .001$.

Three separate multivariate analysis of variance (MANOVA) tests were employed to test whether or not Academic Dishonesty (AD) Seriousness and Unprofessional Behavior (UB) Seriousness differed with respect to status (traditional vs. non-traditional), gender, and program year.

3) Is there a significant difference in the perceptions of the seriousness of academic dishonesty and unprofessional behavior between traditional and non-traditional associate degree nursing students?

For traditional/non-traditional students, the MANOVA was not significant, Wilk's $\lambda = .99$, $F(2, 455) = 2.52$, $p = .082$, partial $\eta^2 = .011$. It should be noted that the eta squared value (η^2) was low. Two separate analysis of variance (ANOVA) tests were also computed to examine the differences further; these results are displayed in Table 1. In summary, non-traditional students viewed the academic dishonesty scenarios as no more serious than the traditional students. Traditional students viewed the unprofessional behavior scenarios as no more serious than the non-traditional students.

Table 1

Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness Ratings Descriptive Statistics by Traditional and Non-Traditional Associate Degree Nursing Status and One-Way ANOVA Results

| Variable | Traditional[a] | | Non-Traditional[b] | | $F(1, 456)$ | p | Partial η^2 |
	M	SD	M	SD			
AD Seriousness	1.82	.50	1.87	.56	.76	.383	002
UB Seriousness	2.48	.39	2.40	.43	1.61	.206	.004

Note. AD = Academic Dishonesty. UB = Unprofessional Behavior. [a]*n* = 62. [b]*n* = 396.

Degrees of freedom vary slightly in each table due to missing data.

    4) Is there a significant difference in the perceptions of the seriousness of academic

        dishonesty and unprofessional behavior between male and female students?

For gender, the MANOVA was statistically significant, Wilk's λ = .99, $F(1, 470)$ = 3.31,

p = .037, partial η^2 = .01. It should be noted that the eta squared value (η^2) was low. Two

separate ANOVA tests were also computed to examine the differences further; these

results are displayed in Table 2. In summary, females viewed academic dishonesty

scenarios as more serious than males did. Females also viewed unprofessional behavior

scenarios as more serious than males did.

Table 2

Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness Ratings

Descriptive Statistics by Gender and One-Way ANOVA Results

Variable	Female[a]		Male[b]		$F(1, 470)$	p	η^2
	M	*SD*	*M*	*SD*			
AD Seriousness	1.89	.56	1.73	.57	5.62	.018	.01
UB Seriousness	2.47	.47	2.32	.63	4.17	.042	.01

Note. AD = Academic Dishonesty. UB = Unprofessional Behavior. [a]*n* = 387. [b]*n* = 85.

    5) Is there a significant difference in the perceptions of the seriousness of

        academic dishonesty and unprofessional behavior between first- and second-

        year associate degree nursing students?

For program year, the MANOVA was not statistically significant, Wilk's $\lambda = .99$, $F(1,$

473$) = 1.60$, $p = .203$, partial $\eta^2 = .01$. It should be noted that the eta squared value (η^2)

was low. However, two separate ANOVA tests were also computed to examine the

potential differences further; these results are displayed in Table 3. In summary, first- and

second-year students' perceptions of academic dishonesty and unprofessional behaviors

were viewed as the same.

Table 3

Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness Ratings

Descriptive Statistics by Program Year and One-Way ANOVA Results

	1st Year[a]		2nd Year[b]				
Variable	*M*	*SD*	*M*	*SD*	*F*(1, 473)	*p*	η^2
AD Seriousness	1.86	.56	1.86	.57	.01	.926	.00
UB Seriousness	2.46	.53	2.39	.48	2.64	.105	.01

Note. AD = Academic Dishonesty. UB = Unprofessional Behavior. [a]$n = 198$. [b]$n = 277$.

6) Is there a relationship between associate degree nursing students' perceptions

of the seriousness of academic dishonesty and the perceptions of the

seriousness of unprofessional behavior?

Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness were

moderately correlated according to a Pearson product-moment correlation test, $r(473) =$

.47, p < .001.

In summary, 478 associate degree nursing students enrolled in courses at one

main campus and four satellite campuses participated in this study. MANOVA and ANOVA tests were employed to test whether or not Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness differed with respect to status (traditional versus non-traditional), gender, and program year. Overall 11.23% of associate degree nursing students reported cheating. The sample associated with students' perceptions of the seriousness of academic dishonesty viewed scenarios as slightly higher than somewhat serious in nature. The sample associated with students' perceptions of the seriousness of unprofessional behavior viewed scenarios as slightly higher than very serious in nature. For the current investigation, the findings were not significant for traditional/non-traditional students and for first/second year students. However, for gender, females viewed academic dishonesty and unprofessional behavior scenarios as more serious than males. These findings will be further discussed in Chapter 5. The literature review will aid in comparing and contrasting results from the study. Finally, recommendations for future studies and implications for professional nursing practice will be discussed.

CHAPTER V

Discussion

Academic dishonesty is a serious concern in higher education, especially in fields of health science and nursing as these unethical practices could translate into patients being placed in jeopardy. Incidence of cheating remains high, where in some schools; there are student reports of greater than 90% who have cheated at some point in their college career (Balit et al, 2010). Technology allowing easy access to test banks has contributed to the complexity of the problem. Furthermore, students are able to utilize smart phones and various other technological devices to participate in cheating (Oran, Can, Senol, & Hadmimir, 2016). More than ever, students place tremendous pressure on themselves to make good grades, and in an environment where instant gratification is the way of life, cheating has become what some would consider a societal "norm" (Bultas, Schmuke, Davis, & Palmer, 2017). This is alarming and concerning to nurse faculty and administrators as they are the gatekeepers of the profession and have an important responsibility to teach students not only the content of nursing, but principles of ethics. Nurses will be placed in situations where they will have the autonomy to make life-altering decisions and must have a moral compass that always places the patients at the forefront of safety (Laduke, 2013).

Contributing to the complexity, differing opinions of what constitutes academic dishonesty exist. It is difficult to define, as what is acceptable to one may be unacceptable to another (Childers, 2015; Krueger, 2014; Olafson et al., 2013; Wideman, 2008). Student

factors further extenuate circumstances as students come into programs of study with varying levels of moral development and reasoning and may be inclined to participate in risk-taking behaviors in an effort to be successful. The physical environment of classroom space, lack of faculty/resources to proctor exams, and/or presence of honor codes/standards may all contribute to incidents of cheating (Johnson, 2009; McCabe et al., 2012).

Peer and social influence is powerful as understanding students' reasons for cheating/engaging in unprofessional behavior could aid in developing strategies for deterrence. Students tend to rationalize their actions when they feel there is a legitimate reason (Eastman et al., 2008; Theart & Smit, 2012). Even more concerning are those behaviors that are completely discounted, downplaying the seriousness of their implications (Olafson et al., 2013). In fields of nursing, varying degrees of seriousness are not acceptable. According to Balik et al. (2010), assignments carrying less weight were more acceptable to cheat on versus assignments carrying more weight (copying and pasting an assignment versus failing to report a medical matter). This is concerning as once in clinical practice, one may make assumptions of what minor details may be acceptable to omit. Hilbert (1987) reported students who cheated in the classroom were more inclined to behave dishonestly in clinical in behaviors such as stealing patients' medication, lying on charts, and coming to clinical under the influence of medication.

It is urgent that nurse educators emphasize ethical principles and promote academic integrity as a priority. Educators must not only teach these concepts but also assess the students' ability to make ethical decisions, not permitting students who are inept or incapable to move forward in nursing programs (Laduke, 2013). In turn, faculty

must have support from administration when violations occur. Faculty often fail to report infractions because of the time it takes to investigate the charge, leading to no rewards for them (Nilson, 2010). Other reasons for failure to report include a lack of clear understanding of honor codes/policies, lack of support, and fear of retaliation on student evaluations (Aaron & Roche, 2013; Hamlin et al., 2013; Staats et al., 2009). There should be consideration of factors that increase students' tendency toward cheating to include demographics (gender, age, level of academic achievement), school policies (presence of an honor code), and contextual factors (peer influence) (McCabe et al., 2012). There should be more focus within curriculum on ethical content within each subject and every class from beginning to end. Faculty are so overwhelmed with fitting in content that is being tested on the national licensure exam that those concepts deemed as insignificant often become absorbed in curriculum. However, in nursing practice they are the day-in and day-out nuances of the profession. The clinical setting is the most logical setting where faculty can connect with nursing students on principles of autonomy, dignity, integrity, and social justice. Providing awareness is essential as excellence is the standard that has been set for nursing (Dworkowitz, 2013; Ganske, 2010).

Nurses provide care to patients at their sickest and to their families. It is for this reason that nursing is not only one of the toughest, but also one of the most honorable professions. Nurses must be able to give medications safely, serve as an advocate for the patient (even if they disagree), provide honest answers to difficult questions, collaborate with multi-disciplinary work groups to care for the patient. Individuals entering this profession must take these actions seriously and maintain high moral standards (Laduke, 2013).

Academic dishonesty and unprofessional behavior were on the rise at a large associate degree nursing program in the Southeastern part of the United States, and faculty and administrators took an interest in drilling down to further investigate the issues. For this quantitative study, associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior were explored utilizing a survey with scenarios related to academic dishonesty and scenarios related to unprofessional behavior. Following each scenario, the following questions were asked: is this cheating/unprofessional behavior; if yes, how serious is it (not at all serious, somewhat serious, very serious, extremely serious); have you ever done something like this; and have you known someone else to do this? In addition to the scenarios, demographic information was collected as was data to reflect whether students had knowledge of honor codes and enforcement of those codes and whether they had ever cheated while in college. Independent variables (traditional/non-traditional student, gender, and status) were explored among the dependent variables (academic dishonesty and unprofessional behavior) to determine if there were any significant differences. This study was particularly important because the associate degree nursing program was the feeder for a largest hospital in its region. If there were concerns in cheating and unprofessional behavior among students in this program, these behaviors could have the potential to translate into clinical practice ultimately jeopardizing safe patient care.

Summary of Findings

With regard for self-reported cheating in college, 11.23% (53 of 472) reported cheating, a frequency significantly less than the chance alone, χ^2 (1, $N = 472$) = 283.81, $p < .001$. The sample consisted of 81.2% female respondents and 17.8% male respondents

with a mean age of 32.40 years ($SD = 12.82$), for both. Of those surveyed, 17% felt that cheating was a problem, 34% felt that cheating was not a problem, and 49% did not know. When asked about whether a policy existed, 94% reported yes, while 6% reported no. Students felt that the policy was enforced all of the time, 64%; very often, 26%; sometimes, 9%; and not at all, 2%. When asked who enforces the policy, 31% of students felt that faculty did, while 27% of respondents felt that faculty and administration both did. Survey responses describing the degree of seriousness of cheating or unprofessional behavior behaviors were scored from $0 - 3$ (0, not at all serious; 1, somewhat serious; 2, very serious; and 3, extremely serious). The sample associated with students' perceptions of the seriousness of academic dishonesty reported a mean of 1.86 ($SD = .57$). This indicates that overall, students viewed the scenarios related to academic dishonesty slightly higher than somewhat serious in nature. The sample associated with students' perceptions of the seriousness of unprofessional behavior reported a mean of 2.42 ($SD = .50$). This indicates that overall, students viewed the scenarios related to unprofessional behavior slightly higher than very serious in nature.

<div align="center">Traditional/Non-Traditional Students</div>

For this study, traditional students versus non-traditional students were defined by age, and by characteristics such as enrollment pattern (immediately after high school), financial and family status (dependents, full-time job, financially independent), and high school graduation status (high school diploma). These student characteristics were shared within the demographic section of the survey, and students were coded as traditional or non-traditional students if they met the criteria for the student characteristics. In this study, traditional students viewed academic dishonesty scenarios as no more serious than

non-traditional students. Furthermore, traditional students viewed unprofessional

behavior scenarios as no more serious than non-traditional students. For Status, the

MANOVA was not statistically significant, Wilk's λ = .99, $F(2, 455)$ = 2.52, p = .082,

partial η^2 = .011.

For this investigation, although the findings were not significant, it should be

noted that according to the mean responses between both groups, non-traditional students

(M = 1.87, SD = .56) viewed the AD scenarios slightly more serious than traditional

students (M = 1.82, SD = .50), while traditional students (M = 2.48, SD = .39) viewed

unprofessional behavior scenarios as slightly more serious than non-traditional students

(M = 2.40, SD = .43). The mean student responses for non-traditional students are

supported by previous research studies. McCabe et al. (2012) attributed age as one of the

student characteristics that may play a role in a greater risk for cheating. Earlier studies

outside the realm of nursing indicated that cheating might not have been associated as

much with age than undergraduate/graduate status due to the size of the classes outside

the major within core work (McCabe et al., 2012). However, additional research specific

to nursing indicates that undergraduate nursing students admitted to engaging in cheating

or unprofessional behavior more than graduate students (McCabe et al., 2012). These

findings are consistent with the current research investigation when considering

undergraduate students that are characterized as traditional in nature. When also

examining differences in the literature between traditional and non-traditional students,

Balik et al. (2010) reported that students who were parents tended to express lenience

toward reporting, meaning that they were more willing to accept behaviors in younger

students due to the pressure they were under. Balik et al. (2010) also speculated that

parents could simply be more forgiving to mishaps and make allowances more willingly. Krueger (2014), when studying nursing students' engagement in the classroom and in the clinical setting, found that students who worked over 40 hours per week (which would meet characteristics of non-traditional students in the current investigation) rated academic dishonesty as more unethical than students who worked less than ten hours per week (traditional student in current investigation). Finally, Hegmann (2008) reported that age was a factor in cheating when studying physician assistant student patient logs. Younger students reported more cheating of themselves and of their peers. In addition, the presence of an honor code was strongly correlated with a degree of self-reporting. Overall, non-traditional students tend to be older students with full-time jobs, financial obligations, dependents, etc. one could assume they may view academic dishonesty scenarios as slightly more serious. Consequences for engaging in these behaviors may be greater because of what they have to lose.

According to traditional/non-traditional associate degree nursing students' mean responses to unprofessional behavior scenarios, traditional students viewed the scenarios as slightly more serious than non-traditional students. Although not statistically significant, previous research has not been conducted to explore these perceptions. However, assumptions could be made based on prior work and research in the area that could offer explanation. Traditional students are younger students, typically beginning college immediately after high school. These students may have idealistic views of professionalism due to their lack of experience in the workforce. They may look to non-traditional fellow nursing students, professors, and other members of the professional healthcare team as mentors, lending them a very different lens in which to see the nursing

profession. One could also assume that older (non-traditional) students bring more life experiences and may have become more tolerant to unprofessional behaviors because of previous work/life experiences. Again, although these findings were not significant as related to perceptions of unprofessional behavior, they are still relevant for discussion. Finally, although in this study there were no significant differences between associate degree nursing students' perceptions of academic dishonesty and unprofessional behavior, the mean responses still tell a meaningful story.

Gender

In this study, females viewed academic dishonesty scenarios as more serious than males did. Females also viewed unprofessional behavior scenarios as more serious than males did. For gender, the MANOVA was statistically significant, Wilk's $\lambda = .99$, $F(1, 470) = 3.31$, $p = .037$, partial $\eta^2 = .01$. These findings are consistent with the literature as men have a higher incidence of cheating and participating in unprofessional behavior than women, overall (Hensley et al., 2013; McCabe, 2009; Mohr et al., 2011). The findings in this study depict the perceptions of the seriousness of cheating and unprofessional behavior. In both cheating and unprofessional behavior scenarios, females' perceptions were more serious, indicating that men may be more likely to participate in those behaviors. Lovett-Hooper et al. (2007) explained that men were more likely to participate in risk-taking behaviors. In the longitudinal study by McCabe et al. (2012), men also were more likely to cheat; however, women could not be discounted. As time passes, a trend has emerged that women could easily catch up in this arena. Theart and Smit (2012) reported that males were significantly more likely to cheat than their counterparts. Henning et al. (2013) also contributed, stating that men were just more

tolerant and, therefore, more inclined to ignore the behaviors. Nonetheless, trends have emerged indicating males are more likely to engage in such behaviors. Kreuger (2014), when examining engagement in academic dishonesty in the classroom setting and in the clinical setting, found that males viewed those behaviors as more ethical than females. Furthermore, Mohr et al. (2011) reported that even though the physical therapy field is predominantly female, the majority of reported offenders of violations to the board are mostly male (59%). Females were more likely to violate rules based on competency requirements, whereas males were more likely to violate on accounts of fraud, conduct, or conviction.

Upon further analysis of mean scores between traditional female and male students and non-traditional female and male students reveal some additional findings. Traditional female students had a lower mean score for the seriousness of academic dishonesty and unprofessional behavior as opposed to traditional male students, indicating that traditional males viewed scenarios as more serious than traditional females. On the contrary, non-traditional female students had a higher mean score for the seriousness of academic dishonesty and unprofessional behavior scenarios as opposed to non-traditional males, indicating non-traditional females viewed scenarios as more serious than non-traditional males. Despite the slight discrepancies between traditional/non-traditional students regarding gender, the sample size should be considered. The sample size was smaller for men (traditional, male N = 8, female N = 54; non-traditional, male N = 75, female N = 325), and future studies with additional males are needed to increase the power of the statistical test. A future study to include other schools of nursing may shed more light on findings related to gender.

Contrary to findings in the current investigation and the majority of the literature studied, it should be noted that Hegmann (2008) found no significant differences between gender when studying cheating by physician assistants on patient logs. Naghidipour and Emeagwali (2013) found that there was no difference in reported incidents of cheating between gender, although males had more excuses for cheating than women, most of which related to expectations that were related to them starting work immediately following graduation.

Overall, in this study, there were differences in students' perceptions of academic dishonesty and unprofessional behavior by gender. Females viewed academic dishonesty scenarios and unprofessional scenarios as more serious than males did. For gender, the findings were statistically significant. Interventions related to incorporation of ethics could be beneficial to both males and females and draw attention to its significance for safe patient care.

<center>Program Year</center>

In this study, first and second-year students' perceptions of academic dishonesty and unprofessional behavior were viewed as the same. For program year, the MANOVA was not statistically significant, Wilk's $\lambda = .99$, $F(1, 473) = 1.60$, $p = .203$, partial $\eta^2 = .01$. According to the mean responses between both groups, first-year students ($M = 1.86$, $SD = .56$) viewed the AD scenarios the same as second-year students ($M = 1.86$, $SD = .57$), while first-year students ($M = 2.46$, $SD = .53$) viewed unprofessional behavior scenarios as slightly more serious than second-year students ($M = 2.39$, $SD = .48$). These mean responses between groups are inconsistent with the literature. Bultas et al. (2017) reported significant differences between grade levels when studying attitudes toward

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cheating. As students matriculated, they tended to become less forgiving and more condemning of others who engage in cheating (Bultas et al., 2017). Oran et al. (2016) reported significant differences between second- and third-year health science students, attributing the differences between the two to the location of the theory courses within the curriculum. As mentioned previously, McCabe et al. (2012) reported more cheating in accelerated programs as compared to traditional programs. Most interestingly, nursing students already holding a registered nurse (RN) license and continuing their education, had a significant reduction in the amount of self-reported cheating as compared to regular undergraduate nursing students (McCabe et al., 2012). For this current investigation, a future study could be considered comparing the accelerated healthcare professional track (students are paramedics/licensed practical nurses pursuing RN) of the associate degree program to the traditional associate degree track to see if there are any significant differences between the two.

For this research study, since unprofessional scenarios were viewed as more serious by first year than second year, one may assume that students have become more enculturated by the second year, not seeing scenarios as concerning as they previously did. Ganske (2010) expressed concerns that ethical concepts are buried within heavy curriculum and students are not engaged in dialogue enough to place significance on these essential topics. Perhaps there is a greater emphasis on codes of nursing within curriculum in the first year as opposed to the second year, thereby decreasing the awareness. Although these findings were not significant overall in the study, attention should be kept on differences between the groups and strengthening perceptions across both levels of the program.

Intercorrelations of Demographic Variables

In this study, Academic Dishonesty Seriousness and Unprofessional Behavior Seriousness were significantly correlated according to a Pearson product-moment correlation test, $r(473) = .47, p < .001$. Students who viewed academic dishonesty as serious had the same views about unprofessional behavior, indicating that academic integrity and unprofessional behavior were similarly related. This study could suggest that students who felt academic integrity violations were significant also felt that professional behavior violations were significant. Krueger (2014) reported similar findings among associate degree nursing students, where 64.7% reported cheating in the classroom while 54% reported cheating in the clinical setting. Balik et al. (2010) also reported similar findings, stating that students who perceived academic dishonesty as unethical also viewed dishonest behaviors in the practice setting as unethical.

Another variable that was moderately correlated was AD Seriousness and AD Sensitivity, $p = .39$. Nursing students who responded a certain way to cheating scenarios also responded similarly on the degree of seriousness. For example, when asked if a scenario depicts cheating and one answered no, it would make sense that he or she would respond to the subsequent question indicating that the scenario was not at all serious or only somewhat serious in nature. On the contrary, when asked if a scenario depicts cheating and one answered yes, it would make sense that he or she would respond to the subsequent question indicating that the scenario was very serious or extremely serious in nature.

AD Self and AD Sensitivity were moderately correlated as well, $p = -.31$. This negative correlation would make sense as one self-reports cheating; it would be expected

that the level of seriousness would be inverse. For example, a student reporting he or she

had cheated would likely indicate that the scenario was not at all serious or only

somewhat serious to validate the response given to engaging in that behavior. On the

contrary, a student reporting that he or she had not cheated would likely indicate that the

scenario was very serious or extremely serious in nature to also validate the response

given to not engaging in that behavior.

Finally, AD Occurs in Program and AD Self were moderately correlated, $p = .46$.

Since only 11.23% of nursing students reported cheating within the program, one would

assume that the majority of students answered no to cheating occurring in the program

while also answering that they had not engaged in cheating. These findings could be

further explored as self-reporting is usually much lower than those who actually engage

in those behaviors. It is still alarming that 53 out of 472 (11.23%) of nursing students

reported cheating at all. One would expect this number to be zero in fields like nursing

where patient safety is a priority. Much attention should be drawn to eliminating this

number altogether to ensure safe patient care. When exploring interventions that could be

effective, one must consider nursing students' views about whether cheating was a

problem and what they had to say about policy. In this study, 17% felt that cheating was a

problem, 34% felt that cheating was not a problem, and 49% did not know. When asked

about whether a policy existed, 94% reported yes, while 6% reported no. Sixty-four

percent of students felt that the policy was enforced all of the time; 26%, very often; 9%,

sometimes; and 2%, not at all. When asked about who enforces the policy, 31% of

students felt that faculty did, while 27% of students felt that faculty and administration

both did. In this study, focus should be brought to these topics as a large percentage of

nursing students surveyed (49%) did not even know if cheating was a problem or not. This could be important as these soon-to-be novice nurses may be so caught up in their own day-to-day agendas that they may not be aware of those around them. In today's complex healthcare world, it is everyone's duty to step up and speak out when safety could be in jeopardy. Furthermore, there seems to be a gap between the existence of an honor code and whether it is being enforced all of the time. Perhaps revisiting the honor code in general would clear up any misunderstanding and reinforce their importance to not only students, but also faculty and administration. Previous research indicates the presence of strong honor codes could deter dishonest behavior such as cheating (Engler et al., 2008; Hegmann, 2008; Lovett-Hooper et al., 2007; McCabe et al., 2012; Mohr et al., 2011; Muhney et al., 2008).

Correlations between the variables of AD Seriousness and AD Sensitivity, AD Self and AD Sensitivity, and AD in Program and AD Self were all findings that were consistent with findings from other literature. Kreuger (2014) found a positive correlation between self-reported cheating in the classroom and self-reported dishonesty in the clinical setting. In addition, there was a significant negative relationship between ethical behaviors and engagement, indicating that if students viewed an event as unethical, then they were less likely to engage in it.

According to students' perceptions of the seriousness of academic dishonesty, mean of 1.86 (*SD = .57),* students viewed the scenarios related to academic dishonesty slightly higher than somewhat serious in nature. According to students' perceptions of the seriousness of unprofessional behavior, mean of 2.42 *(SD = .50),* students viewed the scenarios related to unprofessional behavior slightly higher than very serious in nature. It

is concerning that these situations related to academic dishonesty and unprofessional behavior were not viewed as at least very serious or extremely serious considering the field of nursing and its implications. One may infer that certain situations in clinical practice may also have varying degrees of seriousness in terms of what may be deemed acceptable versus not. For example, omitting a medication for high blood pressure may be seen as okay since the nurse was busy juggling multiple tasks. Perhaps it is okay to another nurse to falsify vital signs because they got pushed to the bottom of the "to do" list. McCrink (2010) found there was an incongruity between self-reporting of academic misconduct and attitudes, indicating that there were varying degrees of ethical reasoning. For the current investigation, these findings are consistent, suggesting that students had different perceptions of the seriousness of cheating/unprofessional scenarios. This is concerning as in the clinical setting, nurses will be posed with complex patients, and managing, prioritizing, delegating, and critical thinking cannot be undermined. Many ethical impulse decisions have to be made on a whim, and the ability to respond to those situations could directly be influenced by prior learned behaviors.

Limitations of Study

Limitations to this study could include the smaller male sample size (81.2% female, 17.8% male). More males are needed for generalizability of the study. This is a challenge as women dominate the nursing profession. Another limitation to the study could be that the sample size was specific to just associate degree nursing students and so may not generalize to other populations. However, the sample size was large (n = 472).

Implications for Practice

When evaluating the degree of seriousness of cheating scenarios and unprofessional

behavior, one may be concerned that perceptions are not viewed as extremely serious, especially in the field of nursing where moral reasoning would be expected to be at its highest. It is also concerning that 11.23% (53 of 472) of nursing students surveyed self-reported cheating. If results showed that 11.23% of nursing students self-reported, one must also ask how much higher is this actual number due to those who feared being honest on their response. This is frightening as past unethical practices could predict future workforce behaviors. Balik et al. (2010) concur, stating that dishonest practices in academia can lead to future detrimental outcomes. Lovett-Hooper et al. (2007) raised similar concerns, discovering when they explored the relationship of cheating to future deviant behaviors that students who scored higher on engagement also scored higher on imagined risky or rule-breaking behaviors. Nurses are exposed to daily situations where ethics are crucial. Delivery of care could be severely compromised in the face of bad choices. Nursing education is vital to serve as a gatekeeper for nursing students entering the workforce. Unfortunately, having served as a previous nursing faculty member and administrator, the researcher has concerns that not enough emphasis is being placed on these concepts. Today's healthcare system is complicated, and new nurses are often targets of situations where they find themselves involved in direct situations of falsification of documentation or, worse, patient demise because of their inability to connect codes of ethics with real patient outcomes.

Future Directions

According to the findings, although 93.5% of students reported that they knew there was a policy for cheating, only 63.6% felt that it was enforced all of the time. Current faculty/administration at the nursing school could consider revisiting the

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academic honor code. Perhaps a work group could meet to examine best practices and devise a campaign to launch to increase awareness of this issue. In an effort to reduce cheating to none, faculty/administration should draw attention to the existing honor code, and then re-education must ensue thereafter. Previous research suggests that as students' beliefs and values increase, so does their ethical awareness (Krueger, 2014). Consideration should be taken as to whether faculty/administrators abide by the existing code and whether they truly enforce it in their program/classrooms. Many schools have gone so far as to develop academic integrity handbooks where policies are outlined with specific details as to infractions should violations occur. Once faculty/administrators have revisited and revised current academic honor code practices, a campaign could be initiated to include posters and seminars on the importance of ethics, particularly in fields of nursing. The campaign could be large in scale, bringing in hospital and healthcare agency partners to take part in the initiative and stress why this is necessary from an employer perspective. Powerful testimonials from a hospital might would include risk management data showing patient cases where compromise occurred based on ethical dilemmas and poor decision-making. Guest speakers including patients who have fallen victim to error by clinicians could also be extremely effective to draw attention to the importance of honesty and integrity in nursing practice.

Faculty must feel supported to intervene both in the classroom and the clinical setting when they witness bad behaviors. Current literature indicates that faculty are reluctant to report incidents because of the timeliness it takes to investigate complaints and the lack of support from administrators when they do. Candid conversations must occur, with clear expectations from executive level administration all the way down to

the part-time instructors who teach in the program. All parties must be on the same page, even if that means dismissal of a nursing student in the very last semester of his or her program. Students caught cheating are often allowed to remain within their nursing program due to the financial implications for the college. In addition, nursing department policies that limit drops create obstacles for dismissing students. Faculty/administrators have to think beyond classroom implications, considering future detriments that might come from allowing such students to remain within nursing programs.

Faculty/administrators must take an active stance to reduce cheating by examining current testing practices. Along with an academic honesty campaign, faculty/administrators should ensure that computers for testing have software applications that can track keystrokes and prevent cheating from occurring. In addition, consideration should be made for the number of seats in the classroom, spacing of the seats, and the appropriate number of proctors needed for testing. Assumptions cannot be made that students will not take an opportunity to maximize their grade. Many institutions also have students sign an honor agreement prior to each exam taken in an effort to draw attention to the seriousness of academic dishonesty.

In addition to attention in testing practices, curricula need to be revised. Existing curriculum committees should discuss specific places within every content area where attention can be drawn to ethics in nursing. This is not a current practice because the content is packed in an effort to teach to the test blueprint for first time success on the national licensure exam. Societal and cultural norms have changed, and schools cannot make the assumption that nursing students come into programs of study with already learned core concepts of integrity. For some, they are "called" into the profession; for

many, nursing is a well-paid career choice for two years of education. Ethical examples in every content area in every class are essential, particularly in the clinical setting. The clinical setting is the optimal environment to discuss these ethical dilemmas and give students the opportunity to work through them. In addition to ethical concepts incorporated throughout curricula, an ethics module could be created and placed in the first course of the nursing program and again within the second year.

The findings from this study can be utilized to guide faculty and administrators in specific interventions to deter cheating and enforce stricter codes of ethics in nursing programs. Furthermore, emphasis on ethics and integrity could address differences among groups studied. Although there were not significant findings among the groups studied other than gender, there were interesting details in the mean responses between the various groups. Layered approaches to incorporating codes of ethics are warranted and would only enhance the strength of the existing program. Engler et al. (2008) discussed the importance of establishing social norms that reflect a culture that promotes academic integrity in an effort to avoid socialization or normalization into a culture that is opposed to those principles.

<div align="center">Recommendations for Research</div>

Future qualitative studies could be essential to explore why students answer questions a certain way. Current literature indicates that students may view dishonesty as varying to some degree, rationalizing and justifying their participation (Balik et al., 2010; Eastman et al., 2008; Olafson et al., 2013; Theart & Smit, 2012). Exploring qualitative responses may shed more light into moral reasoning and could be beneficial for further specific interventions. Many nursing students felt compelled to write next to survey

questions narrative comments suggesting they felt strongly about some of the scenarios they were answering. A qualitative study would allow exploration of narrative comments and seek to understand a different perspective, perhaps.

As mentioned previously, a future study could be considered comparing the associate degree accelerated healthcare professional track (students are paramedics/licensed practical nurses pursuing RN), the associate degree traditional track, the associate degree hybrid (online) track, and the RN to BSN (online) track to see if there are significant differences. There are varied findings as to increased incidents among program type, and a comparison of these could be valuable for decreasing deterrence should they be found, especially in one program track versus another.

Future research could include the development of a pre-screening tool for nursing programs to use for admission. This would have to be a joint effort of nursing educators and nursing administrators but could be instrumental in providing the opportunity to actually see if nursing students contain the moral compass for ethical decision making prior to ever entering the nursing program. This would alleviate faculty/administrator frustration later as students who are not capable get closer to graduation and fear of late dismissal creates pressure to continue to work with students who are lacking in this area.

There has been no research on whether these behaviors studied actually translate to nursing practice. A potential future study could explore nurses' perceptions of dishonesty and unprofessional behavior in the workplace. The anonymous survey could include questions related to the lack of reporting of adverse events, omission of aspects of patient care, abuse of narcotics, abuse of patients at the hands of healthcare providers, and observations of unprofessional behavior/incivility. The survey could also include

questions related to personal engagement in cheating/unprofessional behavior while in professional programs of study. The quantitative study could reveal whether there are truly correlations between academic dishonesty in the classroom and dishonesty in the practice setting.

Conclusion

Academic dishonesty and unprofessional behavior are major concerns in nursing and there are fears that these bad behaviors could translate to nursing practice. These concerns are warranted as 11.23% of nursing students in this program self-reported these behaviors. Research suggests that self-reported numbers are actually higher, which leads to the notion that the cheating incidence could actually be even higher. The problem is complex and requires students, faculty, administrators, healthcare entities, and various other stakeholders to come to the table to discuss the issue and, more importantly, intervene on behalf of any who may be a patient at the hands of one of these future providers. Nurses are in an honorable profession and must practice ethically, even when stakes are high. In this research study, there were no significant differences found between traditional and non-traditional students or program year. However, females viewed both academic dishonesty and unprofessional behavior scenarios as more serious than males. This was supported in existing literature and could be further explored in future research studies with a larger male sample size. Overall, direct interventions within the associate degree program could be very effective in revising current academic honor codes, providing support of faculty in reinforcement of punitive measures for those caught cheating, promoting reduction of environmental factors that contribute to cheating, and incorporating codes of ethics throughout the curricula to include first and

second year of the program. Change cannot be made without a shift in the culture, and that has to be inclusive of students, faculty, and administration. Ultimately, patient care is the priority, and nursing educators are an important part of making sure nursing students are able to make ethical decisions using good judgment.

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APPENDIX A:

Valdosta State University – IRB

Institutional Review Board (IRB)
for the Protection of Human Research Participants

PROTOCOL EXEMPTION REPORT

PROTOCOL NUMBER:	IRB-03218-2015	**INVESTIGATOR:**	Tracy W. Suber

PROJECT TITLE: Associate Degree Nursing Students' Perceptions of Academic Honesty and Unprofessional Behavior

INSTITUTIONAL REVIEW BOARD DETERMINATION:

This research protocol is **exempt** from Institutional Review Board oversight under Exemption Category(ies) **2**. You may begin your study immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research.

ADDITIONAL COMMENTS/SUGGESTIONS:

Although not a requirement for exemption, the following suggestions are offered by the IRB Administrator to enhance the protection of participants and/or strengthen the research proposal:

NONE

☐   If this box is checked, please submit any documents you revise to the IRB Administrator at irb@valdosta.edu to ensure an updated record of your exemption.

Elizabeth W. Olphie   5/14/15

Thank you for submitting an IRB application.

Elizabeth W. Olphie, IRB Administrator   Date   *Please direct questions to irb@valdosta.edu*
or 229-259-5045.

Revised: 12.13.12

APPENDIX B:

Cover Letter and Survey

Academic Honesty and Professional Behavior Among Associate Degree Nursing Students at a Southeastern State College

The purpose of this study is to determine nursing students' perceptions of academic dishonesty and unprofessional behavior. Research clearly supports the prevalence of academic dishonesty. For the purpose of this study, nursing students in an associate degree program will be studied to determine their perceptions of the seriousness of cheating and unprofessional behaviors. This study will also aim to determine whether nursing students and their peers have engaged in cheating and unprofessional behavior within their nursing program and whether they have knowledge of the presence of honor codes/policies. Furthermore, this study will aim to identify if there are differences in nursing students' perceptions among traditional and non-traditional nursing students, gender, and program type.

In an effort to better understand these issues, your opinions are very important. **<u>Your participation in this study is voluntary</u>**. Completion of the online survey indicates your consent to participate. You may choose to skip any question(s).

This study consists of a two-part questionnaire. Part I presents you with a series of scenarios dealing with academic honesty and professional behaviors. Part II asks you for a brief demographic profile. Please complete both parts as accurately and as honestly as possible. It should take no more than 15-20 minutes for you to complete. **All survey results are completely confidential–there is no expectation that you will need to identify yourself, nor will you need to provide written responses that may allow for identification.**

If you have questions, concerns, or would like to receive a copy of final study results, please contact Mrs. Tracy White Suber at <u>tracy.suber@darton.edu</u> or call (229) 881-7788.

A special thank you for permission to use this existing survey instrument to Aaron, Simmons, and Graham-Webb (2011) that was modified from the original survey by Austin, Collins, Remillard, Kelcher, and Chui (2006).

PART I: Please read the following scenarios and circle the response that best reflects your feelings or attitudes.

Scenario 1

During an exam, a student goes to the bathroom and while he is there, he looks at some notes that have been previously hidden in order to find answers.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 2

A student writes some notes on her arm or hand before going into an exam and uses these to help answer some questions.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 3

As a memory prompt, a student writes some abbreviations, codes, or mnemonics on his hand or arm before going into an exam.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 4
A student is having difficulty writing up an assignment. She borrows the assignment from her friend and uses this to gain ideas for her own write-up but does not copy it directly.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 5
A student is having difficulty writing up an assignment. He photocopies the work of a friend and then uses parts of this work to write up his own care plan, **without** the knowledge of his friend.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 6
A student is having difficulty writing a paper. She photocopies the work of a friend and then uses part of this work directly to write up her own paper, **with** the permission of her friend.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

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Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes**
No

Scenario 7

A student is having difficulty in a clinical practice lab. He is scheduled in the second or third section of the lab. Prior to attending the lab, he asks his friend to describe the procedures and content for the lab.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 8

A student has completed a course exam. In an effort to help her friends, she describes the specific content on the exam.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 9

A student has completed an exam. When asked by a friend to describe the content, the student provides information about general topics **only**, not specific details about the

content.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 10
A student finds an Internet site which is relevant to her work. She cuts and pastes portions of this into her own work, changing very little of it. She does not use quotation marks but lists the name of the website in her references.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 11
A student is writing a difficult paper for a course. He takes several quotes directly from a journal, textbook or another source, without using quotation marks and does not reference them.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 12

Following a chemistry or biology laboratory that produces no useful results, a student makes up some data for his write-up.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   Somewhat serious = 1

Very Serious=2   Extremely Serious=3

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in your professional program?   **Yes   No**

Scenario 13

A student is completing a major course project. She does not understand some of the instructions, so she asks her neighbor for help in clarifying.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   Somewhat serious = 1

Very Serious=2   Extremely Serious=3

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 14

A student uses exams, papers, and care plans handed down from previous years to complete her assignments.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   Somewhat serious = 1

Very Serious=2   Extremely Serious=3

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 15
A student is very lenient and assigns a higher grade than deserved to his friend during a peer-assessment exercise.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 16
A student presents a misleading or false medical excuse or gives other fabricated reasons to gain an extension on an assignment or to avoid taking a test.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

    Scenario 17
A student gives old lab books, tests, and assignments to another student in a lower year taking those courses.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

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Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 18
A student continually skips classes for no valid reason. She borrows notes and handouts from other students to photocopy and keep for her own studying.

Is this cheating?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 19
A student is allowed 30 minutes for his lunch break but takes 45 minutes.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

    Not at all serious = 0   **Somewhat serious = 1**

    Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 20
A student is required to wear surgery scrubs into the OR. She wears the scrubs home and decides not to return them to the hospital.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 21
When starting an IV, a student breaks sterile technique by accidently touching the end of the IV catheter. No one but the student notices, so he decides to continue with starting the IV without changing to a new catheter.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 22
A student needs to run errands for an upcoming party. He calls the clinical instructor and says he has a sore throat and won't be able to come to the hospital for clinical that day.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes No**

Have you ever known of this to occur in this professional program?   **Yes   No**

Scenario 23
A student sees a healthcare worker verbally abusing a patient, but the student does not report the incident to anyone.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   No**

<u>Scenario 24</u>
A student's ex-boyfriend was seen in the ER the night before clinical. At clinical the next day, the student reviews the ex-boyfriend's medical record.

Is this unprofessional behavior?   **Yes   No**

If yes, how serious an incident is this?

Not at all serious = 0   **Somewhat serious = 1**

Very Serious=2   **Extremely Serious=3**

Have you done something like this while in this professional program?   **Yes   No**

Have you ever known of this to occur in this professional program?   **Yes   NO**

PART II: Demographic Information

1. Age: _____ years

2. Sex: _____ Male _____ Female

3. In which program are you enrolled?
    □ Associate Traditional
     □ Associate Healthcare Bridge   □ Associate Hybrid

4. What year are you in your professional program?
    □First year (Fundamentals of Nursing, Adult Health 1, Adult Health 2, Adult Health 2 Accelerated Bridge)
    □Second Year (Maternal Child Nursing, Adult Health 3)
    □Other _____

5. Check the following that apply to your status:
    □ attending college the same calendar year that finishes high school
    □ attending part-time for at least part of the academic year
    □ works full-time (35 hours or more per week)
    □ is considered financially independent for purposes of determining financial aid
    □ has dependents other than a spouse
    □ is a single parent (either not married or married but separated and has dependents)
    □ does not have a high school diploma (completed high school with a GED or other high school completion certificate or did not finish high school)

6. Is academic dishonesty a problem at your school? □ YES □ NO
    □ Don't Know

7. Does your school have an academic honesty policy?
    □ YES   □ NO   □ Don't Know

8. If yes, to what degree is the policy enforced? **(Select only one)**
    □ Not at all=0   □ Sometimes=1
    □ Very Often=2   □ All the Time=3

9. If yes, by whom is the policy enforced? **(Indicate all that apply)**
    □ By Faculty   □ By Students □ By Administration

10. Have you cheated while in college?   □ YES   □ NO