

A CAUSAL-COMPARATIVE STUDY OF STUDENT AND FACULTY PERCEPTIONS OF  
ACADEMIC MISCONDUCT IN ADVANCED PRACTICE NURSING EDUCATION

by

Jennifer Marie Oakes

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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## ABSTRACT

The purpose of this quantitative, causal-comparative study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education. The findings of this study may aid in the strategic management of academic policies and enforcements. The study took place at a single private university in Texas which houses six graduate-level APRN programs. The sample size consisted of 92 students and 42 faculty. The Exams and Assignments Scale (EAS) was used as an instrument for both groups and anonymous data was collected using an online survey platform. Statistical analysis took place using an independent samples *t* test. The results show that there is a statistically significant difference in the perception of academic misconduct between student and faculty. Specifically, students regard instances of academic misconduct as more severe than faculty. The conclusions were that students and faculty were dissimilar in their perception and severity of instances of academic misconduct. Based on these findings, it is recommended that faculty and administrators who are involved in APRN education develop and follow strong curriculum, guidelines, and policies that help to bridge the gap of perception of academic misconduct. Suggestions for future research include performing similar studies with larger sample sizes in a variety of settings and institutions.

*Keywords:* academic misconduct, cheating, plagiarism, APRN education, healthcare professional misconduct, dishonesty, integrity

## **Dedication**

To Jeff, who always cheered me on from the sidelines.

### **Acknowledgments**

I would like to acknowledge the tireless work of faculty and administrators involved in the educational process of APRNs. The foundation of nursing is instilled in every APRN to care for the entire individual. This unique perspective places all APRNs in a position to make a difference in a personal, family, and community manner. To teach from this perspective has the ability to influence the world on a personal and global level.

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### **List of Abbreviations**

Advanced Practice Registered Nurse (APRN)

Adult Gerontology Acute Care Nurse Practitioner (AGACNP)

Certified Registered Nurse Anesthetist (CRNA)

Clinical Nurse Specialist (CNS)

Exams and Assignments Scale (EAS)

Family Nurse Practitioner (FNP)

Psychiatric-Mental Health Nurse Practitioner (PMHNP)

Registered Nurse (RN)

## **CHAPTER ONE: INTRODUCTION**

### **Overview**

The purpose of this quantitative, causal-comparative study was to determine whether there is a difference in perceptions of academic misconduct between faculty and students in APRN education. In Chapter One, the researcher provides a background for the topic of academic misconduct. Included in the background is an overview of the theoretical frameworks for this study. The problem statement reflects the scope of the recent literature on this topic. The purpose of this study is followed by the significance of the current study, and the research question. The chapter concludes with a list of key terms and their definition.

### **Background**

Academic misconduct can occur in the form of cheating, plagiarism, collusion, fabrication, unauthorized use of resources, or complicity. Most institutions of higher education have implemented detailed policies regarding academic integrity and misconduct. Despite these efforts, the instances of academic misconduct are increasing in overall education (Drye et al., 2018). The exponential rise in occurrences of academic misconduct is theoretically linked to generational characteristics of entitlement (Elias, 2017). Although this applies to society in general, the nursing profession has historically been one of the most trusted professions in the United States (Martin, 2019); yet, academic misconduct is increasing among nursing students at an alarming rate (McClung & Gaberson, 2020; McClung & Schneider, 2018). Graduate-level nursing has a high level of responsibility because Advanced Practice Registered Nurses (APRNs) have a great responsibility for decision-making that directly affects patient care, and therefore must function with the highest level of integrity (Goldsberry, 2018). Despite this, instances of academic misconduct have been reported in this graduate specialty (Krueger, 2014; McCabe, 2009; Pittman & Barker, 2020).

## Historical Overview

Dishonest actions are well documented throughout history. In Genesis 3:4, the serpent lied to Eve, resulting in her disobedient actions and eating of the forbidden fruit (*King James Bible*, 1769/2020). This act of lying is repeated throughout biblical texts and anthropology records. Modern documentation of academic misconduct is found historically beginning in the 18th century (Davis et al., 2011). It is theorized, however, that instances of misconduct have been endemic to academia throughout history. A rapid rise in misconduct occurred in the late 19th century when a boom of academic institutions opened educational opportunities to the general public. This dramatic increase in the student population caused a paradigm shift in academic perceptions. Academia was once viewed as a process for the quest for knowledge; however, during this boom, assessments began to be viewed as mere hurdles to overcome on the path to professional goals. The result was an estimated 40 percent admitted anonymous cheating rate (Davis et al., 2011).

Florence Nightingale is known to be the mother of modern nursing (Rotter, 2021). Her experiences and example in the Crimean war established guidelines for nursing practice and education. She pioneered statistics and data visualization, revolutionized nursing education, and established complex systems for patient care and safety. Her revolutionary concepts and paradigms are applicable from the late 1800s to modern day. Nightingale established standards of nursing conduct and responsibilities. Under her philosophies, any act of dishonesty is a violation of the sacred calling of nursing. Therefore, it is important to determine how this phenomenon is occurring.

APRN students have successfully conquered nursing school, passed the National Council Licensure Examination (NCLEX-RN), and have experience with patient care. As such, this

specific population of students should have an established moral compass and understand the implications of acts of dishonesty. Despite this assumption, the problem of academic misconduct exists and continues to grow (Norris, 2019).

Many factors are known to come into consideration when assessing acts of misconduct, including teacher attitudes, policies, consequences, and peer relationships (Peled et al., 2019). Online education has increased creative avenues of cheating, including test banks, course assignment databases, in-test communications, and plagiarism opportunities (Norris, 2019). The faculty of advanced practice nursing programs are predominantly populated by licensed/certified advanced practice nurses themselves. Faculty such as this have a personal and professional knowledge of the patient care understanding, knowledge base, ethical conduct, and resource management that is required to be successful (Todd et al., 2019). APRN students must be registered nurses prior to acceptance into graduate education. It is, therefore, assumed that these students have a solid ethical base. Through the current study, the researcher aimed to validate or disrupt this assumption.

### **Society-at-Large**

The role of APRNs involves direct patient care in a number of specialties. These specialties include nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists (Olvera et al., 2018). As such, they are in a position to be primary healthcare providers for the very sick and situationally afflicted patients. Because of this high level of accountability, the APRN must function at the highest level of ethics (Famuyide et al., 2019). This ethical standard should be established and expected throughout APRN education. Academic misconduct during graduate level nursing education can potentially have life-threatening consequences. Assessments of academic ability must be administered and

processed with integrity and validity in order to qualify graduates to care for patients. Any breach in the academic process has the potential to falsify the learning process and place patients at risk. Medical malpractice and negligence can become an issue, as well as multiple ethical violations (Legrand et al., 2018). One assumption is that students who engage in academic misconduct may also be prone to other forms of dishonest actions such as misreporting medication errors, falsifying patient diagnostics or treatments, or committing insurance fraud (Pittman & Barker, 2020). Each of these actions have a direct and indirect effect on society-at-large and can have lasting repercussions to individuals, families, and communities. For these reasons, an urgency exists to understand this problem and strategically counter it.

### **Theoretical Background**

The theory of moral development as presented by Lawrence Kohlberg (1976) provides a solid foundation for understanding the perceptions, motivations, and actions of academic misconduct. Within this theory, moral development is based on six fundamental stages that each build upon the other. Individuals pass through each level during child development. The levels consist of preconventional, conventional, and postconventional levels. Within these levels are two stages that are progressive in nature. Under normal development circumstances, it is expected that adults should be at the postconventional Stage Six, entitled “Universal Ethical Principles.” At this stage, people understand and act ethically simply because it is right. The universal ethical principles include cognition and actions relating to justice (Mathes, 2021). Professional nurses should function consistently at Stage Six, as they are frequently placed in ethical and moral dilemmas. The decision-making nature of the profession requires a conceptual understanding of equality, justice, selflessness, and caring. Applying this theory to the concept of

academic misconduct will help to conceptualize the moral progression or regression within stressful situations, such as in the academic setting.

The theory of delinquency presented by Sykes and Matza (1957) is often used to understand and explain criminal activity within society. Although intended for criminals, the concepts are very applicable to dishonest instances of academic misconduct. This theory attempts to answer the questions relating to why criminals break the law. The rationalization of criminal activity can be justified by delinquents in five basic ways: (a) denial of responsibility, (b) denial of injury, (c) condemnation of condemners, (d) denial of victim, and (e) appeal to higher loyalties (Sykes & Matza, 1957). These forms of justification can be seen in the academic setting as students justify dishonest activity. In the nursing profession, this theory can apply to well-intentioned nurses as they engage in normalization of deviance behaviors (Wright et al., 2022). The phenomenon of normalization of deviance occurs when nurses knowingly deviate from acceptable performance standards because the deviance is committed, repeated without consequences, and deemed to be normal. Although the action may initially conflict with one's own moral beliefs, the normalization process allows the behavior to be deemed acceptable (Kvalnes & Nordal, 2019). When this theory is applied to the subject of academic misconduct, researchers can gain an understanding of the progression of the phenomenon and the concept that well-meaning—and otherwise morally sound—students can commit dishonest actions.

The combination of these two theories provided the framework for this study. APRN students who engage in academic misconduct can be explained by one of these two theories. If a student does not recognize their actions as dishonest, then they may have not reached Kohlberg's postconventional stage of moral development. If the action is recognized to be wrong, however,



the student may be engaging in various justification and rationalizations that are outlined in Sykes and Matza's (1957) theory of delinquency.

### **Problem Statement**

Previous scholars have indicated that there is interest and concern regarding academic misconduct in general. Some researchers have focused on the motivating factors for cheating (Gupta & Kohli, 2017; Smith et al., 2017; Stiles et al., 2017), while others have explored strategies for prevention of dishonest acts (Fendler et al., 2018; Owegi et al., 2020; Stoesz et al., 2019). Still, others search for the ability to predict at-risk students who may be prone to misconduct (Peled et al., 2019; Reybold & Halx, 2018). Specific to the nursing profession, researchers have studied the undergraduate education of nurses (McClung & Gaberson, 2020) and other health professions such as pharmacists (Gallagher et al., 2019). Studies are also found that identify discrepancies between student and faculty perceptions of academic misconduct in general (McClung & Schneider, 2018). Academic integrity policies need to be tailored to disciplinary-specific contexts (Labib et al., 2022). In order to accomplish this, APRN perspectives need to be explored, but this information is not available in the literature. The need to measure academic misconduct in specific fields is called for when the chosen instrument was validated (Royal & Flammer, 2015).

General challenges in APRN education are addressed in some studies (Todd et al., 2019), but nothing is particular for dishonest actions. Considering the level of responsibility that is required in the APRN role, combined with the growing instances of academic misconduct in the academic setting, it is reasonable to turn the focus toward understanding this growing trend. The problem is that the literature has not fully addressed academic misconduct of APRN students.

### **Purpose Statement**

The purpose of this quantitative, causal-comparative study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education. The independent variable was the classification of students and faculty where students are defined as currently enrolled graduate students in an APRN program and faculty is defined as adjunct, assistant, associate, and full professors within the academic institution specifically assigned for APRN education. The dependent variable was the score of academic misconduct, which is defined by the instrument as “any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the academic community” (Royal et al., 2016, p. 81). Although the independent variable was not manipulatable, it is a distinction of position in the academic process. The two groups—faculty and students—are both involved in the academic process and represent two specific views of the problem. The dependent variable was the academic misconduct score.

The first population involved in this study consisted of APRN students at a private university in the state of Texas. This population included over 300 students who are mixed between face-to-face and online instruction. All have been registered nurses prior to beginning their specific program of study. All were adult learners. The second population was the faculty of the above-mentioned students. All of the faculty were APRNs themselves. The faculty consists of approximately 100 adjunct, assistant, associate, and full professors who engaged in active instruction and assessment of the students. The researcher’s intention was to survey the entire sample of the two groups. Because the response rate was not known, the researcher could not calculate the exact numbers in advance, but estimated that the results would reflect the student-

teacher ratio of 3:1. In order to equalize this difference, a random sample of student surveys was extracted for the statistical analysis.

### **Significance of the Study**

The findings of this study may aid in the strategic management of academic policies and enforcements. The results indicated whether there are serious discrepancies in understanding the definitions and applications of academic misconduct. When an understanding is gained, future efforts can be made to further combat the problem. As the findings revealed a discrepancy between faculty and student perceptions, strategic methods can be used to bridge this gap such as student education, curriculum redesign, assessment variations, or other prevention strategies. If no gap in perceptions was identified, the policymakers of the institution could still have used the findings to create better policies and expectations (McClung & Gaberson, 2020).

This study is part of a larger vision to increase the integrity of othe student population, particularly practicing APRNs. Understanding the nature of the problem is the first step toward total integrity and compliance to standards (McClung & Schneider, 2018). Linking the students' academic integrity with their integrity in practice may be a significant contribution to the field of healthcare (Pittman & Barker, 2020).

Many institutions of higher education acknowledge the growing problem of academic misconduct (Cronan et al., 2017; Kiekkas et al., 2020; Sattler et al., 2017; Tatum & Schwartz, 2017). The literature is varied regarding the strategies to combat problems such as plagiarism, unauthorized online resources, and general cheating. In addition, students continue to discover and invent new ways to engage in academic misconduct; this occurs almost as soon as new policies can be written. It is, therefore, the position of this author that these strategies to combat the problem are ineffective because a lack of understanding of the perceptions of academic

misconduct exists. This study shed light on these perceptions and assist in building stronger futures. The goal of academia is to create an ethical environment for students to learn. This can only be done when the foundational perceptions are recognized.

Researchers have identified contributing factors for academic misconduct including stress, time management, illness, workload, peer influences, financial problems, and emotional problems (Amigud & Lancaster, 2019). These factors are ubiquitous in all higher education institutions. It may be argued, however, that APRN education is a more strenuous workload, and therefore, enhances these factors (Kratovil, 2021). The academic stress can be coupled with anxiety when considering the load of responsibility that APRNs carry. This anxiety is justified because the actions of APRNs have direct results on the patients they care for. If the stress and anxiety of the education and profession are too great, it could lead students to believe that academic misconduct is the only way to reduce this stress. In contrast, students need to understand that dishonest actions increase the stress and anxiety even more when viewed in relation to the academic and patient consequences that can ensue.

### **Research Question**

The focus of this study was to compare the scores of academically dishonest acts between students and faculty in APRN education. The following research question were addressed:

**RQ1:** Is there a difference in academic dishonesty scores between advanced practice nursing students and advanced practice nurse faculty?

The independent variable was student/faculty role, and the dependent variable was perceptions of academic misconduct scores.

### **Definitions**

The following terms are used throughout this study. The definitions, as seen by the researcher and research design, are provided below.

1. *Academic misconduct*: Any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the academic community (Royal et al., 2016, p. 81).
2. *Accessory to plagiarism*: Helping another student commit plagiarism (McClung & Schneider, 2018).
3. *APRN*: An acronym for Advanced Practice Registered Nurse, which includes nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists (Todd et al., 2019).
4. *Cheating*: Dishonest act intended to mislead, defraud, or falsify data (Davis et al., 2011).
5. *Contract cheating*: A form of cheating designed to defeat text matching software wherein paid contractors produce original content, so that authorship can be validated as student-produced work (Mathrani et al., 2021).
6. *Fabrication*: Falsifying documents and/or assignments (Blau et al., 2021).
7. *Lying*: An intentionally false statement or misrepresentation (Blau et al., 2021; Gerlach et al., 2019).
8. *Millennial generation*: Those born between 1980–1999 (Nelson et al., 2017).
9. *Normalization of deviance*: A phenomenon in which individuals deviate from what is a professional standard to an alternate practice that becomes normalized (Wright et al., 2022).
10. *Perjury*: Creating or providing false or inaccurate information (McClung & Schneider, 2018).
11. *Plagiarism*: Passing off another's work as one's own (McClung & Schneider, 2018),

12. *Professional misconduct*: Violations of professional ethics, violations of confidentiality, falsifying patient records (Bloomfield et al., 2021)
13. *Short cutting*: Actions taken to reduce the amount of time spent in an action (McClung & Schneider, 2018).

### **Summary**

In this chapter, the researcher provided the background of academic misconduct in APRN students. The problem that inspired this study was the need to understand and address academic misconduct among APRN students. The purpose of this quantitative causal-comparative study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

The purpose of this literature review is to present the current state of understanding regarding academic misconduct in higher education, address the problem and findings in current research, and establish the need for action for research among APRNs. This chapter begins with two theoretical frameworks that give meaning and direction to the exploration of this topic. An extensive review of related literature builds a foundation for understanding the problem and projections for future needed research and action. This literature review culminates with a detailed application of the relationship between academic misconduct and potential community health and patient care concerns for APRNs. Finally, the researcher provides conclusive statements that lead into the fulfillment of the purpose of this dissertation.

### **Theoretical Framework**

Before analyzing the literature regarding academic misconduct, a theoretical perspective must be established. Two theories have been identified to have direct applications to the acts of academic misconduct. First, Kohlberg's theory of moral development is explored and applied. This theory helps to explain the grounding principles of right versus wrong among individuals and society. The second theory is Sykes and Matza's theory of delinquency. This theory is applicable to academic misconduct as it explains the decision process that individuals go through when they commit the act of wrongdoings. By understanding these two theories, a foundation is laid for further exploration of academic misconduct, penalties, and prevention.

### **The Theory of Moral Development**

The theory of moral development as presented by Lawrence Kohlberg (1976) provides a solid foundation for understanding the perceptions, motivations, and actions of dishonesty such as academic misconduct. Moral development is progressive in nature and can only advance when

stages have been completed. The three levels of moral development include preconventional, conventional, and postconventional morality. Each level has two specific stages that build into the others. Under normal human development, these levels of morality should be accomplished by the time the individual reaches adulthood. Various factors can restrict this progression or cause a regression.

Embedded within this theory is the question of universals and relativity in moral development. The concept of relative morality considers the various cultural and societal roles that assist in the development of personal morals and overall ethics. Kohlberg (1985) explained that moral and social development “is defined as the direct internalization of external norms of a given culture” (p. 105). This implies that what one person views as moral or immoral may be very different than others. For this purpose, the researcher explored the views of two groups that may or may not have different perspectives on the morality of academic misconduct.

### ***Specific Stages of Moral Development***

The levels of morality are defined as the trifold preconventional, conventional, and postconventional morality (Mathes, 2021). These levels progress sequentially during normal human development. These levels represent the ability of the individual to have independent moral values. Within these levels are two stages each, resulting in six distinct stages (Kohlberg, 1985).

**Stage One.** The first stage of the preconventional level involves punishment and obedience. This is usually accomplished at a very young age as children learn that misconduct leads to punishments (Kohlberg, 1985). The flaw in this stage is that children also learn quickly that the punishment is only enforced when they get caught in the action. This stage has a great deal of applicability to the topic of academic misconduct, as many students claim that their



actions were permissible simply because they were not caught. In normal development, this stage is realized between infancy and preschool ages.

**Stage Two.** The second stage involves instrumental relativist orientation (Kohlberg, 1985). This revolves around good feelings for good actions. Rewards are used as a motivation for good behavior. A certain amount of understanding and negotiating is necessary for this stage to develop. This stage is usually developed during the school-age years.

**Stage Three.** The third stage introduces the conventional moral level and is usually developed during the late school-age years (Kohlberg, 1985). Conforming at this level is usually accomplished because the individual feels that misconduct would lead to disapproval or dislike of others. Thus, societal norms begin to play a role in development. Trusting and consistent relationships are important during this stage.

**Stage Four.** This level should be realized prior to the teenage years and includes understanding of authority and social order (Kohlberg, 1985). In this way, Stages Three and Four are dependent on each other. Teenagers and adults who fail to recognize authority figures are lacking in this stage. If this stage is not accomplished, further progression is halted.

**Stage Five.** This stage is sometimes referred to as a “social contract,” and is associated with conformity to societal norms (Kohlberg, 1976). This is a time when individuals realize that there is a mutual benefit and reciprocity to following moral behavior. The fifth stage focuses on individual rights and understanding of the good of the communities. This is the start of the postconventional level.

**Stage Six.** The sixth stage involves the development of individual principles of conscience. It is sometimes referred to as “universal ethical principles” (Kohlberg, 1976). This is the highest level of moral development and includes a firm understanding of right and wrong,

including the underlying principles and rationales. This is the highest stage of the highest level and generally allows the individual to function in moral manners independently of circumstances, authority, or rewards.

It is important to note that most adolescents and adults do not ultimately progress to the postconventional stages. This theory could explain the rationale for increased academic misconduct within higher education. Students who only achieve a conventional level of morality may not understand the effects of their actions on society or future selves. These students may respond best to punishments rather than personal integrity.

Kohlberg's (1985) theory also includes explanations of morality of punishments. This is also described in stages. Stage One states that the degree of punishment should fit the degree of the severity of the action. Stage Two considers the rationale for the inappropriate action. Stage Three explains that the actions may not be punishable if the misconduct is done according to societal norms. Stage Four describes that the misconduct actions can be reasons for leniency if the actions were conducted with a good moral intent. Stage Five explains the need for moral consistency in punishments. Each of these stages has been represented in many academic institutions' policies and allows for various levels of punishments and circumstances. This understanding must also be considered when acknowledging the growing trend of academic misconduct.

### **The Theory of Delinquency**

The theory of delinquency presented by Sykes and Matza (1957) is often used to understand, and explain criminal activity within society. This theory explains that individuals who violate societal laws are not acting in complete opposition to the law; rather, they justify their actions within the society. This justification and neutralization overshadow any orderly

laws in the perpetrator's mind. This is explained in five techniques of moral neutralization or justification.

### ***Moral Neutralization***

When actions contradict the moral beliefs of the individual, a process of moral neutralization can occur that leads the individual to feel that the deviant behavior is morally acceptable (Kvalnes & Nordal, 2019). This theory explains how violators of law or policies deny guilt or wrongdoing for blatant violating actions. Although an understanding of basic right and wrong principles have been developed, this understanding is diminished in this theory. The five techniques of moral neutralization are as follows.

**The Denial of Responsibility.** This technique describes the phenomenon that occurs when individuals view themselves as being acted upon rather than acting. As such, they justify their actions based on some outside force that is beyond their control. Such forces can be poor upbringing, social influences, peer pressure, and/or previous personal injustices (Blomberg et al., 2019). The force behind the decision varies, but the moral neutralization technique is the same.

**The Denial of Injury.** An individual uses the denial of injury technique when they claim that "nobody was hurt" through the deviant act (Blomberg et al., 2019). This is probably the most applicable technique of moral neutralization as it relates to academic misconduct. The perpetrator leads themselves to believe that their dishonest action did not result in fellow student or instructor harm. The perpetrator fails to connect the act of dishonesty with future injury or impropriety.

**The Denial of the Victim.** This justification relies on the thought that the injured victim somehow deserved the action. For instance, angry mobs who engage in violent acts based on race or religion typically feel that the victims deserved being hurt. In the mind of the perpetrator,

the victim is not innocent—and therefore, has not been victimized. Rather, the thought prevails that justice is being served.

**The Condemnation of the Condemners.** This technique explains the actions of those who oppose police forces and security guards. The claim is that the enforcers themselves were corrupt and needed to be punished, thereby justifying the delinquent's actions (Blomberg et al., 2019). In criminal context, the perpetrator views themselves as a force for justice. The action can then be misconstrued as a noble action.

**The Appeal to Higher Loyalties.** The appeal to higher loyalties occurs when individuals claim allegiance to a gang, fraternity, family, or even religious organization. This can explain the justification of radical terrorists with religious motivations for killing innocent victims. Loyalties to peers can also be justified as they see the misconduct as an act of devotion or self-sacrifice for a friend. In this context, the perpetrator is heroized in their own mind.

The above-described techniques are frequently used in criminal justice cases; however, this can also apply to academic justice issues (Royal & Flammer, 2015). Two of these techniques are frequently seen during academic misconduct situations. The denial of responsibility is frequently used to explain the rationale for students who cheat based on socioeconomic factors. They may claim that they needed to cheat in order to maintain grades and subsequent scholarships. Another application could be the claim that they are not responsible because they were up all night with a crying baby; therefore, it was okay to use a cheat sheet. The second technique frequently seen in academics is the denial of injury. The students who violate honor codes frequently justify their action by saying their dishonest action did not result in the physical harm of anyone. Although this justification is frequently seen in academics, it cannot be justified

in relation to healthcare education (Kratovil, 2021). Failure to learn healthcare principles can have a direct relationship to patient harm and negligence (Pittman & Barker, 2020).

### **Combination of the Two Theories**

Moral neutralization can help educators to understand how someone who has reached Kohlberg's highest level of moral development can digress into immoral actions. In APRN education, the theory of moral neutralization in combination with the theory of moral development applies. Practicing registered nurses who are morally sound under normal circumstances may commit immoral actions if certain justification is made (Kratovil, 2021). These combined theories establish the need for understanding the perceptions of academic misconduct. If this baseline understanding is established, efforts of combatting the problem can be more effective.

If the null hypothesis of this study fails to be rejected, then the primary problem of academic misconduct in the APRN student population may be grounded in moral neutralization as described by Sykes and Matza (1957). If the null hypothesis is rejected, however, the primary problem may be that of halted moral development as described by Kohlberg (1976). Therefore, this study can be valuable in both instances of rejection or failure to reject the null hypothesis. The significance of the research findings are equally appreciated.

### **Related Literature**

Because of the deleterious effects of academic misconduct, a comprehensive understanding of the topic is necessary. Extensive literature is available regarding the subject and the following synthesis will outline what is known regarding the instances, methods, deterrents, and prevention of academic misconduct. Additionally, healthcare implications specifically are explored. This section ends with an identification of the expressed need for further information regarding APRN education and academic misconduct.

## **Academic Misconduct in Higher Education**

The student cheating phenomenon is ubiquitous (Davis et al., 2011; MacCabe et al., 2017; Norris, 2019; Tatum & Schwartz, 2017). Instances of academic misconduct have been documented throughout history, in every grade, setting, and circumstance (Marques et al., 2019). Higher education and graduate school are no exception. This is especially concerning when the age of college students is taken into consideration. The college years are usually a time when ethics are developed into a baseline level (MacCabe et al., 2017). Participating in dishonest activity without penalty may affect future ethical tendencies throughout adulthood. If today's college student are the leaders of tomorrow, this tendency needs to be addressed firmly.

Although the literature clearly demonstrates an alarming rate of instances of academic misconduct, findings differ regarding the exact prevalence. Estimates range from 41% to 75% of the student population engaging in some form of academic misconduct (Sattler et al., 2017). This estimate is based primarily on anonymous self-reporting. The context of the actions of academic misconduct are not always clear.

The COVID-19 pandemic resulted in heightened awareness of the incidences of academic misconduct (Elsalem et al., 2021; Thomas, 2021) and serves as a litmus test for underlying ethics (Amzalag et al., 2021; Jenkins et al., 2022; Kratovil, 2021). The pandemic of 2020 was a particularly vulnerable time for our nation and academics (Elsalem et al., 2021). Many traditional courses needed to rapidly adapt to online or distance instruction. This transition left many instructors unaware of cheating and plagiaristic activities. In the lack of instructor attentiveness, the only barrier to academic misconduct was the student's individual moral code (Jenkins et al., 2022). As a litmus test, this cheating tendency demonstrates the underlying decline of ethical principles of today's college students.

### ***Methods of Academic Misconduct***

Traditional methods of misconduct include the use of unauthorized material, copying answers, collaboration during testing, and plagiarism. In addition to traditional techniques, new opportunities and creativity in academic misconduct have recently been identified (Keyser & Doyle, 2020). Electronic devices such as smart watches can be worn during testing and can contain information or messages to dishonestly assist during exams. Well-meaning websites intended to help students organize course content can be used by other students to aid in plagiarism (Norris, 2019). Water bottles and snacks in the classroom can have information cryptically written on them (Davis et al., 2011). Paraphrasing tools have been developed to combat plagiarism detection software.

Falsification of research findings is sometimes difficult to detect but poses serious breaches in application of the findings (Pascual-Ezama et al., 2020). Unsecured online testing can be compromised when students take exams together or use unauthorized resources. Contract cheating describes when students pay a third-party to complete assignments or take tests. Students misuse tutoring centers (Norris, 2019). Webcam proctoring using a lockdown browser has workarounds. Cell phones can be embedded in graphing calculators. Ghost-students can be hired to complete online courses by proxy (Hollis, 2018). These are only some of the methods identified in the literature.

### **Reasons for Academic Dishonesty**

Many studies in the literature have attempted to identify underlying rationale for academic misconduct. Some studies demonstrate that student stress is a primary component (Freiburger et al., 2017). Open opportunities have also been quoted as another contributor to the problem (Smith et al., 2017; Yu et al., 2017). Ignorance is often claimed by student who are questioned (Kratovil, 2021). In addition, students report increased temptations to cheat in classes

that they deem as boring, unimportant, or unapplicable to their interests (Anderman & Won, 2019).

Another tragedy in education is when a student cheats inadvertently. Students may believe that sharing past or current exam questions with peers is not a form of cheating (Billingsley & Elliott, 2017). Rather, the students may feel that they are being helpful. This is where a strong understanding of perception is important. If the student and faculty perceptions of cheating differs by action or severity, enforcement of academic policies is extremely difficult (Salamh et al., 2018).

### ***Cultural Influence***

Cultural background has been shown to influence both the students' perceptions and tendencies toward academic misconduct (Kayaoglu et al., 2016; Pecorari, 2022). For instance, some cultures value repetition, imitation, and rote learning as superior teaching methods. This has the potential to influence the student toward a misunderstanding of the plagiaristic violations that are considered unacceptable in other cultures (Pecorari, 2022). Contrarily, some cultures emphasize original work and misconduct awareness to the extent that plagiarism is understood to be academic "theft" and expectations are set accordingly (Kayaoglu et al., 2016). Language barriers can also increase the problem of understanding and application of academic misconduct policies. It is suggested, therefore, that students, faculty, and institutions share the responsibility of reducing instances of academic misconduct (Kayaoglu et al., 2016). This process can begin with a solid understanding of perceptions.

### ***Faculty Influence***

Some scholars have suggested that faculty members and administrators may intentionally or passively assist in acts of academic misconduct for personal, financial, or social reasons (Shoaib & Ali, 2020). Examples of these actions include a feeling of failure on behalf of the



faculty when students engage in these activities, or faculty who accept bribery from students. These are serious ethical violation and can have extensive consequences on the social and ethical development of students. On the other hand, administrators who classify academic cheating by severity has shown to support ethical behavior and allows for more consistent enforcement (Park, 2020). Additionally, faculty who foster high stress tasks and high-pressure learning environment directly increase the likelihood of cheating (Wenzel & Reinhard, 2020). Ethics institutionalization has also been shown to dramatically decrease instances of dishonest actions (Popoola et al., 2017). The attitude and ethical values of the institution's faculty and administration has a direction correlation with the ethical values and tendencies of the students.

### ***Situation***

Societal norms can warp ethical development and situational awareness (Smith et al., 2017). Certainly, upbringing and peer influences are a strong factor in explaining academic misconduct. Repeat offenders develop a sense of normalcy for the deviant behavior. This is especially true when actions are not viewed as having consequences.

It has also been suggested that the course design has a possibility of increasing the students' temptations to cheat (Farland & Childs-Kean, 2021). For instance, the more high-stakes exams within a course, the more likely students are to cheat. Based on this, some scholars have recommended restructuring assessments to be more learning oriented rather than assessment oriented (Farland & Childs-Kean, 2021).

The increase of online education also increases opportunities for dishonest actions. Specific to online education is the problem of contract cheating. The faceless learning platform used in many online courses opens the door for third-party counterfeiting (Mathrani et al., 2021). Many attempts have been made to combat this phenomenon such as plagiarism identification and

writing style consistency software (Dawson et al., 2020). Although these may dissuade some students, the incidence of plagiarism and contract cheating remains a concern (Awasthi, 2019; Kratovil, 2021; Mathrani et al., 2021; Norris, 2019).

One study estimated that cheating is 12 times more likely in a distance course than a face-to-face class (Lucky et al., 2019). Another study shows that dishonesty is actually lower in online courses (Tolman, 2017). These conflicting findings can be explained by the difficulty of detection of academic misconduct in the online/distance setting.

### ***Changing Times***

Educational professionals in the 21st century have faced—and will continue to face—many changes (Dockery, 2019). Changes in culture, finances, government, globalization, generational shifts, and teaching modalities must all be taken into consideration. These changes can affect student motivation and well-being (Al-Hashmi, 2021). Lack of motivation and well-being can increase performance stress on students and tempt them toward academic misconduct (Supiano, 2020). The globalization of education must also consider cultural variables and societal norms. Generational differences can also have an impact if it indicates a lack of self-control. Lack of self-control has significant predictability on cheating, falsification, and plagiarism (Blachnio et al., 2022).

**Technology.** The dynamics of education has evolved to include more technology reliance. This is true for both face-to-face education and online education. Online learning continues to increase and allows for more creative cheating methods (Solmon, 2018; Sutherland, 2020). Technology can be used for promoting academic integrity and academic misconduct (Cronan et al., 2017). Tech-savvy, dishonest students will find ways to utilize the internet and technology for purposes of academic misconduct. A strong counterattack of technology-based

software and strategies is necessary (Dawson et al., 2020; Lee et al., 2021; Levine & Pazdernik, 2018).

Technology has many advantages, but also some disadvantages. These disadvantages include a lack of resources for proper function, training, privacy problems, psycho-social issues, and student motivation (Vazquez-Cano et al., 2022). It has also opened doors to more creative methods of cheating such as question and answer banks, unauthorized material sharing, ghost writers, and breaching of test taking protocols (Adzima, 2020; Baijnath & Singh, 2019; Best & Shelley, 2018). It is important for educators to be aware of the disadvantages of technology-based education in order to combat this issue.

### **Prevention**

Encouraging peer-reporting of academic dishonesty fosters a culture of academic integrity at the university level (Mihelic & Culiberg, 2020). Effectiveness of peer-reporting depends greatly on the ethical institutionalization of the university and efforts to decrease negative connotations such as “tattle-tale” mentality (Mihelic & Culiberg, 2020; Radulovic & Uys, 2019). The power of higher loyalties can be applicable to peer influences for both good and bad. The culture of the institution can help to foster the positive roles of peer centered integrity initiatives.

Techniques for prevention range from threatening policies to gentle encouragement for personal integrity. A combined approach seems to be the best method (Levine & Pazdernik, 2018). Combining enhanced honor codes, integrity curriculum integration, plagiarism detection software, and faculty/institution support seems to be consistent with successful decline in dishonest actions (Levine & Pazdernik, 2018; Tatum & Schwartz, 2017). Some recommendations include strict make-up exam policies, restricting personal computer/calculator

use, familiarity with each student, close assignment monitoring, and multiple variations of assessments (Bluestein, 2018; MacCabe et al., 2017; McNair & Oye, 2018). All references seem to agree that vigilance is the key to misconduct prevention. These recommendations are well-intended; however, the epidemic of academic misconduct continues to grow.

### ***Combatting the Neutralization Attitudes***

Sykes and Matza (1957) outline neutralization attitudes that can contribute to deviant behavior. In the field of education, academic misconduct follows similar patterns and should be combatted in similar manners. Surprisingly, students who engage in cheating behaviors tend to still view themselves as honest individuals (Rettinger, 2017). In fact, acts of justification can sometimes be misconstrued by the perpetrator as honorable. This is particularly true when students believe that their circumstances are outside of the social norm and adjustments are necessary. Circumstances such as adult education of single parents, poverty-stricken students, or complex family situations tend to lead to this type of justification. The result is often students who “condemn the condemners” (Sykes & Matza, 1957). This occurs when students justify misconduct by blaming the instructor for various reasons, such as poor instruction or test preparation. Ultimately, there is usually a complete denial of responsibility for their actions (Rettinger, 2017). Some scholars have suggested that the best way to combat these attitudes is to educate students regarding methods of neutralization and ways to identify these behaviors in self and others (Ariely, 2012). This can lead to students who continue to believe that they are honest individuals, even though their actions are contrary to that moral code.

### ***Identifying At-Risk Students***

The literature supports the idea that individual, quantitative factors can increase or decrease the likelihood of academic misconduct. Students with a high self-oriented purpose are more likely to engage in misconduct than others (Yu et al., 2017). The sense of entitlement, as is

often used to describe the Millennial generation (i.e., those born between 1981–1996), has been shown to be a significant predictor of cheating tendencies (Andrade et al., 2020; Stiles et al., 2018; Weber & Elm, 2018). Conscientiousness levels have also shown a direct correlation with academic integrity (Hendy, 2017). In contrast, students who have high level of self-control, high religious activity, and high sense of beyond-the-self focus are less likely to engage in academic misconduct (Nelson et al., 2017; Onu et al., 2021; Ridwan & Diantimala, 2021; Yu et al., 2017).

Higher achieving students tend to engage in academic misconduct more often than the average student (Chirikov et al., 2020). Another study suggested that senior undergraduate college students tolerated dishonest behaviors more than freshman (Thomas, 2021). These findings may help to explain why this problem persists in graduate level APRN education. APRN students tend to be high achievers with high expectations of themselves. Additionally, financial pressures may influence students stress, ethical judgement, and commitment levels (Jabbar et al., 2018). Some reports have suggested that student who pay high prices for education tend to feel that they paid their tuition, and thereby have paid for their degree. This is sometimes termed *academic entitlement* (Edgar et al., 2020; Keener, 2020; Seipel & Brooks, 2020).

Researchers have determined that highly religious students are less likely to engage in academic dishonesty than others (Ridwan & Diantimala, 2021; Yu et al., 2017). This correlates with students' individual values systems that are linked with dishonest tendencies (Koscielniak & Bojanowska, 2019). Students who are more socially oriented are less likely to cheat than those who are personally focused. Therefore, the lonely and self-involved students are the most at-risk.

## **Consequences**

The current literature suggests a myriad of recommendations for consequences of academic misconduct. The strategies range from minor penalties to legal action (Draper &

Newton, 2017). In general, digital methods of academic misconduct, such as those in online education, tend to receive lower penalties than those offenses in the classroom (Etgar et al., 2019). In one study, females tended to be penalized more harshly than men (Etgar et al., 2019); however, other studies failed to identify this as a trend.

The more severe the penalty for academic misconduct has been shown to improve the student attitudes and seriousness regarding dishonest actions and thereby reduces the instances of misconduct (Birks et al., 2018; Chirikov et al., 2020). The greatest challenge, however, seems to center around consistency. Although multiple theories and strategies are discussed in the literature, this dissertation does not attempt to recommend solutions to the problem; rather, it is founded in understanding of the growing phenomenon. A strong understanding can lead to the best preventative and consequential strategies in the future (Salamh et al., 2018).

### **Academic Misconduct in Healthcare Education**

Healthcare education is extensive and can include medical school, nursing school, hospital support staff, and various levels of first responder education (Elsealem et al., 20212). Because of the tightly coupled environment of healthcare, many academic institutions teach and rely on teamwork assignments. Curriculum designers have posited that this strategy helps students to learn better teamwork skills; however, students report this strategy as increasing some forms of academic misconduct (Maring et al., 2018). The lines between individual and team based assignments should be clarified to assist student understandings.

Faculty attitudes affect students' likelihood to engage in academic misconduct (Rettinger, 2017). In healthcare education in particular, faculty frequently—but not always—have a healthcare practitioner history themselves. In such instances, healthcare faculty can assist in helping the students to see the link between academic misconduct and unethical healthcare

practices (Taghadosi et al., 2021). Faculty should be made aware of the influence that they have on the students' ethical attitudes.

### **Academic Integrity in the Nursing Profession**

According to a Gallup poll, nurses are the number one most trusted profession in the United States consistently over the past 20 years (Levine & Proctor, 2022; Martin, 2019). The American Nurses Association has designed and promotes the nursing code of ethics which emphasizes the need for complete ethical honesty within the profession (ANA, 2019). Professional ethics includes academic as well as clinical practice settings. Many authors recognize that nurses in general are honest and ethical (Martin, 20119, Rotter, 2021). When misconduct occurs, it is often the result of outside stresses and unrealistic expectations (Kiekkas et al., 2020). Because academic misconduct has been linked with unethical behaviors in professional practice, strict management of misconduct actions must be strongly managed both academically and in the clinical setting (Keener et al., 2019). The academic integrity perspective may also be skewed, as many nursing students who admit to cheating still consider themselves to be honest individuals (Maoz et al., 2022)

### ***The Importance of Nursing Education***

The nursing profession was highly celebrated during the COVID-19 pandemic. For many, this was an eye-opening situation where the abilities of nurses were better understood and emphasized (Bartosiewicz et al., 2021). Nurse are often the first identifiers of life-threatening events, and are likewise the first to respond. In the hospital setting, nurses are tasked with patient assessments, treatments, and care management. The COVID-19 pandemic brought public attention to the value of the nursing profession as nurses engaged in emerging sciences, innovative patient care, treatment research, and ethical policies (Bartosiewicz et al., 2021). In addition to these highlights, the stress of a licensed nurse was also brought to light. The stress

begins in nursing school and continues throughout any nursing career. Ongoing learning is necessary and reliance on established and emerging sciences is indispensable. Therefore, the influence and importance of the nursing education process should not be undervalued.

### ***Nursing Education Standards***

The education process of nurses is similar to nursing practice in that both require evidence-based science as a foundation. National efforts to improve patient outcomes and minimize medical errors often begin with nursing education on a foundational level (Lengetti et al., 2020). The Commission on Collegiate Nursing Education (CCNE) recently announced increased standards and competencies for the accreditation of baccalaureate and graduate nursing programs. This indicates an increase in accountability for nursing education and students' performance expectations. This change can be an indication of the increase in responsibility of the nursing profession.

### ***Nursing Educators Who Fail to Fail***

Because the nursing profession requires high reliability, students must be held to high standards. Pressure can exist in the education process to pass students who are low performers to maintain favorable attrition rates and graduation statistics (Peate, 2018). This, however, is a short-term and unethical strategy. Faculty and clinical preceptors may be reluctant to fail nursing students due to various factors such as fear of legal repercussions, lack of evidence, lack of support from nursing colleagues, and a belief in second chances (Nugent et al., 2020). Despite all of this, nursing educators are known to be the "gatekeepers of the profession" (Chunta & Custer, 2018). As such, educators are tasked with preventing unsafe nursing students from entering the profession. In addition to these concerns, pressures from healthcare facilities that have a high demand for graduated nurses can influence faculty and administrative decisions to fail students.



These tendencies and reluctancies to fail students include students with knowledge deficits and those who engage in academic misconduct.

### ***Links Between Academic Misconduct and Professional Practice***

Acts of academic misconduct should not be permissible in any setting. The responsibility to the patients and society, however, requires educational institutions preparing healthcare professionals to be extra vigilant in preventing, detecting, and managing academic misconduct. One study found a correlation between academic misconduct and professional practice in medical doctors who were board certified in the state of California. These researchers reviewed historic academic records for medical doctors who have been disciplined by the California Medical Board, finding that doctors with a history of professional discipline also had high instances of academic misconduct when they were in medical school (Papadakis et al., 2004). The state of California disciplines doctors who engage in actions such as negligence, inappropriate prescribing, acts that endangered patients, and unprofessional conduct.

Like medical doctors, nursing students with a history of academic dishonesty are associated with unethical acts in the workplace (Birks et al., 2018; Kiekkas et al., 2020; Salamh et al., 2018). Several scholars have found this through anonymous surveys of professional nurses and hospital administration, including reports of a correlation between academic integrity and professional integrity (Pittman & Barker, 2020). Hospital administrators may be reluctant take disciplinary actions against nurses until after an established pattern of unsafe practices has been established or a single sentinel event occurs (Raper & Hudspeth, 2008). This can be extremely frustrating for nursing administration. More serious than the administration complexities, patients are placed at risk of poor care until the questionable nurse is identified and clinical misconduct is proven. Preventing, identifying, and disciplining students in school would allow

for the safety of patients in the future who are in the healthcare setting under the direct care of registered nurses or APRNs. The investigators of one study were able to specify unethical clinical behavior being linked with a history of academic misconduct in nurses (Klainberg et al., 2014). These specific behaviors included the following:

- Not report an incident or error that involves a patient
- Reported and/or recorded treatments that were not performed or observed
- Recorded medications as given when they were not given
- Recorded patient responses to treatments and/or medications that were not assessed
- Reported and/or recorded vital signs that were not taken or recalled accurately.

Not only are these behaviors unethical, but they threaten the safety of those within the nurse's care. The authors of this study used the finding as a call to action for nursing educators to maintain firm and consistent academic integrity policies and take all efforts to reduce cheating (Klainberg et al., 2014).

**Dangerous Clinical Behaviors.** The above-mentioned clinical behaviors can have life-threatening consequences. One example of the gravity of these actions is the case of RaDonda Vaught, a former nurse for Vanderbilt University Medical Center (Laskowski-Jones, 2022). During a particularly busy and stressful hospital shift, Ms. Vaught pulled the wrong medication out of the drug dispensary system and administered it to a patient. The medication administration system had safeguards to prevent pulling the wrong medication out of the dispensary; however, this nurse bypassed this system. She then bypassed the medication administration guidelines by omitting safety protocols during the administration of medications. This nurse then failed to monitor the patient after giving the medication. The result was a horrific patient death, as the patient was given a paralytic and was subsequently unable to breathe, although fully conscious.

This nurse was charged with criminally negligent homicide. Although this case was not linked with academic misconduct, a pattern of unethical and irresponsible behavior is clear. This example serves as a reminder of the serious nature of vigilant nursing care. Students often cite stress and lack of time as rationale for cheating behavior (Yu et al., 2017). Interestingly, the case of Ms. Vaught identifies the same rationale for clinical behavior that resulted in patient death.

**Knowledge Deficit.** In addition to integrity and ethical concerns, students who cheat on exams and/or assignments may have a lack of critical knowledge when caring for patients. This knowledge deficit can also have devastating effects on patient outcomes. A systematic review established that nurses and APRNs who did not adhere to patient safety principles also showed insufficient knowledge and skills regarding the same patient safety principles (Vaismoradi et al., 2020). Circumventing the academic process through misconduct can lead to such knowledge deficits and patient safety concerns.

One example of the danger of nursing knowledge deficit was found in a qualitative study regarding signs and symptoms of life-threatening sepsis (Harley et al., 2019). In this study, 14 registered nurses currently employed in a large emergency department were asked to identify the signs and potential urgency of patients presenting with classic sepsis. Although all nurses acknowledged that their education background included sepsis in the curriculum, only one participant was able to accurately identify the appropriate screening tool for sepsis. This study did not provide a link between academic misconduct and knowledge deficit, yet the dangers of knowledge deficit were highlighted. One of the goals of nursing education and clinical education is to detect and correct unsafe behavior and prevent such deficits from perpetuating into the direct patient care (Chunta & Custer, 2018). Integrity-compromised assessments can hinder this detection.

Throughout the United States and internationally, nursing organizations focus on methods of recognizing and managing poor performance (Weenink et al., 2017). Poor professional performance can also be seen in student nurses. The findings of one qualitative study of student nurses' attitudes regarding academic integrity revealed that all students in the study acknowledged the importance of academic integrity, but identified barriers to its realization (Devine et al., 2021). A predominant theme in this study was the perceptions and attitudes held by the faculty. When nursing students perceive that faculty do not care about integrity, the students are more likely to commit academic misconduct, even if they feel that it is wrong. The result can be devastating to the future practice of these nurses in training.

### ***Advanced Practice Registered Nurses***

People need healthcare providers to stay healthy. A national shortage of primary care and family physicians leads to needed growth of APRNs (Petersen et al., 2019). APRNs can serve as primary care providers in ambulatory care settings, or acute care specialists within the hospitals or specialty areas (Englebright, 2017). These nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists are gaining respect and applicability within the healthcare world (Constable et al., 2022; Fil et al., 2021; Olvera et al., 2018). Most APRNs identify the correlation between personal competence and the ability to help patients (Rotter, 2021). This leads to self-actualization of personal value and ability. Many APRNs hold master's degrees; however, the trend is for APRNs to earn a practice doctoral degree (Newland, 2021). This level of academic achievement in APRN education should inspire trust and a certain level of maturity (Todd et al., 2019).

Unfortunately, academic misconduct still occurs at this level of education and patient responsibility (Klainberg et al., 2014; Kratovil, 2021; Maring et al., 2018; Salamh et al., 2018).

Some differences are seen between undergraduate and graduate nursing education. Students in graduate level nursing education tend to be less tolerant of peers' academic integrity violations than undergraduate students (Bultas et al., 2017). Plagiarism seems to be the predominant temptation in graduate level education (Kratovil, 2021). Scholars have acknowledged, however, that both graduate and undergraduate nursing students state that both time constraints and a personal drive for achievements are major factors in decisions to engage in academic misconduct.

Because the level of responsibility increases as the education process progresses, APRNs must function with knowledge, skill, and vigilance. One example of the need for vigilance of APRNs is a fatal error involving a certified registered nurse anesthetist (CRNA) and an 11 year-old boy who underwent general anesthesia for a simple procedure (Bekes et al., 2021). While under anesthesia, the CRNA mistook a vial of undiluted phenylephrine for a routine medication, ondansetron. After the entire vial was administered, the child underwent a fatal heart arrhythmia. This case represents the severity of vial look-a-likes and failure to read labels. In this case stress, fatigue, and distractions were cited as contributing factors for this error.

**Human Factors.** Human factors such as stress, fatigue, and distractions are cited in multiple studies as contributing factors for academic misconduct (Kiekkas et al., 2020; Kratovil, 2021; Norris, 2019; Wenzel & Reinhard, 2020; Yu et al., 2017). The similarity of contributing factors for both medication errors and academic misconduct warrants further exploration. Curriculum design and testing modalities may combine with human factors to contribute to a higher likelihood for misconduct (Farland & Childs-Kean, 2021). These include high-stakes exams and performance assessments administered under busy and stressful conditions. This can

lead to mixed signals sent by faculty regarding the honor code and resource expectations (Hobbs, 2021; Minarcik & Bridges, 2015; Smith et al., 2021; Wood et al., 2010).

**Teaching Resource Management.** The current culture of healthcare encourages the use of collaboration and resources in patient care practice (Gaba et al., 2015; Ruskin & Rosenbaum, 2015). These practices have been linked with better patient outcomes and fewer medical errors. In the hospital setting, certain medications require nurses to double check medication and dosages with other nurses before administering to patients. Emergency scenarios are encouraged to follow checklists, resources, and collaboration (Lucas et al., 2020). Faculty often encourage the use of online resources to reinforce learning (Wynter et al., 2019). These forms of supplemental instruction have been shown to increase the success of students. For this reason, many APRN programs teach and encourage collaboration and resource utilization in the curriculum. This culture in modern healthcare can be confusing to some students who claim that their academic misconduct was an attempt to engage in good teamwork and collaboration. Students claim that their use of unauthorized materials during an online test was permissible because they were using the resources that they plan to use when in direct patient care. Although this can be confusing to some students, clear guidelines and instructions can alleviate this phenomenon.

One strategy that has been used to alleviate this confusion is to allow students to use books and online resources during assessments. This tactic does reduce or eliminate the issues of academic integrity regarding the use of outside resources; however, there is a major question regarding the effectiveness of open book tests. The current literature seems to be divided regarding the outcomes. One study involving medical imaging students showed the mean scores of open book assessments were significantly lower than those of traditional closed book

assessments (Ng, 2020). The findings of another study in English students showed no difference in long-term retention of information between open-book and closed-book assessments (Senkova et al., 2018). Many factors are to be considered regarding this discrepancy in the literature such as the nature of the topic being assessed, setting, type of students, and application of intended objectives. The decision regarding testing format should be a well-informed and calculated process. Mixed messages are sent to students regarding whether outside resources are beneficial or tolerated. Specific to nursing and healthcare assessments, one systematic review shows that mixing methods of assessments may be the best strategy because both open and closed-book tests have advantages and disadvantages (Johanns et al., 2017); this may perpetuate the confusion and student rationale for using unauthorized resources during testing.

**Teaching Time Management.** Stress and fatigue have been cited as contributing factors for both academic misconduct and medical errors (Bekes et al., 2021; Kiekkas et al., 2020; Kratovil, 2021; Norris, 2019; Wenzel & Reinhard, 2020; Yu et al., 2017). Therefore, time management skills are a necessary component of success in all healthcare education. Many programs of undergraduate and graduate nursing acknowledge the need for teaching time management skills early in the education process (Aggar et al., 2018; Altiner et al., 2022; Nayak, 2019). One study found a correlation between procrastination and stress (Nayak, 2019). Early interventions of time management training have been shown to reduce physical and mental health problems and improve academic performance. Life events, illness, or other burdens may also affect the necessary preparations for academic success. Therefore, time-management skills may not be enough to solve the problem of academic misconduct.

APRNs are sometime tasked with managing chaotic crisis situations. The ability to moderate range of tasks and people is necessary. The COVID-19 pandemic created many

hospital situational crisis. The initial wave of hospitalizations in 2020 created a nationwide panic as hospitals were not prepared to provide ventilatory and nursing care to the unprecedented influx of critical patients (Dar et al., 2021). Additionally, the lack of personal protective equipment created inherent risks to all healthcare personnel. During this time, one engaged strategy was to utilize CNSs as disaster response experts (Ladak et al., 2021). CNSs are APRNs that specialize in high-quality nursing care in the acute care setting. The use of CNSs in this role proved to be invaluable to the patients and staff during the height of the pandemic Lucciola et al., 2021; Tenaglia & Bishop, 2022). The stress of these expectations was also identified in these APRNs as many of them experienced posttraumatic stress disorders as a result (Tenaglia & Bishop, 2022). This is one example of the necessary skills, time, and stress management that APRNs need to provide the care in crisis situations. APRN students who are not able to manage time, stress, and other life events without resorting to academic misconduct, may struggle with managing time, stress, and crisis events in future practice of patient care.

**The Moral Development of APRNs.** The average age of nurse practitioner students is 43 years old (Zippia, 2022). According to normal child development progression, this age should represent Kohlberg's highest level and stage of moral development. A study conducted with 227 nurses proved this assumption to be true (Arslan et al., 2021). One contributing factor to a high level of moral development is that APRN students must be practicing RNs prior to admission into academic programs. As such, these students tend to be more mature, and have experience with critical situations and patient care implications.

Arslan et al. (2021) utilized the Moral Development Scale for Professionals in their study, finding that the nurses in the study were at the postconventional level of Kohlberg's moral development. Their results also suggested that the ethical decision-making process of the nurses



who participated may have been influenced by environmental factors. Factors such as stress, fear of failure, procrastination, and a history of cheating actions without consequences can be predictors of cheating in pharmacy school (Ip et al., 2016). Similar results are reported by Wenzel and Reinhard (2020) as environmental factors such as stress, anxiety, pressure, and frustration are cited as contributing factors for academic misconduct.

### **Misconduct is a Growing Concern**

Despite efforts to understand and dissuade, reported instances and self-admissions reveal that academic misconduct is a growing concern (Bacon et al., 2020). Research shows that in the general academic population, an estimated 60–95% of students engage in some form of academic misconduct (Anderman & Koenka, 2017; Josephson Institute of Ethics, 2012). Specific to nursing students, the investigators of one study found that over 45% of nursing students engaging in some form of academic misconduct (Birks et al., 2018). Although this suggests a decreased likelihood for academic misconduct among nursing students, the findings are still alarmingly high. One common limitation in many studies is the fact that the reported results were compiled through student self-reporting. Although this limitation has existed historically as well, the consensus is that these results are likely under-reported (Bacon et al., 2020; Maring et al., 2018).

One common form of misconduct is students who share exam questions to other students who have not yet taken the exam. The perception of seriousness of this type of misconduct is generally deemed to be less severe than faculty perceptions (Salamh et al., 2018). This act is often seen as being helpful to classmates, rather than cheating. In addition, evidence of justification of dishonest actions exists (Hendy et al., 2021). Specific rationalizations for

cheating behavior include influences from friends and family, as well as the belief that no one would ever find out, or that it does not make any difference in the long run.

### **A Search for Understanding Perspectives**

The high morality of professional nurses, coupled with the increased concern of academic misconduct warrants additional research. One study indicated that students are more likely to engage in dishonest activities that they do not perceive as dishonest (McClung & Schneider, 2018). Therefore, a firm understanding of perceptions is necessary. Additionally, cultural norms have a significant influence on the intentions to cheat (Henningsen & Henningsen, 2020). Many students claim ignorance to the wrongness of integrity violations. This is despite recorded acknowledgement of institutions' academic integrity policies.

### **Differing Perceptions between Students and Faculty**

The comparison between student and faculty perceptions of cheating has been studied in general and in other professions such as engineering, veterinary medicine, and general health science education (Awosoga et al., 2021; Ewing et al., 2017; Keener et al., 2019; Royal et al., 2016; Tabsh et al., 2017). These studies show the importance of understanding differing perceptions as a foundational effort to understanding the overall phenomenon of academic misconduct. Prior to entering any APRN program, nurses are exposed to multiple ethical dilemmas and principles. Therefore, this specific APRN population may present with different findings than other professions.

### ***Normalization of Deviance***

Normalization of deviance occurs when individuals sway from practice and professional standards because an alternate practice is repeated and becomes normalized (Wright et al., 2022). This phenomenon is used to explain medical errors and omissions that occur in healthcare (Price & Williams, 2018). An initial variance from performance standards occurs and this variance is

repeated until it is accepted as an accepted norm. An example of this phenomenon is when perioperative nurses deviate from hospital safety protocols that prevent retained foreign objects in the surgical site of patients. This failure to comply becomes normalized over time and has shown to result in patient harm (Wright et al., 2022). Identified reasons for normalization of deviance in healthcare practice include productivity pressures, generalized complacency, and social pressures (Wright et al., 2022). These same circumstances are present in healthcare education. This application to academic misconduct occurs as well-meaning students commit a small act of questionable academic behavior, such as telling another student about an impending pop quiz. When this action goes unchecked or unrecognized, the behavior continues and can grow in severity, thus establishing a normalization of deviance (Price & Williams, 2018). If not addressed, a student could be led into a sense of security that sharing answers to a test is acceptable conduct. Similarly, if small acts of plagiarism (e.g., embellishing references) are not detected, the act can continue into full paper plagiarism or even contract cheating. Social subcultures have a direct influence on deviant behavior (Drye et al., 2018). For example, sorority sisters have been known to pass on test questions to younger sorority students as an act of loyalty to the group. This is a working example of Sykes and Matza's (1957) moral neutralization and appeal to higher loyalties.

Normalization of deviance phenomenon may be a contributing factor to the gap between the APRN students' moral level and acts of dishonesty. In clinical practice, registered nurses have been led to such deviance due to productivity pressures, complacency, social pressures, and negative acculturation (Wright et al., 2022). Because these same factors can be present in the academic environment, further understanding is needed.

### ***Using Perspective Understanding in Building Policies***

Variances in faculty and student perspectives of academic misconduct have been useful in creating effective policies and setting student expectations. This can help to bridge the gap in perceptions and increase compliance to policies (Blau et al., 2021; Harrison et al., 2021). It has been found that clear instruction and vigilance on the part of faculty is an important strategy for student integrity compliance (Harrison et al., 2021). This can be especially applicable if a difference in perceptions is established. In one study, the researchers found that the perceptions of faculty regarding academic misconduct is a large predictor of misconduct behavior in students (Girra & Jaeck, 2019). Misunderstandings of policies and inconsistencies of punitive actions also impact the tendencies for cheating (Stoesz & Eaton, 2022). Many of the above-mentioned factors for building policies require a strong understanding of faculty and student perceptions.

### **Lack of Understanding of APRN Perspectives**

The literature demonstrates established disparities in perspectives of academic misconduct in business school, undergraduate nursing school, veterinary school, and engineering programs (Blau et al., 2021; Royal et al., 2016; Tabsh et al., 2017). The unique characteristics of maturity and ethical requisites of APRN education have not been explored. This specialty education category coupled with the call in the literature for program specific policies indicates the strong need for this study. Additionally, the literature supports making and enforcing strong policies regarding academic misconduct and integrity issues (MacCabe et al., 2017; Stoesz & Eaton, 2022). Such policies should be specific to the academic program and student population for which it is intended. Therefore, prior to policy writing, a firm baseline understanding of perceptions and severity of academic misconduct should be established.

### **Summary**

In this chapter, the researcher presented the current state of understanding regarding academic misconduct in higher education, theoretical frameworks, addressed the problem and findings in current research, and established the need for action for research among APRNs. The literature regarding academic misconduct supports the need for program specific interventions. The literature also shows that healthcare misconduct is especially concerning, and that academic misconduct is a growing problem in need of reform. Finally, the literature supports the need for understanding the perceptions of misconduct prior to policy development.

## **CHAPTER THREE: METHODS**

### **Overview**

The purpose of this quantitative, causal-comparative study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education. The researcher begins this chapter by explaining the design of this study, including a description of definitions of all variables. The research question and null hypothesis are then presented. The participants, setting, instrumentation, procedures, and data analysis plans are outlined and justified.

### **Design**

In order to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education, a quantitative, causal-comparative research design was chosen. According to Gall et al. (2007), this design is appropriate for nonexperimental research involving two or more groups of people as the independent variable. The dependent variable was assessed between the groups to help identify potential cause-and-effect relationships. This design was appropriate because this study had two groups of people making up the independent variable, and there were no researcher interventions (McMillan, 2012). Causal-comparative research designs are frequently used when a foundational understanding needs to be established (Gall et al., 2007).

The foundation of causal-comparative research is intended to establish a cause-and-effect relationship (McMillan, 2012). In this design, the researcher does not control an intervention, but rather measures outcomes comparing two or more groups as independent variables. The effect is considered the dependent variable (Gall et al., 2007). The independent variable is the presumed cause. Four criteria must be considered in causal-comparative studies (McMillan, 2012).

First, there should be a causal relationship without intervention. This does not imply that the categorical independent variable is the definitive cause because many confounding factors exist. Rather, this is a starting point to identify baseline differences in perception. Although this design does not involve a direct intervention, the independent variables must be categorized properly to accurately identify differences. This can be accomplished through nominal or ordinal scaling (Gall et al., 2007). This can easily lead to statistical analysis using *t* test or analysis of variance (ANOVA).

The second criterion is that the causal condition has already occurred. Although the researcher does not implement an intervention, there has been a naturally occurring grouping which exists that can lead to the measured effect (McMillan, 2012). The dependent variable is frequently measured using a survey as an instrument. Surveys can be cross-sectional or longitudinal, depending on the subject matter and the potential need for examination over time.

Third, the extraneous variables need to be considered. The causal-comparative design usually compares established groups. As such, other characteristics of subjects may exist that can influence the dependent variable (McMillan, 2012). This weakness in design needs to be recognized as a limitation and attempts should be made to decrease such extraneous variable. Because of this weakness, cause-and-effect cannot be established; however, baseline differences can be identified.

Fourth, and finally, there should be caution with conclusions. It is almost impossible to control for all extraneous variables in a causal-comparative study (McMillan, 2012). Therefore, conclusions need to be made with an understanding that the findings can only suggest a causal relationship. Such findings can lead to experimental research that can control for these other variables (Gall et al., 2007).

In summary, the quantitative causal-comparative research design is useful in identifying a cause-and-effect relationship between two or more groups as the independent variable. It can establish a good foundation for understanding a phenomenon or previously implemented intervention. It is useful in bringing more information to light regarding past events or categorical data. It is also useful as a tool to gain further insights and guide future research.

### **Appropriateness of Design**

The purpose of this study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in APRN education. The quantitative causal-comparative research design was appropriate for this purpose because two groups of people were compared as the independent variable. By definition, a causal-comparative study compares two or more groups to help identify a cause-and-effect relationship (Gall et al., 2007). The independent variable in my study was the classification of either faculty or student. This differentiation was categorized in a nominal scale, with 1 being *faculty* and 2 being *student*, for statistical analysis. Inclusion criteria for faculty included adjunct, assistant, associate, and full professors of the institution with the primary responsibility within the College of Health Sciences and involved directly with APRN programs. Exclusion criteria for faculty included visiting lecturers, graduate student instructors, and emeritus professors who no longer engage in academic assessments of students. Inclusion criteria for students included all currently enrolled graduate students in an APRN program within the institution. Exclusion criteria for students included undergraduate nursing students, combination degree students, and part-time APRN students. The nonexperimental nature of the causal-comparative design was appropriate because the independent variable was already established into classifications of faculty and students. The dependent variable was the score of academic misconduct as defined by the instrument authors



as “any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the academic community” (Royal et al., 2016, p. 81).

Gall et al. (2007) indicated that this design is appropriate for nonexperimental research involving two or more groups of people as the independent variable. The dependent variable was assessed between the groups to help identify cause-and-effect relationships. Because this design has two groups of people making up the independent variable, and there were no researcher interventions, it was considered a form of simple comparative correlational design (Gray & Grove, 2021). The researcher aimed to identify baseline ethical standards between students and faculty, thus laying the foundation for future intervention-based studies. Causal-comparative research designs are frequently used when a foundation such as this needs to be established (Gall et al., 2007). Therefore, this design fulfilled the purpose of this study to identify whether there is a difference between APRN students and APRN faculty perceptions of academic misconduct.

### **Research Question**

The guiding research question was formulated based on the identified problem and purpose of this study.

**RQ1:** Is there a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty?

### **Hypotheses**

The null hypothesis for this study was:

**H<sub>0</sub>1:** There is no statistically significant difference between the perceptions of academic misconduct scores among advanced practice registered nurse students and advanced practice registered nurse faculty.

## **Participants and Setting**

The independent variable in this study was the classification of students and faculty. The following section contains a description of the population, participants, sampling technique, and sample size. The setting was an institution of higher education that houses APRN students and faculty. The study required an institution of considerable size that included a variety of APRN programs and students to support the power needs of this study. One large, private university in Texas was selected.

### **Population**

The population of interest for this study was found within the college of health science and nursing. APRN students and faculty were identified within the same institution in order to decrease the confounding variables (Biddle, 2013). The selected university provided an ideal setting due to the high number of enrolled APRN students and large faculty base.

The institution in Texas currently runs five programs for APRNs: family nurse practitioner (FNP), adult gerontology acute care nurse practitioner (AGACNP), psychiatric-mental health nurse practitioner (PMHNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). Students and faculty from all five programs were invited to participate. Some programs were face-to-face and some were online. All programs have some online component to the curriculum. The number of students enrolled in the Texas schools among these programs was approximately 300, and the number of faculty was approximately 100.

### **Participants**

According to Gall et al. (2007), this sampling procedure was a convenience sampling due to the proximal availability of participants to the researcher in this appropriate setting. The sample size for this *t* test was 100, as identified via G\*Power analysis. Because this sample size

was evenly distributed across the two independent variables, a sample of at least 50 was needed in each group. To account for incomplete surveys, outliers, and other discrepancies, the goal sample size was set at 70 for each group. The student population far exceeds the faculty overall population, and therefore had the potential to have an unbalanced number of responders. To account for this difference, the researcher planned the number of student responses to be blindly and randomly selected in order to match the number of faculty responses. The potential sample size for this study was 400 which exceeded the minimum sample size for a *t* test when assuming a medium effect size, a power of .7, and an alpha set at .05. Inclusion criteria for students included current enrollment in one of five programs either on a part-time or full-time basis. Inclusion criteria for faculty included instructors, adjunct professors, assistant professors, associate professors, and full professors. The faculty selected for participation was based on the idea that each of these categories of participants has been involved in assessments that require academic integrity, either classroom- or clinically-based. Invitations to participate were sent to all enrolled students and faculty within the two groups (see Appendix E for recruitment email and Appendix F for department permission). The responding surveys of students and faculty sampled was 92 and 42, respectively, which met the required minimum set by Gall et al. (2007). Demographic information was collected regarding age, gender, ethnicity, and associated program. The descriptive statistics are represented in Table 1.

In order to increase participation in this study, repeat email invitations and reminders were given to the population to complete the survey. The participants were asked to respond to a centralized email address indicating that the survey was completed. This was intentionally separate from the survey to increase compliance with anonymity and reduce response bias.

## **Setting**

The setting for this study took place via internet access according to the convenience of the participants' time selection. An email was sent out according to the specified inclusion criteria with instructions and a link to complete the online survey. A reminder email was sent approximately 2 weeks after the first in order to improve participation.

## **Instrumentation**

The instrument used for this study was the Exams and Assignments Scale (EAS; Royal & Flammer, 2015; see Appendix A for instrument). This survey was created and validated with the purpose to evaluate the perspectives and severity of a variety of potential misconduct actions in the higher education academic setting.

### **Exams and Assignments Scale**

The developers of the EAS created this instrument with the purpose of assessing students' perceptions of academically misconduct behaviors in the classroom (Royal & Flammer, 2015). This instrument was originally designed for a population of veterinary medical students at a large public university with the intention of understanding differing perspectives and perceptions. It was intended to bring understanding to needed curricular or policy changes. Because veterinary medicine is a highly scientific graduate education, contains a clinical component, and is diagnostic and treatment centered, it was deemed comparable to the population within this study.

The construct validity was established using Messick's framework for evaluating construct validity evidence (Royal et al., 2016). The six aspects of validity, according to Messick, are content, substantive, structural, generalizability, external, and consequential (Linn, 1989). The authors of this instrument used the Rasch-based Principal Components Analysis (PCA) of standardized residual correlations to show evidence of unidimensionality content and

substantive validity. The structural and generalizability aspects of validity were tested as communicative validity through Rasch model's expectations. External validity was not evidential because there was no basis to compare findings across studies; however, consequential validity was established because there were no potential repercussions for students (Royal et al., 2016). Reliability was estimated with a Cronbach's  $\alpha$  as .933 for the combined groups of students and faculty. The individual Cronbach's  $\alpha$  for each group was .94 for students and .893 for faculty (Royal et al., 2016).

Once validated, the author of this instrument proposed future research using this instrument for specific related disciplines including professional health programs. APRN education falls under this recommended umbrella. It was, therefore, appropriate to select this instrument for use in the population of this study.

The design of this instrument was advantageous for APRNs due to variety of necessary academic skills that are required in such a profession. The instrument includes scoring of behaviors such as plagiarism, cheating, disruptive behavior, dishonesty toward instructors, and fabrication. For example, one instrument scenario states, "using unauthorized cheat sheets or other materials during a quiz or examination" and the potential responses include 1 = *definitely not misconduct*, 2 = *probably not misconduct*, 3 = *possibly misconduct*, 4 = *probably misconduct*, 5 = *very probable misconduct*, 6 = *definitely misconduct*, and 7 = *severe misconduct*. All of these behaviors have the potential to impact APRN conduct in the academic setting. In addition, the context of the questions includes laboratory and clinical assessments, making this an ideal tool for use with APRN students. Because dishonest actions are frequently interpreted as having differing levels of severity, the responses were presented in a 7-point rating scale, allowing

responders the opportunity to rank their level of agreement/disagreement with the scenario being an act of misconduct.

This instrument was designed and tested using the Qualtrics online survey software program. The rating scale verbiage was scored as sequential increments (1 = *not misconduct* to 7 = *severe misconduct*). A high-ranking score is indicative of agreement that the described action is an act of dishonesty. The highest possible score for this instrument is 161, which indicates the perception of severe misconduct with all instrument questions, and the lowest possible score is 23 which indicates the perception that none of the instrument questions represent actual academic misconduct. Email communication was sent to the primary author of this instrument on April 1, 2022 describing the present study and asking for permission to use the instrument. The author's reply and approval were given on the same day (see Appendix B for a copy of the email communications). The instrument is found in Appendix A of this dissertation.

### **Procedures**

The research proposal was defended and approved on November 10, 2022. IRB approval was sought through Liberty University and the research location university and was then obtained on December 21, 2022 and January 19, 2023, respectively (see Appendix D). The instrument was converted into a digital version using Qualtrics® survey and was formulated to include study purpose, instructions, and consent for participation. The survey was designed in such a manner that when accessed, the confidentiality and privacy statement opened. This included a specific statement explaining the measures taken to ensure privacy and anonymity in the survey answers, as well as data collection secure storage. The opening portion of the survey then was a reporting of demographics including age, gender, ethnicity, and associated program. This was followed by the EAS, displayed one question at a time and requiring an answer before

allowing to proceed to the next question. The questions were intentionally randomized to avoid perceived progressive severity or grouping of actions.

The program directors of the APRN programs at the university were contacted individually via email to introduce the background, purpose, and procedures of the study. Specific information regarding confidentiality and privacy measures was disclosed. The assistant dean of nursing was also contacted, and permission was granted to move forward (see Appendix F). The preliminary survey in its online format was sent to all program directors and program administrators for approval. The dean and program directors agreed to give access to their faculty of record and current students' email addresses. After approval, the survey link was sent to all eligible students and faculty according to the inclusion criteria. Repeat and reminder emails were sent again after 2 weeks in order to increase the response rate. The Qualtrics® system provides data gathering software that allows the responses to be categorized and converted into a Microsoft Excel® spreadsheet. The information on the Excel® spreadsheet was then uploaded to SPSS for data analysis.

### **Data Security**

Data security measures were provided by Qualtrics®. The embedded technology was compliant with state and federal privacy laws. The reported data did not include personal identifiable information. General classifications were voluntarily reported such as race, gender, age, program enrollment, and role in program (i.e., faculty or student). No other personal data were collected or reported to the researcher. During all stages of data collection, identifiable information was protected. The collected data were stored via cloud-based technology, encrypted, and password-protected. No physical downloads of the data were stored on individual

computer drives, nor external storage devices. The data will be retained for 7 years after the completion of this research study, at which point the cloud-based data will be purged.

### **Data Analysis**

In order to test the null hypothesis, an independent samples  $t$  test for difference between means was conducted (Warner, 2021). An independent samples  $t$  test requires that the independent variable is categorical with two groups and the dependent variable is measured on a continuous scale, either interval or ratio scale. This was precisely the dynamic that was presented in this research question: Is there a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty? This study had one independent variable made up of two groups and was therefore referred to as a dichotomous variable (Gall et al., 2007). To account for incomplete surveys, outliers, and other discrepancies, the goal sample size was set at 70 for each group. The student population far exceeded the faculty overall population and therefore had the potential to have an unbalanced number of responders. To account for this difference, the number of student responses was planned to be blindly and randomly selected in order to match the number of faculty responses; however, the post hoc power analysis and Levene's test for equality of variances were sufficient and did not warrant this alteration.

After the data were collected, the descriptive statistics was run using SPSS. Once the initial criteria were met, the  $t$  test has six assumptions (Gall et al., 2007; Laerd Statistics, 2015). The first three assumptions must be met to show that the  $t$  test is appropriate for the study design. First, the assumption is that one dependent variable is measures on a continuous scale. This was correct based on the scoring inherent in the EAS instrument. Second, the independent variable was dichotomous and represented two distinct groups or categories. Third, there should be



independence of observations, and this was validated by having different participants in each group. The fourth assumption states that there should be no significant outliers in the two groups of independent variables. This was identified through SPSS by creating boxplots that show outliers (Laerd Statistics, 2015). Individual outliers were planned to be examined to determine whether it should be retained or omitted. If omittable, these outliers would then be eliminated from further analysis. The fifth assumption is that the dependent variable is distributed normally for each independent variable. This assumption was tested using the Shapiro-Wilk test for normal distribution. The sixth and final assumption is that there is homogeneity of variances, which indicates that the variance is equal in each group of independent variables (Laerd Statistics, 2015). Levene's test was used to show evidence that the data meets the assumption of equality of variances. The descriptive statistics of mean and standard deviation were also reported, and Cohen's *d* was used to report the effect size. The demographics of the sample population were collected and are presented in Tables 1–5.

**Table 1**

*APRN Program*

	Family Nurse Practitioner	Adult Gerontology Acute Care Nurse Practitioner	Psychiatric Mental Health Nurse Practitioner	Clinical Nurse Specialist	Certified Registered Nurse Anesthetist	Total
<i>N</i>	7	4	4	4	115	134
%	5.2%	3.0%	3.0%	3.0%	85.8%	100.0%

**Table 2***Role*

	Student	Assistant Professor	Associate Professor	Professor	Adjunct Professor	Total
<i>N</i>	92	4	7	1	30	134
%	68.7%	3.0%	5.2%	0.7%	22.4%	100.0%

**Table 3***Gender*

	Male	Female	Prefer Not to Say	Total
<i>N</i>	49	81	4	134
%	36.6%	60.4%	3.0%	100.0%

**Table 4***GPA*

	3.75-4.0	3.5-3.75	3.25-3.5	3.0-3.25	Total	Missing System	Total
<i>N</i>	58	27	6	1	92	42	134
%	63.0%	29.3%	6.5%	1.1%	100.0%		

**Table 5***Graduation Year*

	2023	2024	2025	Not Applicable	Total	Missing System	Total
<i>N</i>	20	46	26	40	132	2	134
%	15.2%	34.8%	19.7%	30.3%	100.0%		

The null hypothesis was planned to be rejected at the 95% confidence level. In other words, a  $p$  value  $< 0.05$  would allow the researcher to reliably reject the null hypothesis. If the  $p$

value was  $> 0.05$ , then the null hypothesis would not be rejected. Thus, the lower the  $p$  value, the greater the significance.

### **Summary**

The quantitative causal-comparative research design was the appropriate choice for the purpose of this study. This design allowed the researcher to compare two groups of people as they relate to the multiple categories of perception of academic misconduct. Thus, the independent variable and dependent variables were appropriately analyzed. This design provided enabled the researcher to determine a cause-and-effect relationship.

## CHAPTER FOUR: FINDINGS

### Overview

The purpose of this chapter is to describe the data and statistical analysis of this research dissertation. The researcher begins the chapter by reviewing the research question and null hypothesis. A review of the descriptive statistics and results follows. The instrument is examined, and the findings are alliterated.

### Research Question

The researcher formulated the guiding question of this study based on the identified problem and purpose:

**RQ1:** Is there a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty?

### Hypotheses

The null hypothesis for this study was:

**H<sub>0</sub>1:** There is no statistically significant difference between the perceptions of academic misconduct scores among advanced practice registered nurse students and advanced practice registered nurse faculty.

### Descriptive Statistics

The researcher invited 430 individuals to participate in the study. These potential participants were identified at a single private university in Texas with a significant APRN education population of students and faculty. Of those invited, 151 responses were received; of these, 17 were incomplete and were removed from the statistical analysis, leaving  $N = 134$  total responses meeting the inclusion criteria of this study. The descriptive statistics are as follows.

The sample consisted of 42 faculty members and 92 students. The distribution of programs that the participants were involved with were: seven (5.22%) in a family nurse

practitioner program, four (2.99%) in an adult gerontology acute care nurse practitioner program, four (2.99%) in a psychiatric mental health nurse practitioner program, four (2.99%) in a clinical nurse specialist program, and 115 (85.82%) in a certified registered nurse anesthetist program. The faculty distribution included 30 (22.39%) adjunct professors, four (2.99%) assistant professors, seven (5.22%) associate professors, and one (.75%) Professor. Students represented 68.66 of the total responses. The gender distribution was 49 (36.5%) male, 81 (60.45%) female, and four (2.99%) who preferred not to designate gender. Students self-reported their current grade point average (GPA) as 58 (63.04%) between 3.75–4.0, 27 (29.35%) between 3.5–3.75, six (6.52%) between 3.25–3.5, and one (1.09%) between 3.0–3.25. No students reported a GPA below 3.0. The intended graduation year was also identified; 20 (15.15%) participants intend to graduate in 2023, 46 (34.85%) intend to graduate in 2024, and 26 (19.70%) intend to graduate in 2025.

The EAS instrument consists of 23 Likert-scale items measured on a 7-point scale. The overall scores of the perception of academic misconduct scores ranged from 87 to 161, with  $M = 125.649$  and  $SD = 16.556$ . The overall descriptive statistics for the perceptions of academic misconduct are presented in Table 6.

**Table 6**

*Descriptive Statistics*

Role	Mean	<i>N</i>	SD
Student	127.64	92	16.75
Faculty	121.30	42	15.41
Total	125.64	134	16.55

## Results

### Hypothesis

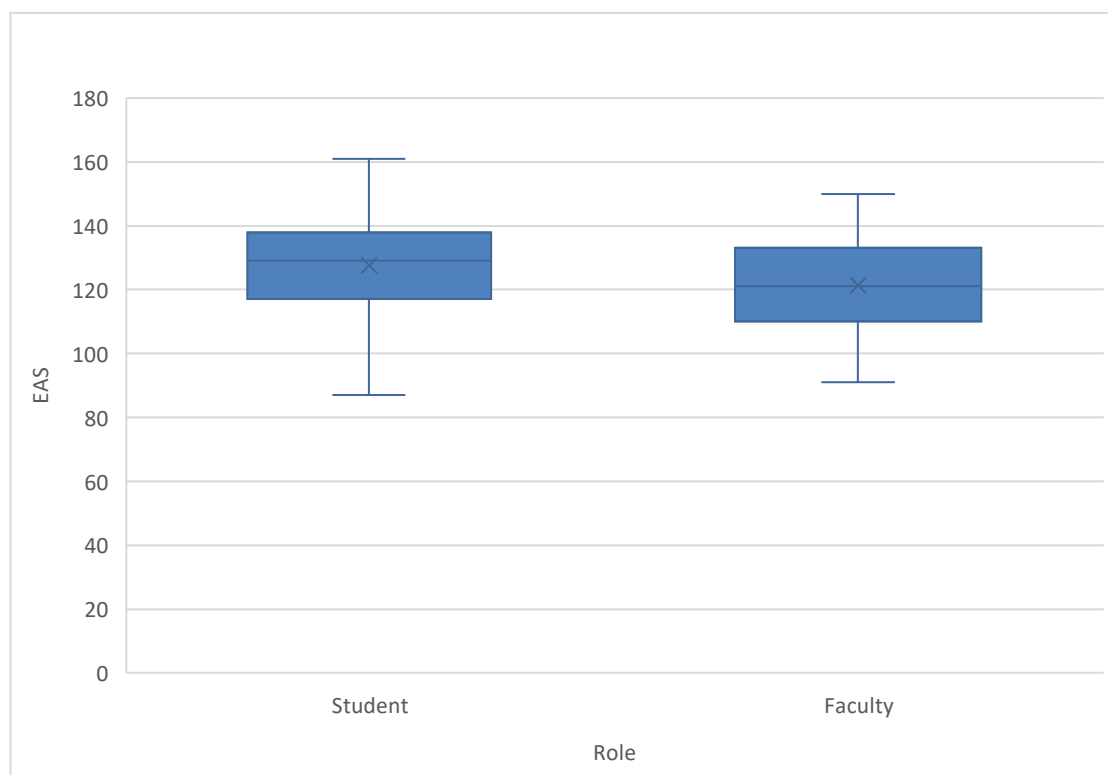
The researcher determined that the null hypothesis and research question of this study would be best analyzed using the independent sample  $t$  test, as it is used to test for differences in the perception of academic misconduct between faculty and students involved in APRN education. The  $t$  test has six assumptions (Gall et al., 2007; Laerd Statistics, 2015). The first three assumptions of the  $t$  test were verified, as described in Chapter Three.

### *Data Screening*

The researcher conducted data screening on each group's dependent variable. The researcher sorted the data on each variable and scanned for inconsistencies. No data errors or inconsistencies were identified. The researcher created box-and-whisker plots to detect outliers on each dependent variable. No outliers were identified. Figure 1 provides the box-and-whisker plots for students and faculty.

**Figure 1**

*Box-and-Whisker Plots for Students and Faculty*

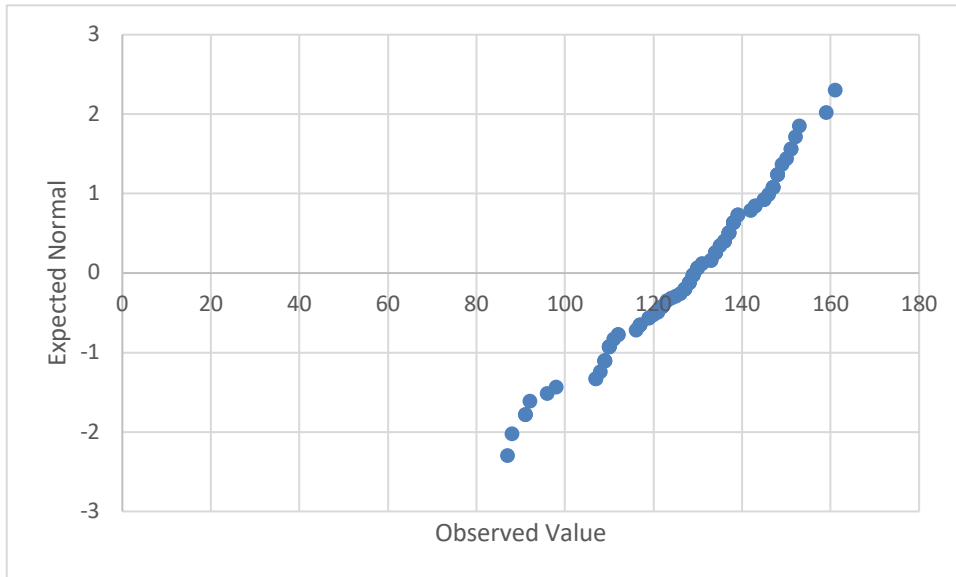
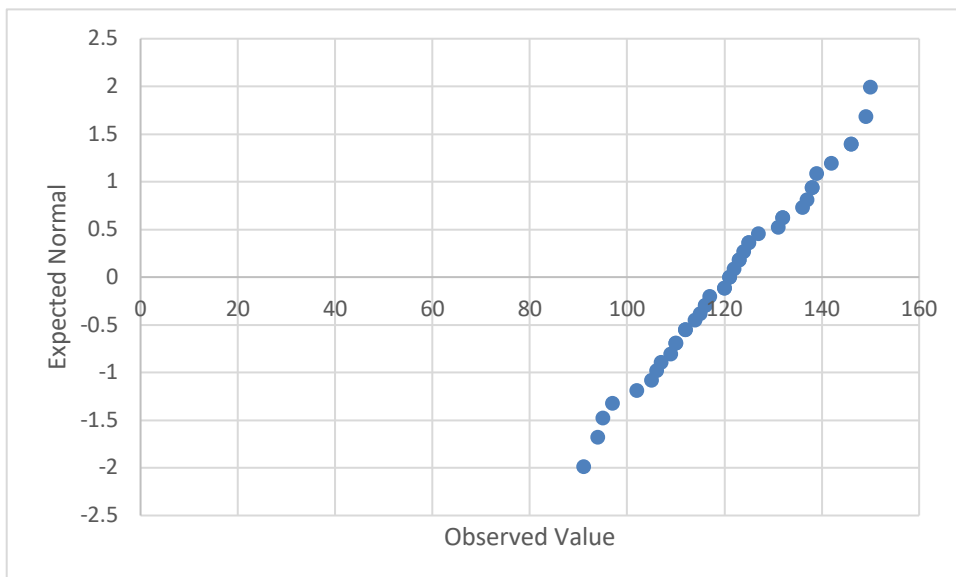


The fifth assumption is that the dependent variable is distributed normally for each independent variable. The researcher tested this assumption using the Kolmogorov-Smirnov and Shapiro-Wilk tests for normal distribution. The Shapiro-Wilk test yielded a  $p$ -value of .047 approximately equal to the significance of .05. Combining with visual inspection of stem-leaf and Q-Q plots, the distributions for student and faculty data were deemed normal, as shown in Table 4 and Figures 2 and 3.

**Table 7**

*Tests of Normality*

	Role	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
EAS	Student	.083	92	.148	.972	92	.047
	Faculty	.072	42	.200*	.979	42	.641

**Figure 2***Normal Q-Q Plot of EAS***Figure 3***Normal Q-Q Plot of EAS*

The sixth and final assumption is that there is homogeneity of variances—in other words, the variance is equal in each group of independent variables. Levene’s test provided evidence



that the data met this assumption. The result of the Levene's test was not statistically significant (Levene's test statistic = .352;  $p = .554$ ); therefore, this assumption was met and the results could be assumed to have equal variances.

### ***Results for Null Hypothesis***

The results for the independent samples  $t$  test are presented in this section. The researcher rejected the null hypothesis at the 95% confidence level where  $t(132) = 2.1$ , two-sided  $p = .04$ . The effect size was calculated using Cohen's  $d$  with point estimate of .387 which is small-medium. There was a statistical difference between EAS scores of APRN students ( $M = 127.63$ ,  $SD = 16.75$ ) and APRN faculty ( $M = 121.31$ ,  $SD = 15.42$ ). See Table 9 for the results of the independent samples  $t$  test.

**Table 8**

### *Independent Samples Test*

		EAS	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	$F$	.352	
	Sig.	.554	
t-test for Equality of Means	$t$	2.076	2.142
	df	132	85.914
	Significance		
		One-Sided $p$	.020
		Two-Sided $p$	.040
	Mean Difference	6.32091	6.32091
	Std. Error Difference	3.04543	2.95142
	95% Confidence Interval of the Difference		
		Lower	.29674
		Upper	12.34508

### **Conclusion**

The null hypothesis was that there is no statistically significant difference between the perceptions of academic misconduct scores among advanced practice registered nurse students

and advanced practice registered nurse faculty. The results of the independent  $t$  test demonstrate that there is a statistically significant difference between the perceptions of academic misconduct scores; therefore, the researcher rejected the null hypothesis. In Chapter Five, the researcher discusses the results in comparison the theoretical frameworks and the available body of literature.

## **CHAPTER FIVE: CONCLUSIONS**

### **Overview**

The purpose of Chapter Five is to explore the findings from Chapter Four in relation to the theoretical frameworks and literature review. This chapter contains four main sections: discussion, implications, limitations, and recommendations for future research.

### **Discussion**

The purpose of this study was to determine whether there is a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty. The statistical analysis as described in Chapter Four indicated that there is a statistically significant difference in the perception of academic misconduct scores as provided by the EAS survey tool. The findings revealed that students perceive instances of academic misconduct to be more severe than faculty. This is contrary to the findings of a study with another student and faculty population using this same instrument in veterinary school (Royal et al., 2016). The determination of the difference is somewhat limited due to the nature of the instrument and research design. Reflecting on the literature review, however, these findings correlate with some specific strategies previously used in different populations.

### **Theoretical Framework**

Both theoretical frameworks discussed in previous chapters are applicable to these findings. Kohlberg's (1985) theory of moral development states that individuals may be at differing levels of morality in terms of their understanding, motivation, and life's circumstances. Understanding that the student's perspective is different than the faculty's may be explained that the highest level of moral development has not yet been met, or that some form of regression has taken place due to life's circumstances. This, however, is difficult to determine due to the lack of directionality of this study and lack of control group. It is interesting to note that the mean scores

are higher for students than faculty by 6.32 points. Additionally, qualitative factors are not discovered in this research design, and this leaves many questions unanswered. The findings of this study are somewhat contradictory to the findings of another study that shows that nurses were mostly at the postconventional level of Kohlberg's moral development (Arslan et al., 2021). If this is the case, perhaps a regression has taken place on the part of one of the independent variables. It is also possible that the faculty themselves are not of the moral caliber that is frequently assumed. This is difficult to determine, as limited research has been done regarding the ethics and integrity practices of faculty of higher education. In either instance, the literature suggests that the attitudes of the faculty have a great influence on the attitudes of the students with regards to academic integrity issues (Shoaib & Ali, 2020).

The second theory discussed in previous chapters is the theory of delinquency presented by Sykes and Matza (1957). Specifically, the difference in perceptions could be explained by the neutralization strategy of denial of injury or victim. Within this context, the sampled groups may be less likely to classify the given acts of academic misconduct as "severe" because they see no personal or victim harm by their actions. This is only one example of the application of this theory, however; depending on the qualitative measures that remain undiscovered, additional specifications cannot be made.

### **Findings Related to Literature**

The cultural and faculty influences have a profound effect on student attitudes of academic misconduct (Kayaoglu et al., 2016; Shoaib & Ali, 2020). Knowing that a difference in perception exists may indicate that additional education is needed regarding the nature of academic misconduct. The sharing of perceptions by faculty to students may assist in bridging this gap.

The prevention of academic misconduct may be difficult to achieve if the student perception differs from the faculty (Levine & Pazdernik, 2018). In this regard, enhanced honor codes and integrity curriculum integration may be useful. A strong understanding can lead to the best preventative and consequential strategies in the future (Salamh et al., 2018). Integrity curriculum integration may be offered within courses and programs, or as a requirement for employment or admission to institutions of higher education.

Specific to advanced practice nursing education, bridging the gap of perceptions is vital. Knowing the student's level of responsibility to patients and community places a serious onus on the faculty. Researchers have concurred that a link exists between academic misconduct and future professional misconduct (Birks et al., 2018; Kiekkas et al., 2020; Salamh et al., 2018). If the perception of instances and severity of misconduct can be re-aligned with societal norms, the future professional conduct may be corrected.

Ignorance of academic misconduct is often claimed by students who are accused of misconduct actions (Kratovil, 2021). The statistically significant findings of this causal-comparative study do not validate this viewpoint. Whether the misconduct action occurred because of true ignorance or of a neutralization tactic is not determined in this study. Increasing and aligning understandings of academic misconduct can help in both instances: first by removing the ignorance of the student, and second by invalidating this excuse, as evidenced by the curriculum and policies outlined.

The differing perceptions of students and faculty can also influence the situational motivators for academic misconduct. Deviant behavior can sometimes be affected by course design and assessment styles (Farland & Childs-Kean, 2021). Based on the findings of this study, however, restructuring courses to prevent cheating may not be the most effective strategy

because the foundations of the problem will exist, even if it is undetected or not acted upon. The goal of faculty should be to create an unalterable level of integrity within the moral fiber of themselves and each student. Therefore, the best strategy may be to increase ethics institutionalization, as it has been shown to dramatically decrease instances of dishonest actions (Popoola et al., 2017).

The use of technology in higher education is not likely to decrease. Understanding that technology tends to increase opportunities for academic misconduct increases the need for awareness of the faculty (Adzima, 2020). In this context, the findings of this study may not necessarily indicate a moral problem with the students; rather, it could indicate a lack of understanding of circumstances and culture of the modern graduate nursing student. Specific to APRN education, curriculums usually outline the frailties of human factors and the need to rely on outside resources in high-stress circumstances (Kiekkas et al., 2020; Kratovil, 2021; Norris, 2019; Wenzel & Reinhard, 2020; Yu et al., 2017). Based on these factors, students may attempt a claim that their reliance on unauthorized outside resources was an attempt to overcome the frailties of human nature. Although this claim is unlikely to be accepted by faculty and administrators, it does increase the need to identify honor code and resource expectations made by the faculty and institution. This is especially important given the results of this study. If the students perceive academic misconduct to be severe, but continue to act upon it, extraneous factors may be involved.

Although the current researcher did not attempt to answer the questions regarding why academic misconduct occurs, the study findings shed light on the gap of perspectives of academic misconduct. The gap in perspectives may be best bridged by creating effective policies and setting clear faculty and student expectations (Blau et al., 2021). When compared with

another study utilizing the EAS to compare veterinary students and faculty perceptions of academic misconduct, the findings of this study are opposing (Royal et al., 2016). The veterinary school comparison showed that faculty felt that the actions were more severe in all points of the EAS. APRN school and veterinary school are both graduate programs of an applied science nature. The variations in directionality may be due to many factors including life experiences, nursing ethics training, or conveyed attitudes of the institution. The reasoning for the difference cannot be determined with this research study; however, additional research on dimensionality would be helpful.

### **Implications**

The results of the analyses in this study established that there is a mismatch in perceptions of academic misconduct between APRN faculty and students. As such, the primary action should be to find ways to reconcile this mismatch so that both faculty and students have the same mental model of the definition and expected conduct regarding academic integrity. This can be done using a variety of strategies. First, the emphasis can be placed on the students. Curriculum can be developed with the intention of increasing the moral standards and understanding of academic misconduct and the implications for future professional conduct. Knowing the results of this study, emphasis should be placed on not only understanding misconduct, but withstanding the temptations to act upon them. Second, the emphasis can be placed on the faculty. Faculty workshops can be developed regarding the generational differences and situational stresses of students. If this faculty perspective can be established, faculty may be better capable to remove temptations for academic misconduct and strategies assessment models to meet the needs of the students. Ultimately, the best strategy to solve this problem is likely to attack the issue from both perspectives and provide training to faculty and

students. Perhaps a joint education process would allow for everyone involved in higher education to learn to work together for understanding, ethical behavior, and a propulsion of moral principles. When faculty and students have a shared mental model of academic integrity, policies, practices, and consequences can be applied correctly.

### **Limitations**

This study had several limitations. First, the demographics of the population were not equal across all departments of APRN programs. Within this institution, the CRNA program is significantly larger than the other programs. It was expected that the responses would be greater from this subset; however, the results were significantly uneven with 85.82% of responses being from the CRNA program. In addition to the population size, there is an on-campus requirement for CRNA students between three to five semesters. This on-campus requirement may account for more student involvement. Additionally, the researcher is a CRNA, and some name recognition may have increased participation.

Another limitation is that this study was quantitative. This fact limits the depth of understanding regarding the differences in perception of academic misconduct. A mixed methods study design may have been more useful in exploring this topic; however, future scholars can build upon what was uncovered here.

The nature of the application of the study raises a question regarding internal validity. Other factors may have influenced the results. For instance, knowing that the researcher is a faculty member may have prompted the students to skew their results to appear more conservative. Although every attempt was made to encourage honest reporting, this remains a possibility. In addition, there may be a difference in the use of technology between students and faculty when taking the survey. Students may have been more likely to participate in this study



using a mobile device rather than a computer. The difference in question formatting was different between these two delivery systems. For instance, participants reported that when taking the survey on a computer, the entire Likert scale required scrolling sideways in order to view all of the answer choices. On a computer, all instrument questions were presented on a single screen shot at once. The mobile format did not require scrolling and presented all answer choices on a single screen, but one question at a time.

The next limitation is the external validity of this study. The institution hosting this study was a single private university in Texas. The nature of this institution may differ from other institutions of higher education in student and faculty characteristics. Socio-economic factors such as a higher-than-normal economic standard may exist due to the increased student tuition requirement for attendance. This socio-economic standing may not be translated to the circumstances of other institutions.

### **Recommendations for Future Research**

Reflecting on the execution and findings of this study, the researcher offers the following recommendations for future investigations on this topic:

1. Similar study designs should be applied to APRN programs in a variety of settings. Public and private institutions should be utilized, and the sample population should be increased. These future studies should collect additional demographic data which may indicate if the respondents were affected by the COVID19 pandemic as they may have lived through healthcare experiences that altered their ethical persuasions.
2. This instrument should be segmented to identify specific areas of critical weaknesses of perceptions of academic misconduct. For instance, groupings could be made to identify categories such as plagiarism, dishonest reporting, cheating on exams, cheat-sheets, etc.

Using this information with a more detailed statistical analysis such as MANOVA would lend more specific data. This would be especially helpful to establish detailed areas of concern that need to be addressed within curriculum and policies.

3. A qualitative or mixed methods study should be conducted to follow up on the findings of this study. This would help to answer the questions of “why,” as well as to determine the internal validity of such findings.

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## APPENDIX A

### Evaluation and Assessment Survey (EAS)

Answer the following scenarios based on your perception of the action being or not being academic misconduct.

1. Copying from another student during a quiz or examination
2. Using unauthorized cheat sheets or other materials during a quiz or examination
3. Using direct quotes from other sources without giving proper reference
4. Asking another student for the questions and/or answers to an examination which he/she had taken and you will take in the future
5. Using unauthorized test questions from a previous year, including materials found on public websites
6. Posting unauthorized information about exams, assignments, quizzes, etc. on social media
7. Listing unread sources in the bibliography of an assignment
8. "Making up" sources for bibliographic citation
9. Working with another student on a quiz or homework assignment that was assigned as individual work
10. Taking a graded quiz or examination for another student
11. Providing information about an exam that was intended to be confidential
12. Missing class or lab due to a false excuse
13. Claiming to have attended class when you actually did not
14. Using a false excuse to postpone an exam
15. Removing items from a reserved reading file so that others will not have an opportunity to review them
16. Changing a response after a paper/exam/quiz was graded, then reporting that there had been a misgrade and requesting credit for your altered response
17. Permitting another student to look at your answer sheet during a quiz or examination
18. Claiming to have handed in a paper/examination when in reality you did not
19. Failing to prepare adequately for a group assignment or laboratory
20. Doing less than your fair share in a group project or a laboratory
21. Visiting a professor after an exam or at the end of the semester to bias his/her grading
22. Presenting your clinical skills book for signing without actually completing the skill
23. Listing false completions on your online clinical skills completion summary

**End of Block: Default Question Block**

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**APPENDIX B****Instrument Permission**

From: Kenny Royal <[REDACTED]>  
Subject: Re: EAS Instrument  
Date: April 1, 2022 at 10:40:18 PM CDT  
To: "Oakes, Jennifer" <[REDACTED]>

**[EXTERNAL EMAIL WARNING]** DO NOT CLICK LINKS or open attachments unless you recognize the sender and know the content is safe.

Hi Dr. Oakes,

Thank you for reaching out regarding the EAS. I have always believed the spirit of academia is about freely sharing knowledge and tools for others' use and benefit. That said, please feel free to use the EAS in any way you would like. I really hope you will find it useful.

All the items included on the EAS were presented in the validation study, thus I don't have any additional items to share. Everything you need should be there.

As an aside, I did a follow-up project using the EAS to guide academic misconduct policy for our veterinary college. below is a link to a free copy of the paper should you wish to give it a look. I believe it might be helpful as a talking point in the Discussion section of your dissertation, as it provides an example of what can one do with the information gleaned from this instrument.

<https://jvme.utpjournals.press/doi/pdf/10.3138/jvme.0816-126r2>

Best wishes with your dissertation, and please let me know if I can be of any further assistance.

Ken

Sent from my iPhone

On Apr 1, 2022, at 9:39 PM, Oakes, Jennifer <[REDACTED]>

Dr. Royal,

I am a Ph.D. student of Liberty University in Lynchburg, VA. I am writing my dissertation titled, "Student and faculty perceptions of academic misconduct in advanced practice nurse education, a causal-comparative study". My intention is to survey students and faculty using the same instrument and perform statistical analysis to see if there is a statistically significant difference overall, and in specific categories of academic dishonesty.

I have reviewed your paper regarding your development of EAS and would like your permission to use it in my research study. I would like to use an electronic version of your survey under the following conditions:

- I will use the survey only for my research study and will not sell or use it with any compensated or curriculum development activities.
- I will include the copyright statement on all copies of the instrument.
- I will send a copy of my complete research study to your attention upon completion of the study.

If these are acceptable terms and condition, please indicate so by replying to me through e-mail at

[REDACTED] or [joakes7@liberty.edu](mailto:joakes7@liberty.edu). If you agree, will you please send me the full instrument as well.

Thank you,

*Jennifer Oakes, DNAP, CRNA*

[REDACTED]

## APPENDIX C

### Consent

**Title of the Project: A quantitative causal-comparative study of student and faculty perceptions of academic misconduct in advanced practice nursing education.**

**Principal Investigator: Jennifer Oakes, Doctoral Candidate, School of Education, Liberty University**

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a student or faculty member currently involved in an APRN education department at [REDACTED] [REDACTED]s. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

#### What is the study about and why is it being done?

The purpose of the study is to identify if there is a difference between student and faculty perceptions of academic misconduct in APRN education.

#### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Respond to survey questions regarding your status in the program and your perceptions of academic misconduct in advanced practice nursing education. Your response should take approximately 15 minutes.

#### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Participants can expect benefits to society to include a better understanding of academic misconduct perceptions that may assist faculty and administrators in combatting academic misconduct.

#### What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

### How will personal information be protected?

The records of this study will be kept private. The collected data will be collected and reported anonymously. No collected data will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses to the online survey will be anonymous.
- Data will be stored on a password-locked computer. After seven years, all electronic records will be deleted.

### How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

### Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher serves as an administrator at [REDACTED]. To limit potential or perceived conflicts, data collection will be anonymous, so the researcher will not know who participated. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

### Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or [REDACTED]. If you decide to participate, you are free to not answer any question or withdraw prior to submitting the survey at any time without affecting those relationships.

### What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

### Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jennifer Oakes. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or you may also contact the researcher's faculty sponsor, Dr. Michelle Barthlow at [REDACTED].

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

---

Printed Subject Name


---

Signature & Date



## APPENDIX D

### IRB Approval

**From:** do-not-reply@cayuse.com   
**Subject:** [External] IRB-FY22-23-505 - Initial: Initial - Exempt  
**Date:** December 21, 2022 at 1:29 PM  
**To:** joakes7@liberty.edu, mjbarthlow@liberty.edu

D

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[ EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content. ]

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## INSTITUTIONAL REVIEW BOARD

December 21, 2022

Jennifer Oakes  
Michelle Barthlow

Re: IRB Exemption - IRB-FY22-23-505 A Causal Comparative Study of Student and Faculty Perceptions of Academic Misconduct in Advanced Practice Nursing Education

Dear Jennifer Oakes, Michelle Barthlow,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording). The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,  
**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**

**Subject:** IRB#2023-6 - Initial: External IRB-Exempt Acknowledgment  
**Date:** Thursday, January 19, 2023 at 4:26:45 PM Central Standard Time  
**From:** do-not-reply@cayuse.com  
**To:** Oakes, Jennifer  
**Attachments:** ATT00001.png

**[EXTERNAL EMAIL WARNING] DO NOT CLICK LINKS or open attachments unless you recognize the sender and know the content is safe.**

**OFFICE OF RESEARCH COMPLIANCE &  
 INSTITUTIONAL REVIEW BOARD**

DATE: January 19, 2023

Study Number: IRB#2023-6  
 Study Title: A Causal Comparative Study of Student and Faculty Perceptions of Academic Misconduct in Advanced Practice Nursing Education  
 Principal Investigator: Jennifer Oakes  
 Primary Contact: Jennifer Oakes  
 Determination: Rely on External IRB  
 Determination Date: January 17, 2023

Dear Jennifer Oakes:

The IRB does not enter into reliance agreements for human subject research studies that have been reviewed and deemed exempt as described in 45 CFR 46.104 and/or the Policy on Exempt Human Subject Research. Thus, the IRB Chair/ Chair's designee accepts/acknowledges Liberty University's approval for this study.

Please note the following Principal Investigator responsibilities:

- It is the Principal Investigator's responsibility to submit any proposed changes to study activities, via a Modification Submission in Cayuse Human Ethics, to the IRB for review and approval prior to being implemented.
- It is the Principal Investigator's responsibility to promptly notify the IRB of any reportable events (adverse events/protocol deviations/unanticipated problems/subject complaints/other) that occur during the research, including any breach in confidentiality or data security that places participants or others at a greater risk of harm. Notify the IRB via an Incident Submission in Cayuse Human Ethics.

The Institutional Review Board operates under a Federalwide Assurance approved by the DHHS Office for Human Research Protections, FWA000022286. Our DHHS IRB Registration Number is IRB000002129.

Should you have any questions, please do not hesitate to contact us. Please contact Research Compliance at [IRBSubmit@liberty.edu](mailto:IRBSubmit@liberty.edu) or [redacted] if you need any additional information.

Best regards,

Office of Research Compliance (ORC)

[IRBSubmit@liberty.edu](mailto:IRBSubmit@liberty.edu) | [ORC](#)

**APPENDIX E**  
**Recruitment Email**

January 20, 2023

Dear Student or Faculty member:

As a doctoral candidate in the School of Education at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of my research is to identify if there is a difference between student and faculty perceptions of academic misconduct in APRN education. I am writing to invite eligible participants to join my study.

Participants must be involved in advanced practice registered nurse education as a student or faculty member. Participants, if willing, will be asked to answer survey question regarding academic misconduct. It should take approximately 15 minutes to complete the procedure listed. Participation will be completely anonymous, and no personal, identifying information will be collected

To participate, please click the hyperlink below to access the online survey.

[https://\[REDACTED\]qualtrics.com/jfe/form/SV\\_a4bDq8MAXjpxUPk](https://[REDACTED]qualtrics.com/jfe/form/SV_a4bDq8MAXjpxUPk)

A consent document is provided as the first page of the survey. The consent document contains additional information about my research. Because participation is anonymous, you do not need to sign and return the consent document unless you would prefer to do so.

Sincerely,

**Jennifer Oakes, DNAP, CRNA**

[REDACTED]  
[REDACTED]  
Associate Professor of Professional Practice

[REDACTED]  
[REDACTED]  
[REDACTED]

## APPENDIX F

### Permission Response

[Redacted]

Communication Sciences and Disorders | Kinesiology | Nurse Anesthesia | Nursing | Social Work

November 9, 2022

**Jennifer Oakes, DNAP, CRNA**  
Associate Program Director,  
School of Nurse Anesthesia  
Associate Professor of Professional Practice

[Redacted]

Office: 817-257-7887

Dear Jennifer Oakes:

After careful review of your research proposal entitled "a quantitative causal comparative study of student and faculty perceptions of academic misconduct in advanced practice nursing education", I have decided to grant you permission to access email contact lists for faculty and students involved in TCU's APRN programs.

Check the following boxes, as applicable:

- I grant permission for Jennifer Oakes to contact faculty and students involved in APRN education to invite them to participate in her research study.
- The contact information and survey responses will be stripped of all identifying information before it is provided to the researcher.
- I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

[Redacted Signature]

[Redacted Title]

Associate Dean for Nursing & Nurse Anesthesia  
Professor, Nursing

[Redacted]

Learning to make a difference!

[Redacted]