

ACADEMIC DISHONESTY AMONG ITALIAN NURSING STUDENTS: A LONGITUDINAL STUDY

Published in *Nurse Education Today*

Please cite as: Macale, L., Ghezzi, V., Rocco, G., **Fida, R.**, Vellone, E., & Alvaro, R., (2017). Academic dishonesty among Italian nursing students: A longitudinal study. *Nurse Education Today*, 50, 57- 61. doi: 10.1016/j.nedt.2016.12.013

INTRODUCTION

The continued growth of academic dishonesty in nursing education worries educators and constitutes an emergent problem in many countries (Arhin, 2009; ArhinandJones, 2009;Fontana, 2009; Chertok, et al., 2014; Stonecypher&Willson, 2014; Nick & Llaguno,2015).Considering the ethical issues related to nursing and that Ethics is an integral part of the nursing education in the degree course, one would suppose that academic dishonesty might be less frequent in nursing students than in students of other disciplines.(Arhin, 2009; Bailey, 2001; Fountana, 2009; Hart andMorgan, 2010; Hilbert, 1985; Hilbert, 1988; McCrink, 2008; Wilkinson, 2009; Klocko, 2014; Park, 2013). Indeed, McCrink (2008)andKrueger (2014),has highlighted that nursing studentsmisbehaveboth in class and during clinical training. The habit of copying text without correctly referencing the source, unsurprisingly constituted the most common violation (35.2%). Although the percentage of dishonestyis lower within the learning-by-doing cohort, the behaviours are of far greater concern. For example, studies have revealed that of the9% of students who administered treatments in a clinical setting, almost 7% of those students recorded reactions to treatments or medicines andneversubmitted them forevaluation bya nurse or physician.(McCrink, 2008). Furthermore, 13% of clinicalstudents had occasionally recorded vital signs that had never been taken, and 2% of the students recorded medicines that were,in fact, not administered as prescribed. Finally, more than a third (35.3%) of the students haddiscussed their behaviourin public with the patients or with other staff(McCabe, 2009; McCrink, 2008).According to Nick &Llaguno (2015), as many as 80% of college students cheat.

Results of research attested for significant correlationsbetween cheating behaviours and demographic characteristics (Langone, 2007; McCabe 2009; 2001; Sarlauskiene&Stabingis, 2014; Krueger, 2014).

These findings have also been studied subsequently as probable predictors to explain deceitful academic behaviours, but the results obtained have often been incoherent (McCabe, 2001; Rennie and Rudland, 2003; Park, 2014). Bradshaw and Lowenstein (1999) suggested that "students that used to cheat, to lie, and to undertake other deceitful actions, will see [these behaviours as] normal and they will transport such behaviours into other contexts, as for example to the patient's care" (p. 112). So it follows that academic dishonesty in nursing education should awaken interest and apprehension, during the student's clinical practicum and as a future professional because what is at stake is the patient's safety (Nonis, 2001; Arhin, 2009; Fountain, 2009; Nick & Llaguno, 2015).

The risk of expanding dishonest academic behaviours into post-degree clinical practice is deeply worrisome to educators (Woith et al, 2012; Nick & Llaguno, 2015). Indeed, many studies show that nursing students who have cheated in class are highly likely to manipulate the clinical data in their future positions, as compared with those who do not cheat (Gaberson, 1997; Harding et al., 2004; Harper, 2006; Park, 2013; 2014). Other studies by Kenny (2007) Laduke (2013) and Krueger (2014), have found a strong correlation between cheating and unethical professional behavior, in particular a positive relationship was found between the frequency of cheating in classroom and clinical settings. In support of this finding, according to some authors, the greatest predictor of dishonesty in clinical settings consists of having already cheated during classroom exams (Park, 2014).

Academic honesty is a particularly important characteristic in those who are preparing to become professional healthcare providers, and it also assumes great importance for the educators who are responsible for preparing competent and honest professional nurses (Nick & Llaguno, 2015).

In addition, there is a lack of standardization and shared definition of what is considered 'cheating', which is interpreted differently by teachers and students by creating confusion regarding the understanding of what constitutes various forms of cheating, probably for this reason, do not think

cheating is a serious transgression, students view their behavior acceptable and normal, thereby stabilizing them in the time. (Smedley et al, 2015; Farnese, 2011; Nick & Llaguno, 2015). Bandura's Social Cognitive Theory (2002) SCT, was used as the theoretical framework for this study. One of the fundamental principles of the SCT, provides for reciprocal determinism into how people learn and behave, according to which people learn by observing the environment around them and processing what they see into their own behavior and thoughts. (Bandura, 1978).

Currently, to the best of our knowledge there are no studies investigating academic dishonesty among the Italian nursing students from a longitudinal perspective.

METHODS

Aim

The aim of this study is to investigate the phenomenon of academic dishonesty in classroom from a longitudinal perspective within a cohort of Italian nursing students, observe behavioral stability and the possible changes, over two periods of time: from entry into the nursing degree programme through the following year. These observations will also consider and note the differences between types of dishonesty and age of participant.

Design

A non-experimental longitudinal design was used. All nursing students were recruited from the Nursing Science Degree Program of a big Italian University of the centre of Italy.

Procedure and participants

Participants were part of an ongoing longitudinal research project started in 2011 on nursing students' wellbeing. Students involved in the research filled in a self-report paper and pencil questionnaire measuring different constructs. In the first year, Time 1 (T1), of this study, 503 students were involved, with T1 = 71.3% females; median age, 22.6 years; SD = 4.5. The second year, Time 2 (T2),

there were 354 students involved, with T2 = 73.8% females; median age, 23.1 years; SD = 4. These students also participated in the follow-up phase of the research project.

Tools

A reduced-version scale of academic cheating behaviours (Farnese et al., 2011) has been administered both at T1 and T2. The scales comprised seven items measured on a 5-point frequency scale (from 1 = *never or almost never* to 5 = *always or almost always*). The scale has been administered in two different forms: misbehaviour acted by the student itself; and the perception of misbehaviour acted by their colleagues. Preliminary exploratory factor analyses supported the uni-dimensionality of the scale both at T1 and T2 and for both the version of the scale (cheating behaviours acted by the students and cheating behaviour acted by their colleagues). The scale reached a good reliability with Cronbach's alpha (α) of 0.81 for both T1 and T2 for the self-report version, and of 0.84 (T1) and 0.85 (T2) for the perception others' misbehaviour version of the scale. Moreover, the item-total correlations in both cases and in both time periods were always higher than 0.40.

Analytical strategies

The stability of the cheating behaviours among the two considered timepoints has been evaluated with a series of t-tests for repeated measures related to every item, and differences have been expressed through "d" (Cohen, 1988). Small differences are expressed as $d = |0.2|$; medium, $d = |0.5|$; and large, $d = |0.8|$. Differences have been valued through a series of ANOVA levels of each item related to each time period, and the greatest differences effect has been expressed through a partial index (Tabachnick and Fidell 2007). Inclusive values between zero and 0.3 indicate low differences; between 0.3 and 0.5 moderate differences; and over 0.5 indicates strong differences. Finally, correlations between cheating behaviours and age have been also examined.

Ethical considerations

Ethical approval was obtained from the Institutional Review of University prior to conducting this study. All of the participants were informed of the study's purpose and procedure. They were also

informed that their participation was voluntary, and they could refuse to participate or withdraw from the study. The students were also informed that their participation would not affect their course grades. All information gathered was treated confidentially and anonymously. Written, informed consent was obtained prior to beginning the research.

RESULTS

Table 1 shows the stability among time. The only significant difference for calculated probability (p-value) where $p < 0.05$ is related to the self-reported behaviour item of copying from the student's own notes or bringing in illegitimate materials during the exams. In this regard, such behaviour shows a significant increase among the two time points, although the Cohen's *d* associated with this difference suggests it is a rather modest increase.

INSERT HERE TABLE 1

Table 2 presents analyses related to differences in kinds of cheating behaviours presented during both time periods. In Time period 1 (T1), some behaviours are perpetrated more frequently by the males (for example, the item `self_cheat_5`, "falsifying certificates of presence"); while others are perpetrated more frequently by the females (for example, the item `self_cheat_2`, giving answers to a colleague in an exam). With regards to others' perceptions of frequency, the deceitful behaviours more often committed by females include `other_cheat_2` (giving answers) and `other_cheat_6` (copying answers from notes). Relative to Time period 2 (T2), such differences would seem to weaken, and relative to the differences comparing the kind of behaviour, the results show that giving answers to a colleague during an examination (`self_cheat_2`) is more frequently committed by females; whereas, insisting teachers give higher evaluation scores (`self_cheat_7`) is more frequently committed by males. Furthermore, giving answers to a colleague during an examination (`other_cheat_2`) is perceived as more frequently done by females.

INSERT HERE TABLE 2

Finally, Tables 3 and 4 introduce the correlations of each item with participant age. Here, the results converge, delineating that being more adult correlates with a low tendency to commit deceitful acts. However, this general tendency weakens in T2, where perceptions of cheating behaviours associated with age by the other_cheatgroup are weaker in both T1 and T2 compared with the self-reported perceptions.

INSERT HERE TABLE 3 AND 4

DISCUSSIONS

Honesty is considered a fundamental ethical value in all academic settings, and academic integrity has an undisputed importance in educational environments. The review of the literature has revealed that academic dishonesty is a complex and wide-spread phenomenon that also reaches into the context of the nursing formation. This phenomenon is a source of worry for the scientific nursing community because of the positive correlation that has emerged between academic misbehaviours and future ethical professional behaviour (Nonis and Swift, 2001; Kenny, 2007; Woith et al, 2012). Academic integrity is described as the diffused honesty in all academic matters (Turner and Beemsterboer, 2003; Stonecypher & Willson, 2014). The violation of academic integrity — in other words, academic dishonesty — commonly manifests as cheating and deceiving during examinations and / or committing actions like plagiarism and forgery, which results with the student not acquiring the intended and necessary knowledges (Turner and Beemsterboer, 2003; Coffey and Anyinam, 2012). Therefore, the existence of academic dishonesty must be established, first, to explore in context the state of academic integrity, and, second, to prevent the diffusion and stabilization of unethical behaviours.

From the longitudinal stability point of view, no significant changes in cheating behaviours were detected across the two time points in the present sample; therefore, such behaviours can be considered as having the tendency to remain stable through time. This result, although examined only within the limited time span of this study (to the T2 of the progression of the cohorts), shows that the students get accustomed to taking academically deceitful actions, as has been revealed in the literature (Bradshaw and Lowenstein, 1999; p. 112; Nick & Llaguno 2015). The students come to consider their behaviours acceptable and normal, thereby stabilizing them, which increases the probability of stabilizing subsequent deceitful behaviours, as compared with the non-cheaters (Gaberson, 1997; Harding et al., 2004; Harper, 2006; Hilbert, 1988; Park, 2013; 2014; Stonecypher & Willson, 2014). Moreover, since these behaviours seem to escalate, according to Park (2014) and Krueger (2014), the students most likely cheated in the classroom during exams, as well, and is representative of the greatest predictor of academic dishonesty in clinical settings. As well, the results from previous affective studies (McCabe, 2009; McCrink, 2008; Stonecypher & Willson, 2014), arise from the study of three typologies of deceitful behaviours, mostly occurring in the categories of "giving answers to and eliciting answers from a colleague during an exam"; "using texts from the internet without citing sources (citations)"; and "using texts without citing sources (citations)" (see Table 1).

With regards to gender differences, results are somewhat in agreement and somewhat in conflict with the literature. In fact, other studies have also considered certain differences in the typology of deceitful behaviours. Some have not identified meaningful demographic differences in deceitful behaviours (Hilbert, 1988; McCabe, 2009; McCabe et al., 2001). Others (Aiken 1991), however, affirm that male students cheat more than female students (Stonecypher & Willson, 2014). In contradiction to those findings, Hilbert (1988) and McCabe et al., (2001) have founds that the incidences of non-ethical behaviours are unrelated to age, sex, race, and grade-point average. Furthermore, and in line with the literature, in addition to the above contradictory findings, no results

are analogous or coherent with respect to students in other disciplines (Klocko, 2014). With regards to age results of the present study are in line with McCabe et al. (2001), that younger students committed deceitful behaviours more than the senior students.

Finally, the results of this study indicate that scale used had good psychometric properties, and that they are valid and reliable in measuring the prevalence and stability of misbehaviors committed during higher education, within the study's timeframe. In addition, this study offers important perspectives into the establishment of rigorous standards of ethical and moral behavior by the students. This study also provides perspectives on the importance of educating students about their own expectations, not only for the formative quality of their acquired knowledge, but also for the future of their professional lives as nurses. According to Stephens and Nicholson (2008), there "does not exist an individual 'profile' of students that cheat; neither is there an explanation of the reasons for which they do it; the ... models connected with academic dishonesty is as variable as the behaviour" (p. 364). There can exist, in fact, generational differences in the attitudes toward academic dishonesty (Arhin, 2009; Stonecypher & Willson, 2014), and these must be faced with the students. This study has revealed that variations of student background and culture, must be individualized by the educators and the Athenaeums, and examined for better explanations about the phenomenon of academic dishonesty. Trust plays a fundamental role in the relationship between nurse and patient, in that it implies that nursing competence, professional morality, and personal integrity is above suspicion and beyond reproach. The patient rightly fully expects that professional nurses act ethically in every instance (Searle, 2000; Nick & Llaguno, 2015). Student nurses become nurse professionals who are tied to the moral norms of the Deontological Code; patients must be able to trust in the assistance received, and that it must disburse ethical and moral integrity in every nursing activity (Kenny, 2007; Stonecypher & Willson, 2014; Nick & Llaguno, 2015).

It is necessary therefore, to undertake additional research for fully understand the reasons why student nurses engaged in unethical and deceitful behaviours in the academic setting. And educators must

verify, as urged by Smyth and Davis (2003) and Nick & Llaguno (2015), whether academic dishonesty, though perceived as unethical behaviour by the students, is also perceived as socially acceptable. Further studies are necessary to explain the reasons why such incongruities exist between ethics and engagement in a particular behaviour such as academic dishonesty. Finally, it is important to determine the antecedents of academic dishonesty, which would be of value to teachers and educators, enabling them to plan corrective interventions in order to substantially decrease and potentially prevent academic dishonesty.

CONCLUSIONS AND FUTURE DEVELOPMENTS

According to Searle (2000) and Nick & Llaguno (2015), nursing is considered a profession that asks for a deeply ethical standard, and it is dependent on the moral integrity of the individual professional whose purpose is to furnish and guarantee professional nursing assistance to the patient. Nevertheless, more recent studies have established that academic dishonesty is now also a common phenomenon among student nurses (Bailey, 2001; Brown, 2002; McCabe, 2009; Krueger, 2014; Stonecypher & Willson, 2014). The importance of these studies for nursing resides in determining the potential risk of dragging unethical behavior acted out in class into clinical practice, creating a threat to the safety and wellbeing of the patients (Bailey, 2001; Woith et al, 2012; Krueger, 2014).

Considering the possible effects of academic misbehaviour on the future of students as professional nurses, and the patients they will take care of, it is important to identify the factors leading to unethical behaviour, and to determine the incidences and stabilization of academic dishonesty. The profession must find an end to the possible escalation of these behaviours. For these reasons, results of this study highlighted the importance of monitoring this phenomenon in the educational setting and examined the individual and the contextual factors that could influence the engagement in such kind of behaviour. The dimensions that could predict academic dishonesty need to be identified. In addition, studies should longitudinally examine the role of these antecedents in influencing behaviour

in the clinical training environment. Therefore, a further purpose is to determine the students' knowledge of institutional politics as regards academic dishonesty and to elaborate on both the written recommendations as well as the Code of Honor of the undergraduate degree in nursing, which can serve as shared tools between educators and students in an effort to prevent cheating behaviour and contribute to the creation of a culture diffused with academic integrity.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

ACKNOWLEDGMENTS

The authors acknowledge the Center of Excellence for Nursing Scholarship, Rome, for funding this study and Federica Rossi for providing language and writing assistance.

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